STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255348	A. BUILDING _____ B. WING _____	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH & REHAB OF MERIDIAN LLC	517 33RD STREET MERIDIAN, MS 39305

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F 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 Medicare and Medicaid requirements of participation related to F880. The SA identified noncompliance and cited F600 for failure to prevent abuse and F609 for failure of staff to report abuse related to CI MS #24754. There were no deficiencies cited for CI MS #24746 related to an allegation of abuse. The census at the time of the survey was 57 with a bed capacity of 58.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		5/7/24

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

Electronically Signed | 04/18/2024

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F 880	Continued From page 1	F 880		

providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.

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F 880	Continued From page 2 Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: 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	F 880	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	

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F 880	Continued From page 3 surface on which the supplies are placed while the medication is administered ..." An observation on 4/9/24 at 3:15 PM, revealed 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.	F 880	monitoring will be discussed the Quality Assurance and Performance Improvement Plan committee meeting on April 30, 2024 times 3 months.	

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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 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 "

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F 880	Continued From page 5 ...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 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..."	F 880		