Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/23/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH & REHAB OF CARTHAGE LLC	**1101 EAST FRANKLIN STREET , CARTHAGE, Mississippi, 39051**

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M0000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI) MS# 2684559 at the facility on 3/23/26. During the survey, the SA determined that the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA identified non-compliance and cited M 500 for CI MS# 2684559 related to resident rights. The census at the time of the survey was 78 with a bed capacity of 82 beds.	M0000		
M0500	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	M0500		

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

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M0500	Continued from page 1 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, 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Pattern Based on record review, interview, and facility policy review, the facility failed to ensure that resident grievances voiced through the Resident Council were thoroughly investigated, addressed, and resolved for three (3) of three (3) residents reviewed for grievances (Residents #1, #2, and #3). Findings Included: Record review of the facility policy “Resident and Family Grievances/Complaints” revealed “Policy: It is the policy of this facility to support each resident’s and family member’s right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal…12. The facility will make prompt efforts to resolved grievances...” A record review of “Resident Council Minutes”, dated 11/20/25, revealed that residents complained that “food on the weekend has gotten bad.” There was no documentation that the complaint had been addressed by the facility. A record review of “Resident Council Minutes”, dated 12/22/25, revealed that residents complained that “food is cold once it comes down the hallway.” A record review of the “Resident Council Department Response Form”, dated 12/22/25, revealed that the Dietary Manager reported that food was placed in containers to hold temperature until it reached the residents and that an in-service was conducted for dietary staff on 1/9/26 to improve food service. There was no further documentation to indicate that follow-up or monitoring was conducted to ensure the concern was resolved. A record review of “Resident Council Minutes”, dated 1/15/26, revealed that residents continued to complain that the “food on the weekend was not good and tasted sweet, the water and tea do not have enough ice,	M0500		

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M0500	Continued from page 4 breakfast biscuits and toast are hard and the grits are cold." A record review of the "Resident Council Department Response Form", dated 1/15/26, revealed that the Dietary Manager (DM) indicated a meeting would be held with weekend staff to address the issue. There was no further documentation to indicate that the concern was investigated or resolved. A record review of "Resident Council Minutes", dated 2/19/26, revealed that residents continued to complain that the food was cold. A record review of the "Resident Council Department Response Form", dated 2/19/26, revealed that the Dietary Manager reported that food was being sent out faster and that staff were instructed to pass trays promptly. There was no further documentation to indicate that monitoring, follow-up, or evaluation of effectiveness was completed. An interview with Resident #1 on 3/23/26 at 2:00 PM, revealed that the food was still not good and was always cold. She stated that it was not about seasoning, but that the food overall did not taste good. An interview with Resident #2 on 3/23/26 at 2:15 PM, revealed that the food was still cold when served and did not taste good, although alternate meals were available. An interview with Resident #3 on 3/23/26 at 2:20 PM, revealed that the food tasted bad and was always cold. He stated that staff would heat the food if requested; however, the food was consistently served cold. An interview with the Dietary Manager on 3/23/26 at 3:00 PM, revealed that he was aware of the residents' complaints regarding food from Resident Council meetings. He stated that he had spoken with weekend staff and made changes such as replacing tray carts and providing guidance on food preparation; however, he acknowledged that there was no documentation of ongoing monitoring, follow-up, or additional interventions to ensure that the concerns were resolved. An interview with Social Services on 3/23/26 at 3:16 PM, she verified that she was aware of the Resident Council complaints about the food but had not followed up to determine what was done or if the issue was resolved.	M0500		

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M0500	Continued from page 5 An interview with the Administrator on 3/23/26 at 3:30 PM, revealed that he was aware of the residents' complaints regarding food and acknowledged that additional follow-up and resolution efforts should have occurred to ensure that the grievances were resolved. Record review of the "Admission Record" revealed that the facility admitted Resident #1 to the facility on 7/7/24 with a diagnosis of Type 2 Diabetes Mellitus. Record review of Section C of the "Minimum Data Set Assessment" (MDS) with an Assessment Reference Date (ARD) of 3/5/26 revealed Resident #1 has a Brief Interview for Mental Status (BIMS) score of 15, indicating that she is cognitively intact. Record review of the "Admission Record" revealed that the facility admitted Resident #2 to the facility on 10/16/24 with a diagnosis of Polyneuropathy. Record review of Section C of the MDS with an ARD of 2/14/26 revealed Resident #2 has a BIMS score of 13, indicating that she is cognitively intact. Record review of the "Admission Record" revealed that the facility admitted Resident #3 to the facility on 11/16/21 with a diagnosis of Quadriplegia. Record review of Section C of the MDS with an ARD of 2/14/26 revealed Resident #3 has a BIMS score of 15, indicating that he is cognitively intact.	M0500		