

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2026
NAME OF PROVIDER OR SUPPLIER Trend Health & Rehab of Carthage LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 East Franklin Street Carthage, MS 39051	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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, 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 (continued on next page)</p>		

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 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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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>complaints about the food but had not followed up to determine what was done or if the issue was resolved. 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 [DATE] 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 [DATE] 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.</p>