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 _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH & REHAB OF MERIDIAN LLC	517 33RD STREET MERIDIAN, MS 39305

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M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI), MS #22214 at the facility on 8/14/23. The Facility Reported Incident (FRI) was related to staff to resident abuse/exploitation. 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 requirement, and cited M500.Based on the facility's implementation of corrective actions on 7/28/23, the State Agency (SA) determined the deficiency to be Past Non-Compliance (PNC) and the deficiency was corrected as of 7/29/23, prior to the SA's first entrance on 8/14/23.	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	M 500		8/22/23

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M 500	Continued From page 1 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, free from restraint, interference, coercion, discrimination, or reprisal;	M 500		

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M 500	Continued From page 2 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; 12. may associate and communicate privately	M 500		

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M 500	Continued From page 3 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: Level II	M 500	Past Non-Compliance, No POC needed	

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M 500	Continued From page 4 Based on interview, record review, facility investigation and policy review, the facility failed to protect a resident from misappropriation of property for one (1) of four (4) residents sampled. Resident #1 Findings included: A review of the facility's policy, "Abuse Policy and Procedure", dated 1/24/22, revealed " ...Each resident of this facility has the right to be free from verbal, sexual, physical and mental abuse, involuntary seclusion, corporal punishment, neglect and/or misappropriation of resident property ..." A review of the facility's policy "Vulnerable Adult Act" dated 3/21/22 revealed, "A 'Vulnerable Adult' is any adult person unable to care for his or her self due to a physical or mental decline ...Any nursing home resident is considered to be a vulnerable adult ...the following situations are considered CRIMES OF ABUSE against a vulnerable adult ...5. Theft or misuse of a resident's personal belongings, personal funds (sic), or bank account ...It is the policy of this facility that no employee shall accept any gifts, money, or things from a resident ..." A review of the facility's investigation revealed that it was reported to the facility on 7/27/23 that a Certified Nurse Aide (CNA) had received cash from a resident and that she had sent him an explicit video to his cell phone. The Administrator in Training (AIT) and the Preceptor interviewed the CNA involved and she admitted that she sent the resident an explicit video. The AIT and Preceptor also interviewed the resident and he denied that he gave the resident any money.	M 500		

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M 500	Continued From page 5 On 8/14/23 at 10:30 AM, in an interview with the Administrator in Training (AIT), he stated that the facility reported the incident of a CNA that had accepted money and had exchanged text messages with a resident, which included a video, but the CNA had claimed she was partially clothed in the video. The AIT reported that the CNA involved was a newly hired had received her certification in December of 2022. He explained that the CNA alleged she had financial problems with making a car payment. He further explained that the Attorney General's Office (AGO) had visited the facility and had investigated the event. He said that although the AGO was able to obtain an interview in which the resident claimed he had given the CNA approximately $300, the resident denied the event happened when the facility interviewed him. He confirmed the facility provided in-services regarding abuse and the Vulnerable Adult Act and also had an emergency Quality Assurance Performance Improvement (QAPI) meeting to discuss the event and what measures would be implemented. On 8/14/23 at 11:30 AM, in an interview with the Administrator, she stated that she completed one on one in-services with all staff and had them to sign the abuse policy and the vulnerable adult act. She stated that the amount of money that was given to the CNA by the resident had been inconsistent because the resident denied giving any money to the CNA and the CNA had originally stated the amount was $60, but then told the AGO it was $60 plus $281. On 8/14/23 at 1:10 PM, in an interview with CNA #2, she stated that she had received a phone call from CNA #1 because she wanted to know if people were talking about her. CNA #1 told CNA #2 that Resident #1 had given her $481 to pay	M 500		

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M 500	Continued From page 6	M 500		

her car note. CNA #2 said that she knew this was not right, so she called the facility and reported what had been told to her by CNA #1.

On 8/14/23 at 1:22 PM, in an interview with CNA #1, she confirmed that she took money from the resident. She stated that Resident #1 gave her cash money one evening when she was taking in his supper tray. She said Resident #1 said, "Here you go for doing a good job" and she expressed that she intended to pay him back for the money. She said this happened at the first of July but was unable to recall an exact date and she had told him that this money was going to be used for her car note. She explained the resident would often text her, but she usually did not text him back. She confirmed that she received training upon hire related to abuse of residents and the Vulnerable Adults Act.

On 08/14/2023 at 2:15 PM, during an interview with Resident #1, he stated he was aware of the situation, but it was all false. Resident #1 said there was no proof of any of the allegations and that no money had been transferred to anyone from him and that it was all "lies".

Review of the personnel file for CNA #1 revealed an "Employee Checklist" which indicated she had received training on the Vulnerable Adults Act. CNA signed acknowledgement of Resident's Rights signed 6/20/23. CNA #1 signed and dated the "Vulnerable Adult Act" on 6/20/23. CNA #1 signed and dated acknowledgement of the Abuse Policy and Procedure on 6/20/23.

Record review of the "Admission Record" revealed the facility admitted the Resident #1 on 1/17/23 with diagnoses that included Major Depressive Disorder.

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M 500	Continued From page 7 A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/18/23 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. Based on the facility's implementation of corrective actions on 7/28/23, the State Agency (SA) determined the deficiency to be Past Non-Compliance (PNC) and the deficiency was corrected as of 7/29/23, prior to the SA's first entrance on 8/14/23. Validation: On 8/14/23, the SA validated through staff interviews, record review, and facility policy review, the facility began an immediate investigation when the suspicion of misappropriation of the resident's money occurred. A review of the Monthly QAPI meeting minutes revealed the facility held a QAPI meeting on 7/28/23 at 10:00 AM, in which the Infection Preventionist (IP) was out of the facility for this emergency meeting and the Medical Director attended via phone. The SA verified through interview with the DON and Social Services Director that they attended the QAPI meeting to discuss the situation and the facility policies related to abuse were discussed and there were no changes needed. The QAPI meeting concluded that the Plan of correction was to in-service all staff, terminate the employee, and have Resident #1 assessed by psychiatric services.	M 500		

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M 500	Continued From page 8 The SA reviewed in-service sign in sheets that began on 7/27/23 related to abuse and misappropriation and the Administrator conducted one on one in-services in which she had every employee sign the policies abuse and vulnerable adult act. A record review of the "Behavioral Health Medication Recommendation", dated 8/1/23, revealed psychiatric services assessed the Resident #1 and made recommendations. On 8/14/23, the SA verified the facility reported the misappropriation to the SA and the AGO on 7/27/23.	M 500		