

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255162	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Trend Health and Rehab of Brookhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 525 Brookman Drive Brookhaven, MS 39601	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility policy review, and staff and resident interviews, the facility failed to ensure safe transfer practices as evidenced by the facility failed to ensure two (2) staff members were present during a mechanical lift transfer per facility policy for one (1) of (16) sampled residents. (Resident #30). Findings include:Record review of the facility policy, 3/16 revealed Procedure.1. Use of a mechanical lift requires (2) nursing assistants or nurses to perform the procedure each time it is used. A review of a Facility Reported Incident investigation revealed Certified Nursing Assistant (CNA) #1 lifted Resident #30 alone using a mechanical lift on 1/7/26. During the transfer, the lift pad moved and the resident slipped from the lift, falling to the floor. There were no malfunctions identified with the lift or the lift pad.On 02/10/2026 at 12:56 PM, during an interview Resident #30 confirmed only one CNA was present at the time of the fall on 01/07/2026 when she was dropped from the lift. The resident stated the aide had lifted her high in the air when the lift strap slipped, causing her to fall straight onto the ground. She stated she was later informed the CNA would receive refresher training. The resident stated she believed two staff members were supposed to be present during lift transfers so one could observe and attempt to stop or break a fall if equipment failed. She reported she did not sustain bruising or fractures but did sustain a broken fingernail.On 02/10/2026 at 1:23 PM, during an interview CNA #1 confirmed she was alone in the resident's room on 01/07/2026 while transferring the resident using a mechanical lift when the incident occurred. She stated the resident began to slip and slid out of the lift pad, falling to the floor. She reported the facility had changed the lifting method, directing staff to place lift pad straps underneath the legs instead of between the legs. She stated she had attended an in service within the last year related to this change. She further stated the facility reverted to the previous strap placement method after the incident. She confirmed she was alone because other staff were unavailable at the time.On 2/10/26 at 3:10 PM, during an interview, the Director of Nursing (DON) stated an investigation was completed. The DON confirmed CNA #1 transferred the resident alone using a mechanical lift. She stated CNA #1 was suspended for one day and received immediate in-service training with return demonstration. The DON stated CNA #1 had not completed follow up lift training since her hire date in 2021 due to working on an as needed basis. The DON stated facility policy requires two staff members during mechanical lift use to prevent injury, as one staff member serves as a spotter if the lift begins to slip or fall. She confirmed staff are expected to follow facility lifting policy at all times.Record review of the admission Record revealed Resident #30 was admitted on [DATE] with diagnoses including paroxysmal atrial fibrillation.Record review of the MDS with an Assessment Reference Date (ARD) of 11/11/2025 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact.</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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