

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/08/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Brandon Court		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Burnham Road Brandon, MS 39042	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interviews, record reviews, and facility policy reviews, the facility failed to ensure grievances regarding rude staff were resolved in a timely manner for five (5) of the 19 sampled residents. (Residents #3, #8, #9, #45 and #55) Findings included: A review of the facility's policy titled Grievances-Residents, revised 05/24, revealed, All residents are to be encouraged and assisted (if necessary) in filing grievances to include those with respect to care and treatment, the behavior of staff and other residents, and other concerns regarding their facility stay, in the event that they have a need to make a concern known . The facility shall make prompt efforts to resolve the grievances . A review of the facility's policy titled Resident Rights, dated 12/23, revealed, Every resident in this facility has the right to . 12. Be treated courteously, fairly, and with the fullest measure of dignity . On 11/20/2024 at 2:00 PM, during an interview with Resident Council members, several residents (Residents #3, #8, #9, #45, and #55) expressed concerns about rudeness from staff working the 11:00 AM to 7:00 PM shift. Residents reported that Certified Nurse Aides (CNAs) consistently displayed rude and dismissive behavior, often entering rooms with negative attitudes and phrases such as, What do you want? or Didn't someone help you earlier? Residents noted instances where CNAs turned off call lights without assisting or providing explanations. The Resident Council concluded that the issue had not been adequately resolved despite multiple complaints. On 11/21/2024 at 10:23 AM, during a follow-up interview, Resident #8 recounted that CNAs working the 11:00 AM to 7:00 PM shift frequently displayed rude behavior. She described an incident where she requested assistance pulling up her brief due to hand pain and muscle weakness. The CNA responded rudely, questioning, Can't you do that yourself? before reluctantly assisting her. Resident #8 expressed disappointment over the recurring rudeness and stated this issue had persisted for some time. On 11/21/2024 at 10:46 AM, during an interview, Resident #45 shared negative experiences with CNAs on the 11:00 PM to 7:00 AM shift. She stated that CNAs assigned to her usually entered with short tempers, expressing irritation at having to assist her. On 11/21/2024 at 11:00 AM, during an interview, the Social Services Director confirmed conducting Resident Council meetings and acknowledged persistent complaints about rude CNAs on the overnight shift. She noted that residents reported CNAs entering rooms with negative attitudes, turning off call (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 255266	Facility ID: 255266 If continuation sheet Page 1 of 4

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lights without helping, and being unwilling to assist. These grievances were forwarded to the Staff Development Nurse, and copies were sent to the Administrator. On 11/21/2024 at 11:14 AM, during an interview, the Staff Development Nurse confirmed receiving the grievances and acknowledged the issue of CNA rudeness on the night shift. She explained that staff in-service training is typically used to address such concerns and disapproved of the CNAs' behavior, stating it could make residents feel uncomfortable and disrespected. A record review of the in-service sign-in sheets provided by the Staff Development Nurse revealed that in-services were conducted on 03/28/24, 05/29/24, and 07/25/24. All of these in-service sign-in sheets revealed that the attitude and rude behavior that had been reported was addressed. However, review of the sign-in sheets did not have signatures of any of the CNAs that work the 11:00 PM to 7:00 AM shifts. On 11/21/2024 at 11:36 AM, during an interview, the Administrator confirmed that all grievances are discussed during morning meetings, with a goal of resolving them within forty-eight (48) hours. She acknowledged the recurring complaints regarding rude CNAs on the 11:00 AM to 7:00 PM shift, which had been raised in previous Resident Council meetings. A record review of the corrective action plan for grievances revealed that concerns regarding rude CNAs on the 11:00 PM to 7:00 AM shift were documented on 05/22/2024 and 07/16/2024. A record review of Resident #3's admission Record revealed the facility admitted the resident on 06/17/2021. The resident had diagnoses that included Generalized Osteoarthritis and Hemiplegia and Hemiparesis affecting the left non-dominant side. A record review of Resident #3's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/03/2024, revealed a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact. A record review of Resident #8's admission Record revealed the facility admitted the resident on 02/0/2008. The resident had diagnoses that included Generalized Muscle Weakness and Unsteadiness of Feet. A record review of Resident #8's Quarterly MDS with an ARD of 09/09/2024, revealed a BIMS score of (14), which indicated the resident was cognitively intact. A record review of Resident #9's admission Record revealed the facility admitted the resident on 06/20/2024. The resident had diagnoses that included Parkinson's Disease with Dyskinesia and Muscle Weakness. A record review of Resident #9's Quarterly MDS with an ARD of 09/23/2024, revealed a BIMS score of (14), which indicated the resident was cognitively intact. A record review of Resident #45's admission Record revealed the facility admitted the resident on 03/16/2021. The resident had diagnoses that included Unspecified Osteoarthritis and Muscle Weakness. A record review of Resident #45's Quarterly MDS with an ARD of 08/29/2024, revealed a BIMS score of (14), which indicated the resident was cognitively intact. (continued on next page)		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident #55's admission Record revealed the facility admitted the resident on 07/26/2023. The resident had diagnoses that included Morbid Obesity and Gout. A record review of Resident #55's Quarterly MDS with an ARD of 09/06/2024, revealed a BIMS score of (14), which indicated the resident was cognitively intact.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interviews, record review, and facility policy review, the facility failed to prevent the possible spread of infection during Percutaneous Endoscopic Gastrostomy (PEG) tube care for one (1) of three (3) residents with PEG tubes. (Resident #57) Findings included: A review of the facility's policy titled Hand Hygiene, revised 01/24, revealed, Purpose * To cleanse hands to prevent transmission of infection or other conditions * To provide clean, health environment for residents, staff and visitors . Indications for Hand Washing . 4. Before and after applying gloves . On 11/20/2024 at 9:30 AM, during an observation of PEG tube care performed by Registered Nurse (RN)/Wound Care Nurse #1, after beginning care, she removed the dressing from the PEG tube site, removed her gloves, and applied clean gloves without performing hand hygiene. She cleaned the wound, removed her gloves, and applied another set of clean gloves, again without performing hand hygiene. She dried the wound and removed her gloves. Hand hygiene was not completed during the entire procedure. On 11/20/2024 at 9:40 AM, during an interview, RN #1 confirmed that she forgot to perform hand hygiene between glove changes. She acknowledged contaminating clean gloves by not washing her hands between changes and stated this could potentially result in an infection for the resident. On 11/20/2024 at 11:22 AM, during an interview, the Director of Nurses (DON) stated that RN#1 should have performed hand hygiene after each glove change. She emphasized that the resident could develop an infection at the PEG site due to this oversight and stated her expectation that all staff perform hand hygiene consistently. On 11/20/2024 at 11:34 AM, during an interview, Licensed Practical Nurse (LPN) #1 /Infection Preventionist (IP) confirmed that the RN #1 should have performed hand hygiene between glove changes. She stated that failing to do so constitutes cross-contamination and increases the risk of infection for Resident #57. She noted that she conducts hand hygiene in-services quarterly and as needed. A record review of the admission Record revealed Resident #57 was admitted by the facility on 11/02/22. The resident had diagnoses that included Dysphagia, Pharyngoesophageal Phase. A record review of Resident #57's Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 9/23/2024, revealed a Brief Interview for Mental Status (BIMS) score of (99), indicating that the resident could not complete the interview. Further review of the MDS revealed staff assessment of mental status indicated that Resident #57 had severe cognitive impairment. Review of Section K revealed the resident had a PEG tube. A record review of the in-service dated 9/25/2024, revealed the signature of RN #1 on the sign-in sheet for training related to Infection Control.		