

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38THRM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER TREND HEALTH & REHAB OF MERIDIAN LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 517 33RD STREET MERIDIAN, MS 39305		
(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 recertification survey along with Complaint Investigations (CIs), MS # 24746 and CI MS #24754, at the facility from 4/9/24 through 4/11/24. During the annual survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M1570. The SA identified noncompliance and cited M500 related to abuse for CI MS #24754 and there were no deficiencies cited for CI MS #24746 related to allegations of abuse.	M 000		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of	M1570		5/7/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/18/24

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38THRM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER TREND HEALTH & REHAB OF MERIDIAN LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 517 33RD STREET MERIDIAN, MS 39305		
(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
M1570	Continued From page 1 practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. 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 prevent the possibility of the spread of infection as evidenced by no barrier used during eye drops (Resident #13) and not properly cleaning a glucometer between residents (Residents #12 and 24) for three (3) of nine (9) direct care observations. Resident # 12, Resident #13 and Resident #24. Findings Include: Review of the facility's policy, "Infection Prevention and Control Program," revised 5/23 revealed, " ...Policy Explanation and Compliance Guidelines ...10. Equipment Protocol: a. All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment ..." Review of the facility's policy, "Specific Medication Administration Procedures," revised 1/2018 revealed, " ...Procedures ...G. Use a barrier (e.g., clean disposable tray or plastic cup) to carry medication containers into the resident's room ...This will serve as a barrier between the supplies and the over-the-bed table or other surface on which the supplies are placed while the medication is administered ..." An observation on 4/9/24 at 3:15 PM, revealed	M1570	On April 9, 2024 Resident #13, Resident #12, and Resident #24 were assessed by the Director of Nursing (DON) and began monitoring for five days for signs and symptoms of infection. On April 9, 2024 it was determined by the DON that any resident receiving care requiring a barrier or the sterilization of reusable equipment could be affected by this deficient practice. On April, 9, 2024, an in-service was conducted by the Infection Preventionist for all nursing staff on the Infection Prevention and Control Policy and Specific Medication Administration Procedures Policy. All nursing staff will be in-serviced monthly for 3 months on the policies regarding Infection prevention and Control and Specific Medication Administration Procedures. After in-services began on April 9, 2024 the infection preventionist began monitoring on April 12, 2024. Monitoring includes observing eye drop administration and glucose monitor cleaning 3 times weekly for 3 weeks, then monthly times 3 months. The data from monitoring will be discussed the Quality Assurance and Performance Improvement Plan committee meeting on April 30, 2024 times 3 months.	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38THRM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER TREND HEALTH & REHAB OF MERIDIAN LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 517 33RD STREET MERIDIAN, MS 39305		
(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
M1570	Continued From page 2 Licensed Practical Nurse (LPN) #1 removed Resident #13's eye drops from the eye drop box inside the medication cart, went to the residents room, administered one eye drop into the resident's right eye, placed the eye drop bottle down on the residents bedside table with no barrier, removed and replaced her gloves, picked up the eye drop bottle, administered one eye drop to the left eye, and returned it to the drawer in the medication cart. An observation on 4/9/24 at 3:34 PM, revealed LPN #1 removed a glucometer from the top drawer of her medication cart and carried it to Resident #12's room, performed a blood sugar check; returned to the medication cart and cleaned the glucometer with disinfectant wipes that had a 2-minute kill time (the surface should remain visibly wet for two minutes after the solution has been applied to completely eliminate or kill bacteria). This observation revealed the nurse wiped the glucometer with the disinfectant wipe for approximately 30 seconds and set it on a barrier on top of her medication cart and stated she would leave that there to air dry for about 3-5 minutes. An observation on 4/9/24 at 3:45 PM, revealed LPN #1 used the glucometer that was not properly cleaned after using it on the previous resident, went to Resident #24's room, performed a blood sugar check and returned it to the medication cart, cleaned it with disinfecting wipes for approximately 30 seconds, and sat it on a barrier to air dry. An interview on 4/9/24 at 3:55 PM, with LPN #1 confirmed that she did not use a barrier when she placed the eye drops on the bed side table and administered the second eye drop. She also	M1570		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38THRM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER TREND HEALTH & REHAB OF MERIDIAN LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 517 33RD STREET MERIDIAN, MS 39305		
(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
M1570	Continued From page 3 confirmed that she failed to clean the glucometer according to the directions on the disinfectant wipes for a kill time of 2 minutes. She revealed she had received in-service training on the proper way to clean the glucometer and she knew she needed a barrier for the eye drops, but she was nervous. She revealed both of those things could lead to the spread of infection or cross contamination. An interview on 4/10/24 at 4:30 PM, with the Director of Nurses (DON) confirmed the nurse should have used a barrier before she placed the eye drop bottle down in the resident's room and should have cleaned the glucometer for the appropriate amount of time based on the "kill time" on the disinfectant wipes. He stated the facility had provided in-service training on both of those topics, and he had given them options on how to achieve the kill time. He confirmed that not using a barrier could have led to the spread of infection and not cleaning the glucometer appropriately could have led to the spread of a blood borne illness. Resident #12 Record review of the "Admission Record" revealed the facility admitted Resident #12 on 9/28/23 with medical diagnoses that included Type 2 Diabetes Mellitus. Record review of the "Order Summary Report" with active orders as of 4/1/24 revealed Resident #12 had a Physician's Order, dated 9/29/23, for " ...Accu-Chek AC (before meals) and HS (at hour of sleep)" Resident #13 Record review of the "Admission Record" revealed the facility admitted Resident #13 on	M1570		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38THRM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER TREND HEALTH & REHAB OF MERIDIAN LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 517 33RD STREET MERIDIAN, MS 39305		
(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
M1570	Continued From page 4 8/30/23 with medical diagnoses that included Lack of Coordination. Record review of the "Order Summary Report"with active orders as of 4/1/24 revealed Resident #13 had a Physician's Order, dated 9/19/23, for "Systane Ophthalmic Solution 0.4-0.3%... Instill 1 drop in both eyes every 2 hours as needed for r/t (related to) dry eye ..." Resident #24 Record review of the "Admission Record" revealed the facility admitted Resident #24 on 10/31/23 with medical diagnoses that included Type 2 Diabetes Mellitus. Record review of the "Order Summary Report"with active orders as of 4/1/24 revealed Resident #24 had a Physician's Order, dated 10/31/23, for " ...Accu-Chek at AC and HS..."	M1570		