STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HEALTHCARE CENTER	**230 AIRLINE ROAD , COLUMBUS, Mississippi, 39702**

(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) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey along with a Complaint Investigation (CI MS #2965249) at the facility from 4/28/26 through 4/30/26. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services and cited F641 and F880. There were no citations related to the CI. The census at the time of the survey was 55 with a license for 60 beds.	F0000		
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or	F0641		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0641 SS = D	Continued from page 1 (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to accurately complete and submit a Minimum Data Set (MDS) assessment for a resident not receiving hospice services for one (1) of 17 assessments reviewed. Resident #38 Findings include: Record review of facility policy titled, "Conducting an Accurate Resident Assessment" dated 10/25, revealed, "Policy: The purpose of this policy is to assure that all residents receive an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas". Resident #38 During the record review of Resident #38's Significant Change Minimum Data Set (MDS) Section O - Special Treatments, Procedures, and Programs dated 3/25/26, the data revealed the resident received hospice care while a resident at the facility. Record review of Resident #38's "Clinical Physician Orders" since his admission to facility on 12/23/25, revealed that hospice services had not been ordered. An interview with the MDS Registered Nurse (RN) Coordinator on 4/30/26 at 8:45 AM, revealed she was responsible for completing and submitting the MDS assessments. She acknowledged that the staff, resident, and family had discussed hospice services for Resident #38, but the family chose to not place the resident on hospice but to provide comfort measures for the resident. She acknowledged that she mistakenly submitted a significant change MDS for hospice care which led to an inaccurate assessment. During an interview on 4/30/26 at 9:00 AM, the Director of Nursing (DON) acknowledged the MDS assessment was information on a resident's status at the time of the assessment and should be entered and submitted accurately. She confirmed Resident #38 did not receive hospice services during his admission to the facility. She confirmed the facility failed to accurately complete and submit the MDS assessment for Resident #38. Record review of Resident #38's "Admission Record" revealed the facility admitted the resident on 12/23/25 with diagnoses that included Malignant Neoplasm of	F0641		

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F0641 SS = D	Continued from page 2 Pancreas. Record review of Resident #38's MDS dated 3/25/26, revealed a Brief Interview for Mental Status (BIMS) score of eight (8) which indicated the resident had a moderate cognitive impairment.	F0641		
F0880 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 providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 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	F0880		

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F0880 SS = D	Continued from page 3 (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. 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, and facility policy review, the facility failed to ensure clean linens were transported in a manner to prevent contamination for one (1) of three (3) days of survey. Findings Include: Review of facility policy, "Infection Prevention and Control Program" with an implementation date of 10/2022, the policy stated, "This facility has established and maintains 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 as per accepted national standards and guidelines." On 4/28/2026 at 11:34 AM, an unidentified staff member was observed transporting clean linens in a cart without a cover in the resident hallway. During an interview with the Administrator, she stated and confirmed, "Staff members were educated on the safe transportation of resident's linens, and they are to be covered to prevent contamination."	F0880		