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 _____	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

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey from 5/13/24 through 5/15/24. During the annual recertification survey the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation and cited F641, F656, and F677. The facility is certified for 83 beds, with a census of 77 during the survey.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review the facility failed to accurately complete section H of the Minimum Data Set (MDS) assessment for a Resident, as evidenced by incorrectly coding Indwelling catheter usage during the 7-day observation look-back period for one (1) of three (3) residents with indwelling catheters. Resident #57 Findings include: Review of the facility policy titled, "MDS Correction Policy" dated October 2019 revealed, "Several processes have been put into place to assure that the MDS data are accurate both at the provider and in the QIES (Quality Improvement Evaluation System) ASAP (Assessment Submission and Processing)system: ... Clinical corrections must	F 641	1. Resident #57 had a modification of quarterly MDS (Minimum Data Set) dated 04/15/2024 and completed on 05/14/2024 by MDS Nurse. 2. All residents who have a foley discontinued have the potential to be affected by the deficient practice. 3. MDS Nurses were inserviced on 05/20/2024 by the DON (Director of Nursing) regarding correctly coding the MDS. 4. All MDS's for residents who currently have a foley catheter or have a foley catheter discontinued will be reviewed by the DON or a second MDS Nurse prior to	6/11/24

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

Electronically Signed | 05/23/2024

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F 641	Continued From page 1 also be undertaken as necessary to assure that the resident is accurately assessed, the care plan is accurate, and the resident is receiving the necessary care..." An interview on 5/14/24 at 11:21 AM, the Director of Nurses (DON) revealed, Resident #57 does not have a catheter at this time. The DON stated, "It was removed about six (6) weeks ago." During an interview on 5/14/24 at 2:30 PM, the MDS Nurse confirmed during the seven-day look-back period from April 9 through April 15, that Resident #57 did not have an indwelling catheter. She confirmed the indwelling catheter was discontinued on 2/19/24 and the MDS assessment was coded in error and did not portray an accurate assessment for the resident during the April 2024 quarterly assessment. She revealed "I should have caught that error before submitting it." Record review of the MDS with an Assessment Reference Date (ARD) of April 15, 2024, revealed under section H- Bladder and Bowel that Resident #57 was coded for having an Indwelling catheter. Record review of the Electronic Treatment Administration Record (eTAR) for February 2024, revealed Foley Catheter... Start Date 2/9/24....D/C Date 2/19/24. Record review of the Admission Record for Resident #57 revealed she was admitted to the facility on 11/18/22 with diagnoses that included Type 2 Diabetes Mellitus and Hemiplegia and Hemiparesis.	F 641	submission weekly beginning 05/20/2024 x 4 weeks then monthly x 3 months months. Findings of reviews will be brought to the Quality Assurance Committee by the DON or MDS nurse monthly x 4 months beginning 06/10/2024 to assure continued compliance is achieved.	

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F 656	Continued From page 2	F 656		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate	F 656		6/11/24

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F 656	Continued From page 3 entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to implement a comprehensive care plan for a resident requiring mouth care for one (1) of 16 care plans reviewed. Resident #47 Findings Include: Review of the facility policy titled "Following the Care Plan Policy" undated, revealed "Policy: It is the Policy of this facility to follow a written and approved care plan for each resident. All employees will be trained upon hire and be required to follow the care plan..." Record review of the Care Plan for Resident #47 revealed "Focus: I require assistance with ADL's (activities of daily living) r/t (related to) self-care impairment due to Left-sided hemiplegia following a CVA (Cerebral Vascular Accident).... Interventions... Provide mouth care/brush teeth every shift..." An observation of Resident #47, on 5/13/2024 at 11:51 AM and 2:20 PM, and again on 5/14/2024 at 8:20 AM, revealed his upper and lower lips were cracked and dry with a crusty yellowish scaling of the skin.	F 656	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 was inserviced by Unit Manager RN, DON (Director of Nursing) or Staff Development on 05/15/2024 regarding performing proper oral care and following the plan of care for residents. 4. Observation of 4 residents care plans who require assistance with oral care will be monitored by the DON or RN (Registered Nurse) Supervisor 1 time weekly x 3 weeks beginning 05/20/2024 then monthly x 3 months to ensure those residents who require oral care are care planned and are receiving oral care. 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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F 656	Continued From page 4 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. An interview with the Director of Nursing (DON) on 5/15/2024 at 9:04 AM, revealed the purpose of the care plan was to lay out the framework for resident care that staff should provide. She revealed her expectation was for the staff to follow Resident #47's care plan for oral hygiene, and confirmed it was not followed.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: 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 care assistance each am (morning) and HS (bedtime) for all residents and PRN (as	F 677	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 inserviced 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

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F 677	Continued From page 5 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 revealed the resident needed a moisturizer	F 677	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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F 677	Continued From page 6 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.	F 677		