

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 07/09/2026
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)		
F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident interviews, staff interviews, and facility policy review, the facility failed to ensure residents' right to privacy in receiving mail by opening packages addressed to two (2) of 2 residents reviewed for mail privacy (Residents #29 and #72) without the residents' permission or presence, and failed to protect residents' right to receive personal mail unopened, as evidenced by concerns voiced during Resident Council that staff opened residents' mail prior to delivery. This had the potential to affect all residents who received mail at the facility. Findings include: A record review of the facility policy titled Resident Rights, updated 4/4/2025, revealed, 1. Federal and state laws guarantee certain basic rights to all residents to this facility. These rights include the resident's right to .h. Privacy in sending and receiving mail. 2. Residents are entitled to exercise their rights and privileges to the fullest extent possible. 3. Our facility will make every effort to assist each resident in exercising his/her rights. On 7/8/2026 at 2:56 PM, during a Resident Council meeting and a group interview with nine residents, including the Resident Council President, two residents (Residents #29 and #72) reported that facility staff had opened their mail before delivering it to them. The residents stated staff told them the mail was opened to check for contraband. The residents expressed concern that facility staff opened their personal mail without their knowledge or permission. During an interview on 7/9/2026 at 9:06 AM, the Activities Director stated the Administrator or Business Office Manager retrieved residents' mail and packages from the facility mailbox. The Activities Director stated the mail and packages were then provided to the Activities Department or Social Services for distribution to the residents. The Activities Director confirmed residents had the right to receive and open their mail and packages privately. The Activities Director stated the Administrator had opened packages addressed to two residents before the packages were given to them because of concerns that the packages contained prohibited substances. During an interview on 7/9/2026 at 11:30 AM, the Administrator stated the Administrator or Business Office Manager retrieved mail from the facility mailbox, and the Activities Director or Social Services staff distributed residents' mail and packages. The Administrator stated that approximately six months earlier, Resident #29 received contraband in a package, ingested the substance, and indicated an intent to share it with other residents. The Administrator stated Resident #72 had ordered a similar product that was prohibited by facility policy. The Administrator confirmed that when packages subsequently arrived for Residents #29 and #72, the Administrator opened the packages before taking them to the residents. The Administrator acknowledged that residents had the right to receive and open their mail privately and could refuse to have a witness present. The Administrator stated the packages were opened based on suspicion and prior experiences to determine what the residents were receiving and to prevent prohibited items from being hidden in their rooms. A record review of the facility Administrator's statement on letterhead signed and dated 7/9/2026 by the Administrator confirmed that the Administrator opened packages (continued on next page)		

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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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	addressed to Residents #29 and #72 before delivering the packages to them. The document revealed the Administrator opened the packages based on suspicion and prior experiences. The document did not indicate that the residents gave permission for the Administrator to open their packages or that the residents were present when the packages were opened. Record review of the admission Record for Resident #29 revealed he was admitted to the facility on [DATE] with diagnoses including crebral infarction and other stimulant abuse. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/17/26 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #29 was cognitively intact. Record review of the admission Record for Resident #72 revealed he was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and generalized anxiety disorder. Record review of the MDS with an ARD of 4/21/26 revealed a BIMS score of 15 indicating Resident # 72 was cognitively intact.		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on record review, staff interviews, and facility policy review, the facility failed to ensure residents' advance directives were maintained in their medical records and readily accessible to staff for two (2) of 20 sampled residents. Resident #5 and Resident #46. Staff interviews confirmed that advance directives for some residents were maintained in admission packets in the business office rather than in the medical record, limiting staff access. Findings include: A record of the facility policy, Residents' Rights Regarding Treatment and Advance Directives, dated 9/25, reveals, Policy: It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive .Policy Explanation and Compliance Guidelines .3.Upon admission, should the resident have an advance directive, copies will be made and placed on the chart as well as communicated to the staff .On 7/8/26 at 9:11 AM, in an interview with Registered Nurse #3, she reveals the resident charts have the code status form listed as the advance directive. Adding that this form informs staff only whether the resident is a full code or do not resuscitate (DNR). On 7/8/26 at 9:33 AM, during an interview with the Regional Consultant, she explained that the Advance Directives for some of the residents are located in their admission packets in the business office. She acknowledged that these documents should also be included in the residents' charts to ensure they are readily accessible at all times. At 9:44 AM on 7/9/26 in an interview with the Director of Nursing (DON), she points out that some of the Advance Directives are not readily accessible on the chart but is filed away in the business office adding that they should be readily available to staff at all times.A record review of Resident #5's admission Record revealed the facility admitted the resident on 8/1/16 with diagnoses that included Expressive Language Disorder and Cognitive Communication Deficit.A record review of Resident #5's Minimum Data Set (MDS), with an Assessment Reference Date of 5/28/26, revealed a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment.A record review of Resident #5's electronic health record revealed no advance directive. A Code Status Form was located in the resident's paper medical record under the tab labeled Advance Directive.A record review of Resident #46's admission Record revealed the facility admitted the resident on 10/10/25 with diagnoses that included Chronic Obstructive Pulmonary Disease and Depression.A record review of Resident #46's MDS, with an Assessment Reference Date of 6/15/26, revealed a BIMS score of 14, indicating intact cognition.A record review of Resident #46's electronic health record revealed no advance directive. A Code Status Form was located in the resident's paper medical record under the tab labeled Advance Directive.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, record review, and facility policy review, the facility failed to ensure medications were properly labeled, dated, and stored for one (1) of two (2) medication rooms (South Hall) and one (1) of two (2) medication carts reviewed (North Hall). Findings include: A record review of the facility policy titled Medication Storage in the Facility, undated, revealed, .m. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, without labels, or have damaged labels are immediately removed from stock and disposed of according to facility procedures .During an observation of the North Hall long medication cart with Licensed Practical Nurse (LPN) #3 on [DATE] at 3:03 PM, one opened Lantus insulin pen prescribed for Resident #33 was available for use without a label identifying the date it was opened. During an interview on [DATE] at 3:03 PM, LPN #3 confirmed the Lantus insulin pen was open and in use but did not contain an opening date. LPN #3 acknowledged staff could not determine whether the insulin remained within the manufacturer's recommended use period without knowing when it was opened. During an observation of the South Hall medication room refrigerator with LPN #4 on [DATE] at 3:20 PM, one unopened vial of Levemir insulin prescribed for Resident #16 was available for use after the manufacturer's expiration date of [DATE]. Three floor-stock syringes of Spikevax 2025-2026 COVID-19 vaccine were also available for use after the manufacturer's expiration date of [DATE]. During an interview on [DATE] at 3:20 PM, LPN #4 confirmed the Levemir insulin and three COVID-19 vaccine syringes remained available for use beyond their expiration dates. LPN #4 stated expired insulin could lose potency and fail to control a resident's blood glucose effectively. She stated expired vaccines could lose potency and fail to provide the intended protection against disease. During an interview on [DATE] at 3:35 PM, the Director of Nursing (DON) stated expired insulin and vaccines should be removed from use, and nurses were responsible for monitoring expiration dates. The DON confirmed medications should be labeled with the opening date when first opened and nurses were responsible for ensuring medications were appropriately dated and removed from use when expired. The DON acknowledged that without an opening date, staff could not determine whether the medications remained safe for administration. The DON acknowledged expired insulin and vaccines may lose effectiveness and could cause a resident to become ill.		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, record review, and facility policy review, the facility failed to provide food at palatable temperatures for two (2) of three (3) days of survey with the potential to affect all residents who receive meals from the dietary department. Findings include: Record review of the facility policy Monitoring Temperatures of Cooked Foods dated 2013 revealed, .Procedure: TCS (Time/Temperature Control) cooked foods, after being cooked to the required minimum internal temperature, will be held on hot holding equipment that will keep the food at a minimum 135 degrees Fahrenheit (F) or higher . On 7/7/2026 at 3:25 PM, in an interview, Resident #29 stated that the food is cold and they're tired of rice and mixed vegetables. He noted that breakfast is the worst. He stated that breakfast is almost always cold. An interview on 7/7/2026 at 3:35 PM with Resident 59 revealed he had no complaints about anything except the food at the facility. He agreed with his roommate (Resident #29) and stated, The food is cold, especially at breakfast. The resident stated he has tried eating in his room and switching to dining in the dining room and either way it's always cold. He stated that it is not a time delay issue, because the Certified Nursing Assistants (CNAs) get the trays from the cart right away and bring it into the room. He stated that he has asked staff to heat up his food, and they tell him they aren't allowed to. Resident #59 stated that it's worse on the weekends. The State Agency (SA) asked the resident if he has brought it up in resident council, and he stated Oh yes, many times. They always say they are going to fix it, but they never do. On 7/8/26 at 11:14 AM, a food temperature test was conducted, and it was noted that pureed meats were observed and recorded at 120 degrees F. At this time, other foods tested and temperature checked included: pureed tomatoes which reached 120 degrees F, pureed tomatoes at 105 degrees F, rice 140 degrees F, stewed whole tomatoes at 140 degrees F and fried steak which was noted at 122 degrees F and peas which were recorded at 145 degrees F along with chopped meat that was temped at 115 degrees F. On 07/08/2026 at 2:56 PM, a Resident Council meeting was conducted with nine facility residents in attendance, including the Resident Council President. During the meeting residents voiced concerns regarding food service. Multiple residents stated that meals were frequently served cold and that coffee was often cold by the time it was received. On 7/9/26 at 7:35 AM a test tray temperature reading with the Dietary Manager revealed the following readings of a test breakfast tray: Eggs at 102 degrees F, Biscuit at 100 degrees F, Sausage at 99 degrees F, and Grits at 120 degrees F. Upon a test taste performed by the SA along with the Dietary Manager, the grits were noted to be warm, however, the sausage and eggs were both noted to be cold and not warm to the pallet. On 7/9/26 at 7:39 AM, the Dietary Manager tested the contents on the tray alongside SA. He noted that the contents of the tray included a piece of sausage, scrambled eggs, grits, and a biscuit. He noted that the biscuit should be at room temperature, however every other item including grits, sausage and eggs should be at a range of between 135 to 140 degrees F, and confirmed that the sausage, eggs nor grits did not meet this temperature recommendation. He noted that when he tried these foods that the grits were warm but not hot, while also noting that the eggs and sausage were not warm nor hot noting that the sausage was at room temperature. He also confirmed that he had received several complaints in the past, about three months ago, about cold food but noted that none of the facility's equipment for heating had changed, including a heating plate and burner table in the kitchen, so nothing was changed to address it. However, he had observed differences in the amounts of steam rising off some items being heated on the burners in the kitchen while others do not produce steam on the side, he noted that during temperature testing items on the side burners were not producing as much steam or reaching temperatures quite as high as the those on the larger main burners. He insisted that the (continued on next page)		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility checks the burners daily to be in working condition and stated that he asks residents daily about food temperatures but did not believe that residents may not eat their food if it is cold or could experience weight loss from such issues. An interview with the Administrator at 9:51 AM on 7/9/26 revealed that hot foods should be served at 135 degrees F, and he expects his staff to be professional, clean and sanitary and to serve hot foods at proper temperatures. He also stated that issues with food not meeting adequate temperatures include a lack of palatability leading to possible nutritional problems such as weight loss. A record review of Resident #29's admission Record revealed the facility admitted the resident on 10/9/25 with diagnoses that included Cerebral Infarction and Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting the Left Nondominant Side. A record review of Resident #29's Order Summary Report with active orders as of 7/9/26 revealed orders dated 5/5/26 for: Mechanical soft diet, Regular texture, Regular liquids consistency. An additional order dated 10/9/25 revealed Offer snack at bedtime. A record review of Resident #29's quarterly Minimum Data Set (MDS), with an Assessment Reference Date of 6/17/26, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. A record review of Resident #59's admission Record revealed the facility admitted the resident on 4/8/25 with diagnoses that included Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting the Left Nondominant Side. A record review of Resident #59's Order Summary Report revealed orders for: LCS (Low Concentrated Sweets) diet, regular texture, regular liquids consistency dated 7/16/25. A record review of Resident #59's quarterly MDS, with an Assessment Reference Date of 6/11/26, revealed a BIMS score of 15, indicating intact cognition.		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on interview, record review and facility policy review, the facility failed to provide reasonable accommodation of Residents' needs by not ensuring that necessary supports were consistently accessible and available to assist Residents in communicating their needs for one (1) of twenty (20) sample Residents. Resident #5. Findings include: A record review of the facility policy, Promoting/Maintaining Resident Self Determination, revised 9/25, revealed it is the practice of this facility to protect and promote resident rights by promoting and facilitating the resident self-determination through support of resident choice. Policy Explanation and Compliance Guidelines .1. All staff members involved in providing care to residents will promote and facilitate resident self-determination. On 7/7/26 at 11:21 AM, Resident #5 stated during an interview with the State Agency (SA) that she had difficulty being understood. She said she previously used a communication board but had not seen it in quite some time. She stated that she wanted to communicate freely with others and that having the board available at all times would help her express her needs. On 7/8/26 at 1:41 PM, during an interview, Licensed Practical Nurse (LPN) #1 reported she had worked with Resident #5 for several years and did not recall the Resident ever having access to a communication board. LPN #1 stated the board had been found and was on its charger, adding it had not been in the resident's room. On 7/9/26 at 8:04 AM, the Director of Nursing (DON) confirmed the resident has a communication board but said it was kept in a drawer rather than accessible at bedside. She acknowledged the resident is difficult to understand and that the board would assist her in communicating her needs. At 10:05 AM on 7/9/26, the Speech Therapist stated the resident has an electronic communication board and a whiteboard. She reported she placed the electronic board in the bottom nightstand drawer and that the resident must use the call light for staff to retrieve it because she cannot access it independently. At 10:27 AM on 7/9/26, in the presence of both the SA and the Speech Therapist, Resident #5 re-stated her desire to have her communication boards accessible at all times and kept within reach despite occasional frustration. A record review of Resident #5's admission Record revealed the facility admitted the resident on 8/1/16 with diagnoses that included Expressive Language Disorder and Cognitive Communication Deficit. A record review of Resident #5's Minimum Data Set (MDS), with an Assessment Reference Date of 5/28/26, revealed a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, staff interview, record review and facility policy review, the facility failed to ensure Activities of Daily Living (ADLs) were provided in accordance with physician orders for one (1) of two (2) residents reviewed for ADLs. Resident #54. Findings include: Record review of the facility policy ADL Care Policy dated 8-23 revealed, It is the policy of this facility to provide appropriate treatment and services in relation to ADL care to resident to ensure all ADL needs are met on a daily basis, while attaining or maintain the residence of highest, practicable, physical, mental and social well-being. Record review of the facility policy Nail Care Policy dated 2-26 revealed, .3. Routing cleaning and inspection of nails will be provided during ADL care on an ongoing basis. Observations on 7/7/2026 at 12:05 PM revealed Resident #54 lying in bed receiving continuous Percutaneous Endoscopic Gastrostomy (PEG) tube feeding. Observation revealed fingernails on both hands were jagged and extended approximately one-quarter (1/4) inch beyond the fingertips with a black substance present beneath the nails. The resident had a long beard with flaking skin present. A very strong, musty, unpleasant body odor was noted from the PEG tube. A strong unpleasant odor was also noted from the resident's mouth. Follow-up observations on 7/8/2026 at 12:00 PM revealed the resident's fingernails remained long, jagged, and unclean. A very strong, musty body odor continued to be present. An additional observation on 7/8/2026 at 1:35 PM continued to reveal a strong unpleasant odor from the resident's mouth. During an interview on 7/8/2026 at 1:40 PM, Registered Nurse (RN) #1 the resident's bathing schedule consisted of bed baths on Mondays, Tuesdays, Thursdays, and weekends, with showers on Wednesdays and Fridays. RN #1 further stated that Certified Nursing Assistants (CNAs) gently filed and cleaned the resident's nails on Mondays and that an RN performed diabetic nail care on Thursdays. During an interview on 7/8/2026 at 3:40 PM, the Director of Nursing (DON) was informed of the observations of long, jagged fingernails with black debris underneath, the strong musty body odor, and the strong oral odor. The DON stated it was her expectation that residents' personal hygiene be maintained and that CNAs and nurses provide bathing, mouth care, and nail care as ordered. The DON stated she would address the concerns with staff and provide in-service education. Record review of the admission Record revealed the facility admitted the resident on 10/4/22 with the diagnoses that included Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non-dominant side and Chronic Obstructive Pulmonary Disease. A record review of Resident #54's quarterly Minimum Data Set (MDS), with an Assessment Reference Date of 4/8/26, revealed the resident had severe cognitive impairment and required staff assistance with all activities of daily living. Record review of the Resident #54's Order Summary Report with active orders as of 7/9/26 revealed an order dated 12/18/2023 for Mouth care every shift; brush teeth every shift. An order dated 5/15/2024 for Gently smooth nails with an emery board and clean nails with a denture brush using soap and water once weekly on Mondays.		