MSDH - Health Facilities Licensure and Certification

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 _____	05/15/2024

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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 5/13/24 through 5/15/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M610.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to provide oral care for a resident receiving enteral nutrition as evidenced by dry, crusty areas of skin on the upper and lower lips for one (1) of five (5) residents receiving enteral feedings. Resident #47 Findings Include: Review of the facility policy titled "Mouth Care Policy" with a revision date of January 2002, revealed "Policy: It is the policy to provide oral	M 610	1. Resident # 47 was provided oral care by certified nurse assistance (CNA) on 05/14/2024 2. All residents who require assistance with oral care have the potential to be affected by the deficient practice. 3.All nursing staff were in-service by Unit Manager RN, DON (Director of Nursing) or Staff Development Nurse between 05/15/2024 and 5/17/2024 regarding performing proper oral care and following the plan of care for residents.	6/11/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/23/24

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M 610	Continued From page 1 care assistance each am (morning) and HS (bedtime) for all residents and PRN (as needed)..." An observation of Resident #47, on 5/13/2024 at 11:51 AM, and again at 2:20 PM, revealed his upper and lower lips were cracked and dry with a crusty yellowish scaling of the skin. Record review of the "Order Summary Report" with active orders as of 4/25/24, for Resident #47 revealed an order dated 5/17/2023, "Strict NPO (nothing by mouth) Status" and an order dated 12/18/2023, "Mouth care done every shift, brush teeth r/t (related to) mouth care every shift". An observation of Resident #47 on 5/14/2024 at 8:20 AM, revealed him lying in bed with his eyes closed. His upper and lower lips were cracked and dry, with yellow scaly patches of skin. An observation and interview with Certified Nurse Aide (CNA) #2 on 5/14/2024 at 10:05 AM, revealed she was assigned to care for Resident #47 today, and he was unable to eat or drink by mouth. She described the residents' lips as dry and confirmed she had not done oral hygiene on the resident today. She revealed she came in earlier, and the resident was getting a bed bath, so she left and had not returned to check on the resident. CNA #2 confirmed that oral care should have been provided with the resident's bath this morning. An observation and interview with the Director of Nursing (DON) on 5/14/2024 at 10:12 AM, described Resident #47's lips as dry and chapped. She confirmed oral hygiene had not been performed and revealed oral care should be performed every shift by the aides. The DON	M 610	4. Observation of 4 residents who require assistance with oral care will be done by the DON or RN (Registered Nurse) Supervisor 3 times weekly x 3 weeks beginning 05/20/2024 then monthly x 3 months. The findings of observations will be brought to the QA Committee by the DON monthly beginning 06/10/2024 x 4 months to ensure continues compliance is achieved.	

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M 610	Continued From page 2 revealed the resident needed a moisturizer applied to his lips for hydration and confirmed the dry crusty patches would be discomforting for the resident. Record review of the "Admission Record" revealed the facility admitted Resident #47 on 5/17/23 with medical diagnoses that included Dysphagia following Cerebral Infarction, Gastrostomy status, and Unspecified Dementia.	M 610		