

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  05/15/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46013</b></p> <p>Based on staff interviews, record review, and facility policy review the facility failed to accurately complete section H of the Minimum Data Set (MDS) assessment for a Resident, as evidenced by incorrectly coding Indwelling catheter usage during the 7-day observation look-back period for one (1) of three (3) residents with indwelling catheters. Resident #57</p> <p>Findings include:</p> <p>Review of the facility policy titled, MDS Correction Policy dated October 2019 revealed, Several processes have been put into place to assure that the MDS data are accurate both at the provider and in the QIES (Quality Improvement Evaluation System) ASAP (Assessment Submission and Processing) system: . Clinical corrections must also be undertaken as necessary to assure that the resident is accurately assessed, the care plan is accurate, and the resident is receiving the necessary care .</p> <p>An interview on 5/14/24 at 11:21 AM, the Director of Nurses (DON) revealed, Resident #57 does not have a catheter at this time. The DON stated, It was removed about six (6) weeks ago.</p> <p>During an interview on 5/14/24 at 2:30 PM, the MDS Nurse confirmed during the seven-day look-back period from April 9 through April 15, that Resident #57 did not have an indwelling catheter. She confirmed the indwelling catheter was discontinued on 2/19/24 and the MDS assessment was coded in error and did not portray an accurate assessment for the resident during the April 2024 quarterly assessment. She revealed I should have caught that error before submitting it.</p> <p>Record review of the MDS with an Assessment Reference Date (ARD) of April 15, 2024, revealed under section H- Bladder and Bowel that Resident #57 was coded for having an Indwelling catheter.</p> <p>Record review of the Electronic Treatment Administration Record (eTAR) for February 2024, revealed Foley Catheter . Start Date 2/9/24 D/C Date 2/19/24.</p> <p>Record review of the Admission Record for Resident #57 revealed she was admitted to the facility on [DATE] with diagnoses that included Type 2 Diabetes Mellitus and Hemiplegia and Hemiparesis.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47874</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to implement a comprehensive care plan for a resident requiring mouth care for one (1) of 16 care plans reviewed. Resident #47</p> <p>Findings Include:</p> <p>Review of the facility policy titled Following the Care Plan Policy undated, revealed Policy: It is the Policy of this facility to follow a written and approved care plan for each resident. All employees will be trained upon hire and be required to follow the care plan .</p> <p>Record review of the Care Plan for Resident #47 revealed Focus: I require assistance with ADL's (activities of daily living) r/t (related to) self-care impairment due to Left-sided hemiplegia following a CVA (Cerebral Vascular Accident) Interventions . Provide mouth care/brush teeth every shift .</p> <p>An observation of Resident #47, on 5/13/2024 at 11:51 AM and 2:20 PM, and again on 5/14/2024 at 8:20 AM, revealed his upper and lower lips were cracked and dry with a crusty yellowish scaling of the skin.</p> <p>An observation and interview with the Director of Nursing (DON) on 5/14/2024 at 10:12 AM, described Resident #47's lips as dry and chapped. She confirmed oral hygiene had not been performed.</p> <p>An interview with the Director of Nursing (DON) on 5/15/2024 at 9:04 AM, revealed the purpose of the care plan was to lay out the framework for resident care that staff should provide. She revealed her expectation was for the staff to follow Resident #47's care plan for oral hygiene, and confirmed it was not followed.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47874</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to provide oral care for a resident receiving enteral nutrition as evidenced by dry, crusty areas of skin on the upper and lower lips for one (1) of five (5) residents receiving enteral feedings. Resident #47</p> <p>Findings Include:</p> <p>Review of the facility policy titled Mouth Care Policy with a revision date of January 2002, revealed Policy: It is the policy to provide oral care assistance each am (morning) and HS (bedtime) for all residents and PRN (as needed) .</p> <p>An observation of Resident #47, on 5/13/2024 at 11:51 AM, and again at 2:20 PM, revealed his upper and lower lips were cracked and dry with a crusty yellowish scaling of the skin.</p> <p>Record review of the Order Summary Report with active orders as of 4/25/24, for Resident #47 revealed an order dated 5/17/2023, Strict NPO (nothing by mouth) Status and an order dated 12/18/2023, Mouth care done every shift, brush teeth r/t (related to) mouth care every shift.</p> <p>An observation of Resident #47 on 5/14/2024 at 8:20 AM, revealed him lying in bed with his eyes closed. His upper and lower lips were cracked and dry, with yellow scaly patches of skin.</p> <p>An observation and interview with Certified Nurse Aide (CNA) #2 on 5/14/2024 at 10:05 AM, revealed she was assigned to care for Resident #47 today, and he was unable to eat or drink by mouth. She described the residents' lips as dry and confirmed she had not done oral hygiene on the resident today. She revealed she came in earlier, and the resident was getting a bed bath, so she left and had not returned to check on the resident. CNA #2 confirmed that oral care should have been provided with the resident's bath this morning.</p> <p>An observation and interview with the Director of Nursing (DON) on 5/14/2024 at 10:12 AM, described Resident #47's lips as dry and chapped. She confirmed oral hygiene had not been performed and revealed oral care should be performed every shift by the aides. The DON revealed the resident needed a moisturizer applied to his lips for hydration and confirmed the dry crusty patches would be discomforting for the resident.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #47 on 5/17/23 with medical diagnoses that included Dysphagia following Cerebral Infarction, Gastrostomy status, and Unspecified Dementia.</p>