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
	38THRM	A. BUILDING: _____ B. WING _____	C 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

(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 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;	M 500		5/7/24

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M 500	Continued From page 1 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have	M 500		

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policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

14. may retain and use his personal clothing and

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M 500	Continued From page 3 possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on resident and staff interview, record review, and facility policy review, the facility failed to prevent abuse of a resident for one (1) of four (4) residents reviewed for abuse. Residents #25 Findings include: A review of the facility's "Abuse Policy and Procedure", undated, revealed, "Each resident of this facility has the right to be free from ...physical ...abuse ...Abuse is defined as the willful infliction of injury ...with resulting physical harm, pain or mental anguish ..." In an interview, on 04/10/24 at 10:00 AM, with Resident #25, he stated that on 04/09/24 on the 3-11 shift while being transferred from his wheelchair to his bed. He stated Certified Nurse	M 500	1. On April 10, 2024 Resident # 25 was assessed by the administrator, social services director, and Registered Nurse #1 for bruising, skin tears, and distress. The assessments revealed no signs of bruising, skin tears, or distress. 2. On April 10, 2024 It was determined by the administrator that all residents could be affected by this deficient practice. 3. On April 10, 2024 7 other residents were interviewed by the administrator and social services director and asked if they had experienced any abuse. On April 10, 2024, an In-service was conducted by the administrator for all staff on Abuse, Neglect, and Exploitation, and the Reporting of Abuse Neglect and	

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M 500	Continued From page 4 Aide (CNA) #1 was "rough" with him. Resident #25 revealed the CNA positioned the lift sling underneath him and when she put the leg straps around his legs, she jerked up on them real hard. He stated that he told her that it hurts when she does that and the other nurse aides do not have to do it that way, but she did not respond to him. He admitted that he had not reported this to anyone. An interview on 04/10/24 at 3:15 PM, with Resident #25, revealed the Administrator and the Social Worker talked to him about the concern from 4/9/24. The resident stated that CNA #2 was also in the room when the incident occurred, but she was not rough with him, and she was always really nice. An interview on 04/10/24 at 3:25 PM, with CNA #2, confirmed that she was in the room when CNA #1 transferred Resident #25 from his wheelchair to his bed on 4/9/24. CNA #2 confirmed that CNA #1 was rough handling the resident. CNA #2 confirmed that when CNA #1 got the lift pad underneath the resident prior to the transfer, she snatched the straps in a rough manner and the resident told CNA #1 that it hurt, but she snatched the other leg strap the same way. CNA #2 admitted that she did not report this to anyone, but she knew she was supposed to. She said Resident #25 had begged her not to mention it to anyone. An interview on 04/10/24 at 3:30 PM, with the Administrator, confirmed Resident #25 reported the incident to him regarding CNA #1 and CNA #2. The Administrator stated that he interviewed CNA #2, and she confirmed that CNA #1 was rude and snappy with Resident #25 during the transfer on 04/09/24 but that she did not think it	M 500	Exploitation. All staff that were not in the building at the time of the in-service on April 10, 2024 will be in-serviced prior to working their next shift to be completed by April 30, 2024. In-services for all staff on Abuse, Neglect, and Exploitation, and the Reporting of Abuse, Neglect, and Exploitation will continue monthly for six months. 4. After in-services began on April 10, 2024, the administrator began monitoring on April 12, 2024 and will continue weekly times 3 weeks, then monthly times 3 months. Monitoring includes interviewing 4 cognitive residents, asking them about their care, and inquiring if any any abuse, neglect, or exploitation has taken place during their care. The data from monitoring will be discussed the Quality Assurance and Performance Improvement Plan committee meeting on April 30, 2024 times 3 months.	

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was abuse and that's why she did not report it to anyone. The Administrator revealed that he had reported the allegation to the State Agency (SA) and was continuing the investigation. The Administrator confirmed that both CNA #1 and CNA #2 were suspended pending the investigation.

An interview on 4/11/24 at 10:46 AM, with CNA#1, she confirmed that she and CNA #2 transferred Resident #25 from the wheelchair to his bed using a mechanical lift. She denied that Resident #25 reported that she was hurting him during the transfer.

A record review of a document titled "In-Service Training", revealed that both CNA #1 and CNA #2 received in-service training at the beginning of their scheduled shift on 04/09/24 regarding the facility's abuse policy, types of abuse, preventing abuse, neglect, exploitation and its definition, and Staff reporting policy.

A record review of the "Admission Record" revealed the facility admitted Resident #25 on 1/5/22 with medical diagnoses that included Paraplegia.

A review of the "BIMS (Brief Interview for Mental Status) assessment, dated 2/20/24, revealed Resident #25 had a BIMS score of 15, which indicated he was cognitively intact.