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 _____	01/05/2023

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 Survey Agency (SSA) conducted an annual survey at the facility from 01/03/2023 through 01/05/2023. During the survey, the SSA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500 and M780.	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; 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	M 500		2/1/23

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M 500	Continued From page 1 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;	M 500		

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M 500	Continued From page 2 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; 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	M 500		

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M 500	Continued From page 3 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: Level I Based on staff and resident council interviews, record review, and facility policy review, the facility failed to provide mail delivery on Saturday to residents for six (6) of (6) residents in the Resident council meeting.Resident #19, #22, #25, #35, #38, and #44. This deficient practice has the potential to affect 49 of the 49 residents residing	M 500	1. On January 6, 2023 the administrator inquired with residents #19, #22, #25, #35, #38, and #44 to ask for feedback on mail delivery for the weekend. All residents responded they did not feel weekend delivery was consistent. The policy concerning resident mail delivery was presented to them at that time by the administrator.	

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M 500	Continued From page 4 at the facility. Findings include: A record review of the facility's policy "Mail Delivery Policy," dated 2/2009 revealed, "It is the policy of this facility to deliver the resident's mail timely ... If the resident receives mail on Saturday it will be delivered to the resident by the weekend Registered Nurse (RN) Unit Manager." On 1/04/22 at 3:00 PM, during the Resident council meeting, (6) of the (6) residents present in the meeting complained of not getting their mail regularly and not getting mail on Saturdays. (Resident #19, #22, #25, #35, #38, and #44). On 01/05/23 at 8:50 AM, during an interview with Activities #1, she explained she delivers mail to the residents Monday through Friday. She revealed the facility does not have a system in place to ensure mail is delivered on Saturdays. On 01/05/23 at 09:40 AM, during an interview with the Administrator she explained the Charge Nurse should deliver mail on Saturdays. The Administrator confirmed that mail should be delivered on Saturday, but due to the turnover in staff, the facility has not had a consistent Charge Nurse, so the mail may not have been delivered. Resident #19 Record review of the Admission Record for Resident #19 revealed, the facility admitted the resident on 12/09/21, with diagnoses including Pulmonary Hypertension and Essential (Primary) Hypertension. Record review of the Quarterly Minimum Data Set	M 500	2.On January 6, 2023 it was determined by the administrator that any resident with the availability to receive mail has the potential to be affected by this deficient practice. 3. On January 6, 2023 An In-service was conducted by the administrator with nursing staff to educate on resident mail delivery. The charge nurse, or in the absence of the charge nurse, the nurse in charge of cart B is responsible for ensuring resident mail is delivered. On January 6, 2023 a resident council meeting was held to inform residents about the weekend delivery of resident mail. Residents that were not in attendance of the resident council meeting were informed verbally via the Activities Coordinator about weekend delivery of resident mail. All nurses will be in-serviced monthly for six months on the facility policy concerning resident mail delivery. Reminders of this policy will be added to the agenda for monthly resident council meetings starting at the meeting on January 19, 2023 for six months. 4. After the policy took effect on January 7, 2023, the administrator began monitoring on January 9, 2023 and continued weekly for 3 months. Monitoring includes reviewing the Resident Mail Delivery log from the previous weekend and following up with residents who received mail to monitor feedback. The data from the monitoring will be discussed in the Quality Assurance and Performance Improvement Plan on January 31, 2023	

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M 500	Continued From page 5 (MDS) for Resident #19, with an Assessment Reference Date (ARD) of 12/14/22, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #22 Record review of the Admission Record for Resident #22 revealed, the facility admitted the resident on 1/05/22, with diagnoses including Type 2 Diabetes Mellitus, Sleep Apnea, and Essential (Primary) Hypertension. Record review of the Annual MDS, with an ARD of 12/15/22, for Resident #22 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #25 Record review of the Admission Record for Resident #25 revealed, the resident was admitted to the facility on 2/04/22, with diagnoses including Wedge Compression Fracture of Fifth Lumbar Vertebra, Spondylolysis, and Hypertension. Record review of the Quarterly MDS for Resident #25, with an ARD of 11/08/22, revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #35 Record review of the Admission Record for Resident #35 revealed, the resident was admitted to the facility on 1/30/20, with diagnoses including Type 2 Diabetes Mellitus, Essential (Primary) Hypertension, and Ataxia.	M 500	times 3 months.	

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M 500	Continued From page 6 Record review of the Quarterly MDS for Resident #35, with an ARD of 8/31/22, revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #38 Record review of the Admission Record for Resident #38 revealed, the facility admitted the resident on 10/06/20 with diagnoses including Chronic Obstructive Pulmonary Disease. Record review of the Quarterly MDS, with an ARD of 8/25/22, for Resident #38 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #44 Record review of the Admission Record for Resident #44 revealed the facility admitted resident on 7/09/21 with diagnoses including Interstitial Pulmonary Disease and Essential (Primary) Hypertension. Record review of the Quarterly MDS for Resident #44, with an ARD of 8/30/22, revealed a BIMS score of 12, which indicated the resident was cognitively intact.	M 500		