STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted complaint investigations(CI) MS# 22856 and CI MS# 22880 at the facility from 10/4/23 through 10/5/23. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services. The SA identified non-compliance and cited F561 for Self Determination and F679 for Activities Meet Interests for CI MS# 22856 and CI MS#22880. The census at the time of the survey was 91 with a bed capacity of 99 beds.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the	F 561		11/29/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/24/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 561	Continued From page 1 facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: 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	F 561	1. On 10/21/2023 Trend Health and Rehab of Carthage updated their resident 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	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 561	Continued From page 2	F 561		

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 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.

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 Improvement meeting beginning on November 29, 2023 and continuing for 3 months to ensure continued compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 561	Continued From page 3	F 561		

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 561	Continued From page 4 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 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.	F 561		
F 679 SS=D	Activities Meet Interest/Needs Each Resident	F 679		11/29/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 679	Continued From page 5 CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interviews, record review, and facility policy review, the facility failed to provide resident centered activities for one (1) of five (5) residents reviewed for activities. Resident #1 Findings include: Review of the facility policy titled, "Individual Activities and Room Visit Program," dated 1/24/2022, revealed "Policy Statement: Individual activities will be provided for those residents ... who do not wish to attend group activities. ... Policy Interpretation and Implementation: 1. Individual activities are provided for individuals who have conditions or situations that prevent them from participating in group activities, or who do not wish to do so ... The activities offered are reflective of the resident's individual activity interests..." Review of the facility policy, with no title, dated 9/2023, revealed "(Formal Name of Facility) It is the policy of this facility that residents will not be	F 679	. On October 16, 2023 the administrator inquired with resident #1 to ask for feedback on their individual resident activities that are offered reflective of the residents individual activity interest. Resident #1 responded with the desire for specific individual activities that had not been offered to them. On October 20,2023 activities were modified to meet resident #1□s desire for self-determination of desired activity. 2. On October 16, 2023 it was determined by the administrator that any resident with the desire to participate in individual activities that are reflective of the residents individual interest has the potential to be affected by this practice. 3. On October 16, 2023, an In-service was conducted by the administrator with the acting activity coordinator regarding individual specific resident activities. A resident council meeting will be held October 26, 2023 to inform residents about the individual resident activities	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 679	Continued From page 6 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 observation on 10/4/23 at 10:30 AM, of the front porch of the nursing facility revealed an "L" shaped front porch attached to the nursing facility immediately beside the breeze way in front of the building. The breeze way and the porch were divided by an approximately 17-inch square in diameter pole and an approximately six (6) inch round and approximately three and a half (3 ½) tall iron pole to the left front on the porch. The brick wall of the building was observed to the left side of the porch. The observation also revealed a brick wall in front of the porch that was approximately four and a half (4 ½) feet tall with approximately 12 inch in diameter brick columns attached on top of to the 4 ½ foot wall that extended to the top of the building. This wall was observed to extend around to the right side of the building. The front porch area was observed to be visible through the window of the nursing facility's activities room. An interview on 10/4/23 at 03:00 PM with Resident #1 revealed he did not understand why he was not allowed to do his most important daily activity. He revealed he was not interested in the activities that were scheduled and only played bingo every now and then. He revealed he told the staff when he was first admitted to the facility that being outside, off to himself, was therapy for him. He noted he was outside most of the day, would come in to get care, would come in to eat a meal or get a snack, and would go back out and stay outside until the evening. He further noted he followed the rules, had never been told he placed	F 679	policy. Residents that will not be in attendance of the resident council meeting will be informed verbally on October 27,2023 via the Activities Coordinator about individualized resident activities. The activities director will be in-serviced monthly for six months starting October 16, 2023 regarding facility policy concerning individual resident activities along with self-determination by the administrator. Reminders of this policy will be added to the agenda for monthly resident council meetings starting at the meeting on October 26, 2023 for six months. 4. The administrator began monitoring individual activity care plans October 23, 2023 and will continue weekly for 3 months. Monitoring includes reviewing the Resident Activities participation log from the previous week and following up with residents who participated in individual activities to monitor feedback. The data from the monitoring will be discussed in the Quality Assurance and Performance Improvement Plan beginning on November 29 2023 and continuing for 3 months to ensure continued compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 679	Continued From page 7	F 679		

himself in danger for sitting out beyond the wall near the breeze way, had been sitting there since he was admitted to the building almost 2 years ago, and did not feel it was fair that his activity was stopped because another resident tried to run away. He also noted no one had come to him and offered or asked him about an alternative plan about sitting on the front porch or alternative of activities. He shared that he told the Administrator and the Director of Nursing (DON) that the activity he liked was taken away. He revealed he was not aware of the front porch sitting activity that was added to the activities calendar in September 2023 and he had not been offered the option to return to the front porch since that other resident tried to run away. Resident #1 noted he did not like sitting out back not being able to see life moving, did not want to be in a crowd with the other residents, and did not have adequate space to himself to enjoy his activity. He revealed he was not able to clear his mind and enjoy his activity if he was sitting around a lot of people and did not really relate to the older crowd.

An interview on 10/4/23 at 02:00 PM, with the Activities Director, revealed she was informed by the Administrator that the residents were no longer to be allowed out on the front porch, that it needed to be scheduled as an activity on the activities calendar, and the Activities Coordinator would be the one out on the porch with them. She noted the activity of front porch sitting was not scheduled often on the activities calendar because the Administrator informed her that the same activities could not be scheduled to happen daily. She shared that the activities calendar would change if an activity had to be replaced and the residents were given the activity to sit on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 679	Continued From page 8	F 679		

the front porch two (2) times in September.

A follow up interview on 10/4/23 at 04:15 PM, with the Activities Coordinator confirmed she did not talk with Resident #1 regarding alternate activities to sitting on the front porch daily and had not informed him of it being scheduled on the activities calendar. She noted she watched Resident #1 and was aware that being off to himself out on the front porch appeared to be very important to him. She also noted he did not participate in the other scheduled activities. She revealed she did fill out section F of Resident #1's annual Minimum Data Set (MDS) Assessment and noted that being outside was very important to him. She also noted she was not aware she needed to go and assess a resident for alternative options of activities if their choice was no longer offered as an option by the nursing facility. She noted she was aware of there being different activity interests according to the age groups.

An interview was held on 10/4/23 at 05:10 PM, with the DON and the Administrator. The DON revealed the residents were given the option of going out on the back patio if they wanted to go outside. The DON revealed the residents were sitting beyond the barrier on the front porch and were 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 noted Resident #1 had been informed of the corporate/owner rule of no residents being allowed to sit on the front porch, that the activity was now scheduled, and it was no longer available daily upon resident request. The DON

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 679	Continued From page 9	F 679		

nor the Administrator provided an answer when asked if Resident #1 had been assessed for an alternate activity to replace his front porch sitting activity. The DON responded that the facility activities are scheduled, and he can participate in any activities that are on the schedule. The Administrator noted Resident #1 refused to participate in the scheduled activities. The DON and the Administrator did not respond when asked if Resident #1 had the option to participate in the activities of his choice that met his requests and needs. The DON provided the response again that Resident #1 was told he could still go outside but had to go out on the back patio. The DON and the Administration did not confirm whether activities were offered that met the needs of Resident #1.

Record review of the September and October 2023 "Activities Calendars" revealed, Front Porch Sitting was an activity scheduled for 9/13/23, 10/4/23, and 10/25/23.

Record review of the book the Activities Coordinator noted she uses to add additional unscheduled activities revealed "Sept 25, 2023, Front Porch Sitting." The record review did not reveal that Resident #1 participated in the activity.

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, please honor my daily preferences while I am in this facility ..."

Record review of Section F of the Annual Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255108	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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 679	Continued From page 10 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. 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.	F 679		