STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40CH	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH & REHAB OF CARTHAGE LLC	1101 EAST FRANKLIN STREET CARTHAGE, MS 39051

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M 000	Initial Comments The State Agency (SA) conducted a complaint investigation (CI) MS #22856 and CI MS #22880 , from 10/4/23 to 10/5/23. The nursing facility was found to not be in compliance with allegations related to the complaint, CI MS #22856, and CI MS#22880 for Resident/Patient/Client Rights and Activities. During the survey the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm with deficiencies cited at M 500 and M 780. The facility is licensed for 99 of beds and at the time of the survey the census was 91.	M 000		
M 500 SS=D	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or	M 500		11/29/23

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M 500	Continued From page 1 nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;	M 500		

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M 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately	M 500		

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M 500	Continued From page 3 with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II	M 500	1. On 10/21/2023 Trend Health and Rehab of Carthage updated their resident	

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M 500	Continued From page 4 Based on resident interview, staff interviews, and record review the facility failed to promote a residents right to make choices significant to the resident for one (1) of five (5) residents reviewed for Resident Rights. Resident #1. Findings include: Record review for a facility policy for Resident Rights related to Self Determination revealed there was no facility policy available. The Administrator provided documentation on the nursing facility's letterhead that revealed "October 4, 2023, (Formal Name of Facility) does have a resident's rights policy and A Matter of Rights booklet that is given to each resident on admission, however there is not have a statement regarding self-determination of resident rights in the policy or the booklet." Review of the facility policy, with no title, date 9/2023, revealed "(Formal Name of Facility) It is the policy of this facility that residents will not be allowed to sit outside the front of the facility for safety reasons due to heavy traffic, emergency services required at times and no barrier between traffic flow and front walkway." An interview on 10/4/23 at 03:00 PM, with Resident #1 revealed he did not understand why he was not being allowed to do the most important daily activity he chose. He revealed he told the staff when he first admitted that being outside, off to himself, was therapy for him. He noted he was outside most of the day, would stay outside until the evening, only coming in for care and meals. He further noted he followed the rules, had been sitting out on the front porch since he was admitted to the nursing facility	M 500	rights policy to include self-determination. 2. any resident who has the desire for self-determination has the potential to be affected 3. All current staff was in serviced 10/21/2023 by the administrator to understand self-determination. New Staff will be orientated on self-determination upon hire and quarterly beginning 10/21/23 by the staff development coordinator. The updated resident rights policy will be given to all staff and residents on October 24, 2023 by the Administrator, DON or Staffing coordinator. The updated resident□s rights policy will be included in future admission packet beginning October 23, 2023 by the admissions coordinator or the business office manager. A resident council meeting is scheduled October 26th the administrator will inform the residents of the policy change to the statement of the residents right to include self-determination. 4. The right to self-determination will be reflective through continuous monitoring of the residents□ rights to make individual choices about aspects about his/her life in the facility that is significant to the resident by assessment by social services, activities and nursing staff. Their choices will be reflected in their plan of care. The assessments will be audited for evidence that they include the right of self-determination. Weekly audits began October 16, 2023 of 4 residents per week. Audits will continue weekly for 3 months by social/activities or nursing staff. The data from the audits will be discussed in the Quality Assurance and Performance	

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M 500	Continued From page 5 almost two (2) years ago, everyone knew that this was the main activity he participated in and did not feel it was fair that his activity was stopped because another resident tried to run away. Resident #1 revealed he did not feel he was being able to make choices that fit his life and made him happy at the nursing facility. He also revealed he did not feel he was being allowed to exercise his rights of choosing what he wanted his activity to be. They said he could go out back but he did not enjoy it because there was always a lot of people, he is younger and preferred not to be around all the older people. He preferred to be out front where he could see life moving and could be more by himself. He shared that he felt no one at the nursing facility was honoring his choices. Record review of Section F of the Annual Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 09/13/2023, for Resident #1, revealed F0500 Interview for Activity Preferences that it was very important for the resident to do his favorite activities and to go outside to get fresh air. An interview on 10/4/23 at 04:15 PM, with the Activities Coordinator revealed she was aware that Resident #1 being off to himself out on the front porch appeared to be very important to him. She revealed she did fill out section F of Resident #1's annual Minimum Data Set (MDS) Assessment and noted that it was very important for Resident #1 to have his choice of activities. A telephone interview on 10/4/23 at 04:35 PM, with the Ombudsman revealed she did speak with the Administrator and the Director of Nursing (DON) regarding this situation for Resident #1 and was also informed it was a corporate/owner	M 500	Improvement meeting beginning on November 29, 2023 and continuing for 3 months to ensure continued compliance.	

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M 500	Continued From page 6	M 500		

rule that residents are not to be allowed to sit on the front porch for safety reasons. She also revealed that Resident #1 informed her that he felt he was not being allowed to make choices that affected him daily and that his Resident Rights were being violated.

An interview was held on 10/4/23 at 05:10 PM, with the DON and the Administrator. The DON revealed that Resident #1 was given the option of going out on the back patio if he wanted to go outside. The DON revealed Resident #1 was sitting beyond the barrier of the front porch and was not safe. The Administrator provided the response of not knowing there was a corporate/owner rule that the residents could not sit outside on the front porch, and she had allowed them to do so. The Administrator and DON did not respond when asked by the surveyor if Resident #1 was assessed to not be safe to be outside, or if activities were offered to meet Resident #1's needs and wants. The DON and the Administrator did not confirm whether the nursing facility failed to honor the Resident Right of Self-Determination of choices for Resident #1.

Record review of the Ombudsman's Complaint Form dated 9/19/23 revealed the facility Administrator notified the Ombudsman that Resident #1 "stated that the facility is violating his rights by not allowing the residents to sit outside on the front porch...(Administrator's name removed) stated that before she became the administrator, the residents weren't allow to sit on the front porch because of safety building rules in place by the owner. (Administrator's name removed) stated that she didn't know about the rule, so she has been allowing the residents to sit outside on the front porch until she found out about the safety building rule. (DON's name

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M 500	Continued From page 7 removed) stated that (Resident #1's name removed) was upset and stated he was going to file a complaint with (State agency's name removed) complaint hot line. ... 9-28-23 I spoke with (Resident #1's name removed) and he stated that he made a complaint with (State agency name removed) because he feels like it violates his rights." Record review of the care plans for Resident #1 revealed "Focus: I would like to participate in the recreational activities I currently enjoy...Interventions ...Based on my interview of preferences for customary routine, pleas honor my daily preferences while I am in this facility ..." Record review of the "Admission Record," for Resident #1, revealed an admission date of 11/16/2021. Record review of Section C of the Annual Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 09/13/2323, for Resident #1, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #1 is cognitively intact.	M 500		