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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH AND REHAB OF HOUSTON	1000 EAST MADISON STREET HOUSTON, MS 38851

(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 and a complaint investigation (CI) MS #28305 at the facility from 3/30/25 through 4/2/25. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and deficiencies were cited at M 500, M 610, M 780 and M 1570. The SA determined the facility was not in compliance with CI MS #28305 regarding residents rights and cited M 500 was also cited for this complaint in addition to the annual survey. The facility had a census of 45 at the time of the survey and held a license for 60 beds.	M 000		
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;	M 500		5/15/25

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M 500	Continued From page 1 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; 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,	M 500		

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M 500	Continued From page 2 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 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;	M 500		

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M 500	Continued From page 3 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 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:	M 500		

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M 500	Continued From page 4 Level II Based on resident and staff interviews, record review and facility policy review, the facility failed: 1) to honor a resident's bedtime choice (Resident #24) and; 2) to deliver resident mail on Saturdays (Resident's #4, #20, #22, #35 and #38) for six (6) of 31 sampled residents. Findings Include: Self-determination: Record review of the facility policy "Resident Rights" revealed "...3. Our facility will make every effort to assist each resident in exercising his/her rights to ensure that the resident is always treated with respect, kindness, and dignity..." An interview on 3/31/25 at 1:00PM with the Administrator (ADM) revealed that on 03/16/25, Registered Nurse (RN) #1 called her and reported that Certified Nursing Assistant (CNA) #1 made Resident #24 go to bed when she didn't want to. The ADM stated that RN #1 reported to her that CNA #1 took Resident #24 to her room from the dining room after the supper meal around 6:00 PM, put Resident #24's gown on and made her go to bed. She also revealed that Resident #24 kept telling her (CNA #1) that she didn't want to go to bed. The ADM reported that Resident #24's roommate, Resident #22 witnessed it, walked up to the nursing desk and reported to RN #1 that CNA #1 told Resident #24 that she was going to bed because she (CNA #1) had things to do. The ADM admitted that it was the residents' right to choose to get up and to go to bed when they wanted to, and Resident #24's choice to stay up longer should have been honored that evening.	M 500	m 500 " Resident #24 is going to bed or staying up as she desires. On 3-16-25 the RN Supervisor went to Resident # 24s room and explained to the resident her right to not go to bed until she was ready. The RN Supervisor asked the resident if she would like to get back up and that she would assist her in getting back up and the resident declined. On 04-01-25 the Business Office Manager (BOM) checked the Business Office to ensure that any mail that had been delivered to the facility had also been delivered to the residents. On 04-02-25 the BOM met with Residents #4, # 45, #22, #35 and #38 and informed them that they do not currently have any mail to be delivered. On 04-02-25 the Administrator notified the United States Postal Service of the requirement to have mail delivered to the facility on Saturdays. " Residents that require assistance with transfers and residents who receive mail are at risk for the deficient practice. " The Administrator and the Director of Nursing in-serviced the staff on Resident Rights and Abuse/Neglect on 03-17-25. The Administrator addressed the Resident Council on 04-04-25, regarding Resident Rights and Abuse/Neglect. On 04-04-25 the Administrator in-serviced the weekend nursing supervisor of mail being delivered by the postal service on Saturdays and the responsibility of the weekend supervisor to take the mail to the residents room when it arrives from the mail carrier. " The Administrator will make rounds and speak with two residents weekly x 4 weeks that require assistance with transfers and that receive mail to ensure	

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M 500	Continued From page 5 An interview with Resident #22 on 03/31/25 at 1:40 PM confirmed that she was Resident#24's roommate and a couple of weeks ago, she saw a CNA make Resident #24 go to bed one night after supper. She revealed that she didn't know who the CNA was, but she hadn't been back since that night, and she was glad. Resident #22 revealed that she was in her bed watching television with her privacy curtain pulled about halfway to where she could see what was going on. She confirmed that she heard the CNA say to Resident #24, " You're going to bed because I have work to do." She revealed that she heard Resident #24 tell the CNA several times that she was not ready to go to bed. Resident #22 revealed that she got up from her bed and went to the nursing desk and reported to a nurse what happened. An interview on 03/31/25 at 2:35 PM with RN #1 confirmed that around 5:45 PM on 3/16/25 Resident #22 came to the nurse's desk and reported that CNA #1 was mistreating Resident #24 by making her go to bed when she didn't want to. RN #1 revealed that Resident #22 told her that Resident #24 told CNA #1 that she was not ready to go to bed and the CNA told her she was going to bed anyway because she had too much to do. RN #1 revealed that she went to Resident #24's room to check on her and found her sitting on the side of the bed with her gown on. RN #1 revealed that Resident #24 told her that she wanted to stay up longer and visit with friends in the dining room and wasn't ready to go to bed but that CNA #1 made her go to bed. RN #1 revealed that she made sure Resident #24 was safe, offered to put her clothes back on and help her get back up but at that time, she refused. RN #1 revealed that Resident #24 told her that she was sitting in the dining room at a table with	M 500	that their rights are being met beginning 04-16-25. The Administrator will meet with residents at Resident Council for three months beginning on 04-16-25 about Residents Rights and if they are being honored. The BOM will check mail on Monday's beginning 04-21-25 for four weeks to ensure that the mail is not left from the weekend. The Administrator will meet with the weekend charge nurse weekly beginning on 04-16-25 to ensure that residents that receive mail on Saturday's is being delivered to the residents upon arrive from the mail carrier. The Administrator will bring audits to the monthly Quality Assurance (QA) meeting for three months for recommendations or changes needed to ensure consistent substantial compliance beginning 05-14-25." " " "	

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other residents and CNA #1 came and pushed her in her wheelchair back to her room and put her to bed, even though she told her she was not ready. RN #1 confirmed that Resident #24's choice to go to bed later that evening should have been honored and this was not okay.

An interview on 04/01/25 at 10:20 AM with Resident #24 confirmed that a couple weeks ago, there was an aid who made her go to bed early against her wishes. She revealed that she thought it was around 6:00 PM and she was sitting in her wheelchair at a table in the dining room visiting with friends when the aid came and pushed her back to her room. Resident #24 revealed that she told the aid that she was not ready to go to bed, but the aide told her she was going anyway because she had a lot of work to do. Resident #24 revealed that this was her home, and she wanted to be good to the staff here and she wanted them to be good to her. Resident #24 revealed that it was important to her to make her own decisions about when to go to bed and she wanted to be respected. Resident #24 revealed that the aide did not hurt her, just made her go to bed. She revealed that sometimes she wanted to go to bed early but that was her choice. She revealed that if the aide wasn't going to do right, she didn't need to work there. Resident #24 revealed that she did not know who the aide was and that she hadn't been back to work since that happened.

Record review of Resident #24's "Admission Record" revealed the facility admitted the resident on 09/02/22 with medical diagnoses that included Parkinson's Disease and Depression .

Record review of Resident #24's Minimum Data Set (MDS) with an (Assessment Reference Date)

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(ARD) of 01/13/25 under Section C revealed a Brief Interview for Mental Status (BIMS) Score of 8 which indicated that she had moderate cognitive deficits. The review of Section F-Preferences revealed that it was very important to her to choose her own bedtime.

Right to forms of communication:

Record review of the facility policy "Mail Delivery Policy" dated 2/2009 revealed, "The mail will be delivered to the resident Monday thru Friday by the Activity Director. If the resident receives mail on Saturday, it will be delivered to the resident by the week-end RN (Registered Nurse) Unit Manager."

During a Resident Council Meeting on 03/31/25 at 2:00 PM five of the thirteen residents in attendance revealed that they did not have mail delivered on Saturdays. Resident #38, Resident Council President, revealed that there was no one in the front office on the weekend to pass the mail out to them. Resident #4, Resident #20, Resident #22, and Resident #35 confirmed that the staff handed their mail out during the week and that they did not get mail on Saturdays.

An interview on 03/31/25 at 3:40 PM with Registered Nurse (RN) #1, revealed that she worked on the weekends and that she hadn't ever accepted mail on Saturdays. She revealed that the front office was closed on the weekends. RN #1 revealed that if mail was delivered to the facility on Saturdays, she could pass it out to the residents.

An interview on 04/01/25 at 9:10 AM with the Director of Nursing (DON), revealed that the mail carrier did not deliver mail to the facility on

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Saturdays because there was no one in the front office to give it to. She revealed that if the facility had any mail on Saturdays, the mail carrier delivered it the following Monday when they had someone to distribute it to. DON agreed that residents should receive their mail on Saturdays if they had any, and they should not have to wait until the following Monday to get it.

On 04/01/25 at 10:00 AM, an interview with the Administrator (ADM) revealed that there had been some inconsistencies with the mail but she was not aware that mail was not delivered on Saturdays. ADM confirmed that it was important for the residents to receive their mail and that it should be passed out on the days the mail ran.

Record review of Resident #4's "Admission Record" revealed an admission date of 04/17/08.

Record review of Resident #4's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 01/27/25 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated that she had no cognitive deficits.

Record review of Resident #20's "Admission Record" revealed an initial admission date of 12/13/18.

Record review of Resident #20's Quarterly MDS with ARD 12/4/24 under Section C revealed a BIMS Score of 15 which indicated that she had no cognitive deficits.

Record review of Resident #22's "Admission Record" revealed an admission date of 11/04/24.

Record review of Resident #22's Quarterly MDS

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M 500	Continued From page 9 with ARD of 02/06/25 under Section C revealed a BIMS Score of 15 which indicated that she had no cognitive deficits. Record review of Resident #35's "Admission Record" revealed an admission date of 03/25/22. Record review of Resident #35's Quarterly MDS with ARD of 11/19/25 under Section C revealed a BIMS Score of 15 which indicated that she had no cognitive deficits. Record review of Resident #38's "Admission Record" revealed an initial admission date of 07/22/22. Record review of Resident #38's Quarterly MDS with ARD of 12/09/24 under Section C revealed a BIMS Score of 15 which indicated that she had no cognitive deficits.	M 500		
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 Pattern	M 610	m610 " On 04-02-25 the Licensed Practical	5/15/25

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M 610	Continued From page 10 Based on observations, staff and resident representative interviews, record review, and facility policy review, the facility failed to ensure a dependent resident received appropriate oral care for one (1) of 45 residents residing in the facility. Resident #9. The scope and severity for this citation was increased to a pattern for a repeated citation from the previous annual recertification survey. Findings include: Record review of the facility policy titled "ADL (Activities of Daily Living) Care Policy" dated 8/23 revealed, "It is the policy of this facility to provide appropriate treatment and services in relation to ADL care to residents to ensure all ADL needs are met on a daily basis while attaining or maintaining the residence of highest, practicable, physical, mental, and social well-being." An observation on 3/30/25 at 4:25 PM revealed Resident #9 with a thick white substance inside the corners of his mouth and covering his upper and lower lip. An interview on 3/30/25 at 6:25 PM with Resident #9's Resident Representative (RR) sitting at the bedside, she stated that she visits frequently and usually has to wash his lips and mouth off when she arrives. She revealed she has told the staff about his mouth not getting cleaned. She understands that the staff can't be with him 24 hours a day but thinks they could do better by ensuring he is cleaned up. She revealed she has visited before and found him with white dried secretions on his lips, and that tells her that his sputum stayed on his lips long enough to dry up. During an interview on 4/01/25 at 8:30 AM,	M 610	Nurse (LPN) #1 assigned to Resident #9 performed oral care on resident to ensure that his mouth was clean and moist. Resident #9 is receiving oral care as needed. On 04-02-25 The Director of Nursing assessed other residents to assure oral care was being provided. " Residents that require assistance with oral care are at risk of being affected by the deficient practice. " On 04-14-25 the Director of Nursing (DON) in-serviced the nursing staff on identifing residents that need assistance with oral care and providing oral care to residents when needed. On 04-14-25 the Director of Nursing in-serviced nurses on checking residents to ensure oral care is being provided at the time they are passing medications. " The DON or Registered Nurse Supervisor will check residents three times a week for four weeks and then once a month for two months who require assistance with oral care to ensure that oral care is being provided every two hours beginning 04-16-25. The DON will bring findings from the audits to the monthly Quality Assurance (QA) meeting for three months for recommendations or changes needed to ensure consistent substantial compliance beginning 05-14-25.	

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M 610	Continued From page 11 Licensed Practical Nurse (LPN) #1 revealed that occasionally at the beginning of shift, the resident will have an white sputum on his mouth and lips. She stated, "It doesn't happen all of the time but does occasionally." She revealed that the Certified Nursing Assistants (CNA) are responsible for his ADL care, which includes his mouth care, and that the nurses are also responsible for oral care each shift. In an interview on 4/1/25 at 12:45 PM, with CNA #2, she stated that they clean Resident #9's mouth when they do his ADL care. She admitted that if the staff would clean his mouth each time they checked on him, then that stuff wouldn't dry on his mouth. During an interview on 4/01/25 at 1:45 PM, the Interim Director of Nurses (DON) revealed Resident #9's oral care should be done each shift and more often since he is fed by a feeding tube and probably a mouth breather. She revealed that it is her expectation that each resident is adequately groomed and presentable in appearance. Record review of Resident #9's "Admission Record" revealed he was admitted to the facility on 1/24/13 with medical diagnoses that included Hemiplegia and Hemiparesis following Cerebral Infarction, Gastrostomy status, and Adult Failure to Thrive.	M 610		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important	M 780		5/15/25

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TREND HEALTH AND REHAB OF HOUSTON	1000 EAST MADISON STREET HOUSTON, MS 38851

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M 780	Continued From page 12 adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. This Statute is not met as evidenced by: Level II Pattern Based on resident and staff interviews, record reviews, and facility policy reviews, the facility failed to provide an ongoing activity program designed to meet the needs of each resident for four (4) of 14 residents interviewed during the Resident Council meeting as evidenced by a lack of group activities on weekends. Residents #20, #22, #38 and #39. Findings include: A record review of facility policy titled, "Activity Program", dated 1/21/22, revealed, "An ongoing program of activities is designed to meet the needs of each resident. ... Individualized and group activities are provided that: a. Reflect the schedules, choices, and rights of the residents; b. Are offered at hours convenient to the residents, including evenings, holidays, and weekends." Record review of the March 2025 Activity Calendar revealed each Saturday in March "INDIVIDUAL PURSUIT" was listed as the activity. Church services were listed each Sunday morning with "CHECKERS/MOVIES" as the 2:00 PM activity each Sunday. Resident #20 During an interview 03/30/25 at 4:50 PM, Resident #20 stated she loved attending group	M 780	m780 " On 04-03-25 The Activity Director held a Resident Council Meeting to inform the residents that if no outside activity was planned for Saturdays that a Nurse Aide would be assigned to Activities and would be present for the entire activity. Residents #20, #22, #38, and #39 were in attendance at the meeting. " Residents that attend activities are at risk of being affected by the deficient practice. " On 04-04-25 the Administrator in serviced the Activity Director regarding program activities designed to meet the needs of each resident and that activities are offered at hours convenient to the residents. On 04-04-25 the Administrator inserviced the Activity Director on assigning the weekend activities to a nurse aide and to review the activity plan with that nurse aide on each Thursday prior to the weekend assignment. On 04-16-25 the Administrator in-serviced the two Nurse Supervisors that work on weekends regarding the responsibility of the nurse aide assigned to weekend activity to conduct the entire activity and to be present for the entire activity. " The Activity Director will attend one weekend activity a month for three months to ensure that it meets the needs of the residents beginning 04-16-25. The Activity Director will review weekend	

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M 780	Continued From page 13 activities, but the facility did not have activities on Saturday's. She admitted that she gets bored on Saturdays and would like there to be activities. An interview with the Administrator on 4/1/25 at 4:00 PM revealed the facility was required to provide daily group activities and other activities that interest the residents even on the weekend. She confirmed the facility failed to provide the residents with activities on Saturday for those residents that choose to attend. During an interview on 4/2/25 at 9:50 AM, the Activity Director confirmed the residents need activities that meet their interests daily and the facility had failed to provide these on Saturdays for "a while now". She stated the facility had a family council group that was extremely active and had activities for the residents every Saturday, but the president of that group had a family illness, so she was less involved. Since that time, the family group had "fizzled out". She admitted that during the winter months, residents were more confined inside and this could cause them to feel "a little stir crazy and bored". Then she added that she provided games and puzzles for the residents to do on their own on the weekend, but there were no scheduled group activities. Record review of Resident #20's Annual Minimum Data Set (MDS) Section F with Assessment Reference Date (ARD) of 9/17/24, revealed the resident's response of "very important" to the question, "How important is it to you to do things with groups of people?" To the question, "How important is it to you to do your favorite activities", the resident's response was, "very important". Record review of Resident #20's "Admission	M 780	activities with Resident Council each month for three months beginning 04-16-25. The Administrator will interview three residents a week for four weeks regarding the activities program and weekend activities beginning 04-16-25. The Activity Director and the Administrator will bring the findings from the audits to monthly Quality Assurance meeting for three months for recommendations or changes needed to ensure consistent substantial compliance beginning 05-14-25.	

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M 780	Continued From page 14 Record", revealed the resident was admitted to the facility on 12/13/18. Record review of Resident #20's Quarterly MDS Section C with an ARD of 12/4/24, revealed a Brief Interview for Mental Status (BIMS) of 15 which indicated the resident was cognitively intact. Resident #22 During an interview on 3/30/25 at 3:30 PM, Resident #22 revealed weekends are pretty boring here. They got us some games to play, but many folks don't know how to play them, and they just sit and stare at each other. She revealed that on Sundays, someone comes in and does a church service, but we are on our own after that. In an interview on 4/01/25 at 9:37 AM, the Activities Director confirmed that Resident #22 had voiced concerns that she would like to do weekend activities. She revealed she is trying to build the activities department back up and confirmed that there were no organized group activities for the month of March. She revealed it has been quite some time since there have been weekend activities During an interview on 4/01/25 at 10:10 AM, the Administrator confirmed that the family council members used to be very involved in weekend activities, but they haven't been there in a while. Record review of Resident #22's Admission MDS Section F with an ARD of 11/11/24 revealed the resident's response to the question, "How important is it to you to do your favorite activities?" was, "Very important".	M 780		

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M 780	Continued From page 15 Record review of Resident #22's "Admission Record" revealed the resident was admitted to the facility on 11/04/24. Record review of Resident #22's MDS Section C with an ARD of 11/11/24, revealed a BIMS of 15 which indicated the resident was cognitively intact. Resident #38 On 03/31/25 at 1:30 PM, an interview with Resident #38, Resident Council President, revealed that they attended monthly Resident Council Meetings and had several residents who attended regularly. She revealed that some of the residents had brought up in the past that there weren't enough activities planned during the week and no activities on the weekends. She revealed that they had preaching on Sunday and that's it. Record review of Resident #38's "Admission Record" revealed an initial admission date of 07/22/22. Record review of Resident #38's Quarterly MDS with ARD of 12/09/24 under Section C revealed a BIMS Score of 15 which indicated that she had no cognitive deficits. Resident #39 An interview on 3/30/25 at 3:45 PM, Resident #39 revealed he would love to have something to do on the weekend. He stated that they don't have anything to do on Saturdays, and have a preacher who comes in early Sunday, but after that, we don't have anything to do. Resident #39	M 780		

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M 780	Continued From page 16 stated, "I mainly just stay in bed and watch TV or sleep on the weekends." Record review of Resident #39's Annual MDS Section F with ARD of 7/30/24 revealed the resident's response of "Very important" to the question, "How important is it to you to do things with groups of people?" To the question, "How important is it to you to do your favorite activities?" the resident's response was, "Very important." Record review of Resident #39's "Admission Record" revealed the resident was admitted to the facility on 8/1/23. Record review of Resident #39's MDS Section C with ARD of 7/30/24 revealed a BIMS score of 8 which indicated the resident had moderate cognitive impairment.	M 780		
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	M1570		5/15/25

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M1570	Continued From page 17 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 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 Pattern Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure implementation of infection prevention and control practices to prevent the potential transmission of communicable diseases and infections for two (2) of three (3) resident care areas observed (Resident #1 and Resident #9). Specifically, the facility failed to: 1. Post appropriate transmission-based precautions signage for a resident on contact isolation for Methicillin Resistant Staphylococcus Aureus (MRSA) (Resident #1); and 2. Ensure staff followed Enhanced Barrier Precautions (EBP), including wearing a gown, during the administration of medication via a Percutaneous Endoscopic Gastrostomy (PEG) tube (Resident #9). These failures had the potential to contribute to the transmission of infectious organisms to other residents, staff, and visitors within the facility.	M1570	m1570 " On 04-01-2025 The Director of Nursing placed a contact isolation sign on Resident #1s door. On 04-02-25 the Director of Nursing observed other residents rooms to ensure that if they were on isolation that the proper signage was located on the outside of that residents' room door. On 04-02-025 the Director of Nursing in serviced Licensed Practical Nurse #1 regarding proper PPE while caring for a resident on enhanced barrier precautions. " Residents on isolation precautions are at risk of being affected by the deficient practice. " On 04-14-25 the Director of Nursing serviced the nursing staff on placing notification on a residents room door to identify that the resident is in isolation and requires PPE when caring for that resident. On 04-14-25 the Director of Nursing in serviced the nursing staff on proper identification on the outside of a residents door to identify that the resident is in isolationand requires PPE when entering room or caring for a resident. On 04-14-25 the Director of Nursing in	

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M1570	Continued From page 18 Findings include: A record review of the facility policy titled "Enhanced Barrier Precautions," dated 10/23, revealed, "It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms...Enhanced barrier precautions" refer to the use of gown and gloves for use during high-contact resident care activities ...(residents with wounds or indwelling medical devices)... c. Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves..." Record review of facility policy titled, "Infection Prevention and Control Program", undated, revealed, "It is a policy of this facility to 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". Resident #1 During an interview on 3/30/25 at 5:25 PM, Resident #1 stated he had wounds on his lower legs. A hanging isolation organizer was noted on his door. There was no signage on his door that indicated what type of isolation the resident was in or what type of Personal Protective Equipment (PPE) was needed. During an interview on 3/31/25 at 10:30 AM, the	M1570	serviced staff on proper PPE for isolation and enhanced barrier precaution resident when entering the residents room and providing care for isolation residents. " The Director of Nursing will observe isolation precaution residents two times weekly for three weeks then monthly for two months for proper signage on resident room door beginning 04-16-25. The Director of nursing will observe nursing staff caring for residents that require PPE when receiving care two times weekly for three weeks and then monthly for two months beginning 04-14-25 to ensure staff is wearing proper PPE when entering an isolation room and when caring for an isolation resident. The Director of Nursing will bring the findings from the audits to monthly Quality Assurance meeting for three months for recommendations or changes needed to ensure consistent substantial compliance beginning 05-14-25.	

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M1570	Continued From page 19 Infection Preventionist/Treatment Nurse stated that Resident #1 had Methicillin Resistant Staphylococcus Aureus (MRSA) in his leg wounds and was on contact isolation for this infection. She stated he was receiving antibiotics and after completing those, a repeat culture would be done. She stated the proper use of PPE helped prevent the spread of an infection. She acknowledged the resident did not have signage on his door to indicate what type of isolation the resident was on or what type of protective equipment needed to be used. An interview with the Administrator on 3/31/25 at 11:40 AM confirmed that Resident #1 was in contact isolation due to MRSA in a wound and signage on or near the resident's door was required. She stated when a resident was placed in contact isolation, the type of precaution and the PPE to be used was required to be placed in a visible area outside of the resident's room. She stated signage was necessary to inform staff and visitors what PPE was needed to help prevent the spread of infection. She confirmed the facility failed to place proper infection control signage on or near a resident's door to identify the type precautions and the appropriate PPE to use. Record review of Resident #1's "Order Summary Report" revealed an order dated 3/25/25 to "Maintain contact precautions due to MRSA infection in lower leg every shift related to bacterial infection". Record review of Resident #1's "Admission Record" revealed the resident was admitted to the facility on 11/12/18. Diagnoses included Bacterial Infection, Non-pressure Chronic Ulcer of left and right lower legs, and Venous Insufficiency.	M1570		

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M1570	Continued From page 20 Record review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/13/25, revealed a Brief Interview for Mental Status (BIMS) of 10 which indicated the resident had moderate cognitive impairment. Resident #9 An observation on 4/01/25 at 8:25 AM revealed Licensed Practical Nurse (LPN) #1 administered Resident #9's medications through a PEG tube without wearing a gown for EBP. She confirmed she failed to wear a protective gown and revealed she knows that she should have. She revealed that EBP is supposed to be utilized when providing care to the resident since he has a PEG tube. She revealed we even discussed wearing the gown when I gave him his medications this morning, but I got nervous and forgot to do it. During an interview on 4/01/25 at 2:24 PM, the Interim Director of Nurses (DON) confirmed that the nurse should have worn the PPE when administering his medications through the PEG. She revealed that EBP is implemented to protect the residents and the staff from spreading germs. During an interview on 4/02/25 at 12:06 PM, the Infection Control Nurse revealed that for any residents under EBP, the facility's requirements and expectations are that the staff wear the proper PPE to reduce the possible spread of infections. Record review of Resident #9's "Order Summary Report" with active orders as of 4/1/25 revealed	M1570		

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M1570	Continued From page 21 an order for EBP related to PEG every shift. Record review of Resident #9's "Admission Record" revealed he was admitted to the facility on 1/24/13 with medical diagnoses that included Hemiplegia and Hemiparesis following Cerebral Infarction and Gastrostomy status.	M1570		