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 _____	10/14/2020

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 000	Initial Comments The State Agency (SA) conducted a COVID-19 Focused Infection Control Survey and the Complaint Investigation (CI) # 16912 and CI #17119 on 10/13/20 to 10/14/20. The facility was found in compliance with infection control regulations and has implemented the recommended practices by CMS and Centers for Disease Control and Prevention (CDC) to prepare for COVID-19. During the investigation CI #16912 was not substantiated for concerns related to Quality of Care, Staffing, Neglect, Environmental concerns and staff screening for COVID-19. The CI #17119 was not substantiated for Physical Abuse. No deficiencies were cited. The census at the time of the survey was 44 with a license for 58 beds. During the survey, the SA requested information from the facility related to Infection Prevention Control Policy and Procedure (P&P) and Implementation Procedure, Emergency Preparedness Plan P&P and Implementation, Personal Protective Equipment (PPE) Availability, Staffing, Visitor Restriction, Positive COVID-19 Cases in facility, Hospital Transfers in past 14 Days with signs and symptoms (S/S) of Respiratory Distress, Reporting of positive COVID-19 cases of residents and staff. No concerns were noted during the review of the information.	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE