STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255162	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trend Health and Rehab of Brookhaven	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility policy review, and interviews, the facility failed to ensure staff followed the resident's comprehensive care plan and facility mechanical lift policy for safe transfers for one (1) of (1) residents reviewed for accidents involving mechanical lifts. Resident #30. Findings include: Record review of the facility policy, 3/16 revealed : It is the policy of this facility to develop and implement a comprehensive, person centered care plan for each resident, consistent with resident rights, that includes measurable objectives, and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment . Record review of the Care Plan Report with a date initiated of 2/7/25 revealed .Transferring Hoyer lift with 2 staff assistance for transfer to chair/bed. Record review of the Reportable Incident investigation revealed Certified Nurse Aide (CNA) #1 lifted Resident #30 alone using a mechanical lift. During the transfer, the lift pad moved and the resident slipped out of the lift, falling onto the floor. There were no malfunctions of the lift or sling identified. During an interview on 02/10/2026 at 12:56 PM, 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. During an interview on 02/10/2026 at 1:23 PM, CNA #1 confirmed she was alone in the resident's room on 1/07/2026 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. During an interview on 02/10/2026 at 3:10 PM, the Director of Nursing (DON) confirmed an investigation was completed and determined CNA #1 transferred the resident alone using the lift. She confirmed the resident's care plan required two staff members for lift transfers, consistent with facility policy requiring two staff when operating a mechanical lift. She stated the purpose of the care plan is to instruct staff on providing safe care. She stated adherence to the 2- person lift requirement (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	prevents resident injury because (1) staff member can stabilize the lift or resident if equipment begins to slip. She confirmed staff are expected to follow both the facility lift policy and resident care plans. During an interview on 02/10/2026 at 3:15 PM, the Minimum Data Set (MDS) and Care Plan Licensed Practical Nurse (LPN) confirmed the care plan identified the resident as a two-person mechanical lift transfer. She stated the purpose of the care plan is to instruct staff on proper transfer techniques to prevent injury. She stated failure to utilize two staff could result in the lift tipping or the resident falling, while a second staff member could intervene to prevent an accident. 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.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interviews, and record reviews the facility failed to ensure medications were available for administration as ordered for two (2) of (29) medication administration opportunities resulting in a medication error rate of 6.9% that affected Resident #3 and Resident #62.Findings Include:Resident #3On 02/11/26 at 10:46 AM, an observation was made of Licensed Practical Nurse (LPN) #4 preparing medications for Resident #3. During preparation, Flonase 0.05 mg/actuation nasal spray was not available. LPN #4 searched the medication room and was unable to locate the medication.On 02/11/26 at 10:50 AM during an interview, LPN #4 stated the pharmacy delivers medications nightly. She stated the nurse assigned to the medication cart on previous shifts is responsible for reordering medications before depletion. She stated it is important that residents receive medications as ordered.Record review of Resident #3's admission Record revealed an admission date of 02/24/25 with a diagnosis of allergy, unspecified, subsequent encounter.Record review of Resident #3 Physician Orders revealed an order for Flonase Allergy Relief Nasal Suspension, Fluticasone Propionate Nasal, two sprays in both nostrils daily for allergies.Record review of Resident #3's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/28/25 revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating the resident is cognitively intact.Resident #62On 02/11/26 at 9:50 AM, during an observation revealed LPN #4 preparing medications for Resident #62. During preparation, Famotidine 10 milligrams (mg) oral tablet was not available. LPN #4 searched the medication room and was unable to locate the medication.On 02/11/26 at 10:18 AM, during an interview, LPN #4 stated the pharmacy delivers medications nightly. She stated the nurse assigned to the medication cart on previous shifts is responsible for reordering medications before depletion. She confirmed it is important that residents receive medications as ordered.Record review of Resident #62's admission Record revealed an admission date of 02/05/26 with diagnoses that included Gastroesophageal Reflux Disease without esophagitis.Record review of Resident #62's Order Summary Report revealed an order for Famotidine 10 milligrams (mg) oral tablet, one tablet by mouth every morning and at bedtime for Gastroesophageal Reflux Disease without esophagitis.Record review of Resident #62's MDS with an ARD of 2/9/26 revealed a BIMS score of 15 indicating the resident is cognitively intact. On 02/12/26 at 1:53 PM, during an interview, the Director of Nursing (DON) stated nurses are expected to reorder medications when the supply reaches five doses remaining in a blister pack. She stated she places orders for over-the-counter medications every Monday. An order form is maintained in the medication storage room for nursing staff to document needed items. She stated she retrieves over the counter medications weekly and confirmed pharmacy deliveries occur nightly. She stated medications should never be depleted and all systems are in place to prevent shortages. She stated failure to maintain medication supply can be detrimental depending on the medication involved.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interviews, record review and facility policy review the facility failed to ensure the emergency medication kit was secured and locked to prevent unauthorized access and to ensure availability of medications for emergency use for one (1) of two (2) medication storage rooms observations.Findings Include:Record review of the facility's Medication Ordering and Receiving from Pharmacy Provider undated revealed, .4. EMERGENCY PHARMACY SERVICE AND EMERGENCY KITS.g. When an emergency or starer dose of medications is needed the nurse breaks the container seal and removes the required medication .On 02/10/2026 at 11:41 AM, during an observation of the medication storage room with Licensed Practical Nurse (LPN) #5 revealed that the Emergency kit was missing a zip lock tie. There were numerous medications in the unlocked kit. LPN #5 confirmed the Emergency kit was not locked. She stated it was supposed to be locked at all times. She stated it contains medications for emergency usage only. She stated the purpose of the kit being locked is so no one can remove medications from the kit unless they sign them out and to ensure they will be available for emergency usage when needed.On 02/10/2026 at 12:07 PM, in an observation and interview with Registered Nurse (RN) #2/Charge Nurse confirmed the kit was not locked. She stated it is supposed to be a zip tag on it. She stated the purpose is to make sure what is in the kit for emergencies is in it when needed for emergencies. She stated it should be always locked. She stated the nurses are responsible for making sure that they place a lock on it if they open it. She stated the nurse can contact pharmacy to get more locks. She stated they are supposed to sign Emergency Box Requisition stating they place a lock on it after opening it to medications out. On 02/10/26 at 3:54 PM, in an interview with Director of Nursing (DON) stated the emergency kit should be locked. She stated the last nurse who got something out of it should make sure it is locked. She stated if they are out of zip locks the nurse should contact pharmacy to get some locks. She stated it important that it stays locked so that no one can get things out of it. She stated it could be dangerous if someone gets things out of it, that they should not have access to the kit.Record review of the Institutional Emergency Medication Kit inventory list confirmed the medications contained in the kit at the time of observation. Narcotics were maintained in a separate locked box.A record review of the Emergency Box Requisitions form revealed there were three nurses who removed medications from the kit but left their initial space blank for replacement lock. The following dates were left blank 2/1/26, 2/6/26 and 2/9/26 on the Emergency Box Requisitions.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure food items were properly dated and labeled in accordance with food storage guidelines for one (1) of four (4) days of survey, which had the potential to result in the use of food beyond recommended time frames.Findings include:Record review of the facility's food storage policy revealed that all foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.On 02/09/2026 at 10:20 AM, an observation of the kitchen refrigerator revealed two wrapped containers located on the bottom shelf. One container contained oatmeal and the other contained pureed eggs. Both containers were undated.On 02/09/2026 at 10:22 AM, in an interview, the dietary aide stated the items should have been dated so staff would know if the food was fresh. She stated she was in a hurry that morning to get trays out and planned to date them later.On 02/12/2026 at 9:37 AM, in an interview, the Dietary Manager stated that food items are required to be labeled and dated so staff can determine when the food was prepared. He stated regulations require food to be discarded after seven (7) days. He confirmed staff did not follow regulations by failing to date the items.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, facility policy review and record review, the facility failed to ensure staff performed hand hygiene in accordance with infection prevention standards before donning (putting on) gloves, after glove removal, and after contact with contaminated surfaces during medication administration and enteral feeding for three (3) of (16) sampled residents. Resident #3, Resident #56 and Resident #62.Findings include: Record review of the facility policy Hand Hygiene copyright 2025 revealed .6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves . Resident #3 On 02/11/26 at 10:25 AM, during an observation Licensed Practical Nurse (LPN) #2 performed percutaneous endoscopic gastrostomy (PEG) tube site care for Resident #3. The nurse removed a soiled dressing and failed to perform hand hygiene before retrieving and donning (putting on) new gloves. She cleansed the upper portion of the PEG tube site, removed gloves, and again failed to perform hand hygiene before donning new gloves. She then cleansed the lower portion of the site, removed gloves, and failed to perform hand hygiene prior to applying a new dressing. She changed gloves again without performing hand hygiene and applied tape to secure the dressing before completing care. During an interview on 2/11/26 at 10:30 AM, LPN #2 stated she should have performed hand hygiene between each glove change during care to prevent spread of infection to the site. During an interview on 2/12/26 at 10:18 AM, the Director of Nursing (DON) confirmed hand hygiene should be performed with each glove change to prevent transmission of infection to the PEG tube site and stated staff are expected to follow infection prevention guidelines. Record review of the admission Record revealed Resident #3 was admitted on [DATE] with diagnoses that included sequelae of cerebral infarction. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/28/25 revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating the resident was cognitively intact. Resident #56 On 02/10/26 at 12:31 PM, during an observation, LPN #3 provided a bolus enteral feeding to Resident #56. LPN#3 donned gloves then she touched the bed remote control, opened the bathroom door, and turned the water faucet on and off. Licensed Practical Nurse #3 did not perform hand hygiene upon entry and did not remove gloves or perform hand hygiene after touching multiple environmental surfaces prior to administering the feeding. During an interview on 02/10/26 at 12: 48 PM, LPN#3 confirmed she did not wash her hands upon entry and did not change gloves after touching items in the resident room. She stated she should have washed hands upon entry, removed gloves, and washed hands after touching items prior to (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	administering the feeding. She stated the resident could develop an infection. During an interview on 02/10/26 at 1:13 PM, Registered Nurse (RN) #2/Charge Nurse, stated LPN #3 should have her washed hands upon entry to the resident's room. She stated after touching items the nurse should remove gloves, perform hand hygiene, and apply clean gloves before administering the bolus feeding. She stated failure to perform hand hygiene places residents at risk for infection and is an infection control concern. During an interview on 02/10/26 at 3:58 PM, the DON stated that LPN #3 should have washed hands her upon entry prior to donning gloves. She stated the nurse should remove her gloves and wash her hands prior to initiating the feeding due to touching environmental surfaces. She stated this creates cross contamination risk and bacteria on contaminated gloves can be transferred to the resident. During an interview on 02/11/26 at 9:13 AM, RN #1 stated the nurse should have washed her hands before donning gloves and should have removed her gloves and washed her hands before beginning the feeding. She stated failure to do so can spread pathogens to the resident, especially if the resident has open skin areas. During an interview on 2/11/26 at 10:02 AM, the Infection Preventionist/RN #1, stated hand hygiene should be performed each time gloves are changed during wound care because openings in the skin increase susceptibility to infection and contaminated hands can transmit pathogens. Resident #62 On 2/11/26 at 9:50 AM, observed LPN #4 apply a topical Lidocaine patch to Resident #62's lower back. LPN #4 donned gloves upon entering the room but did not perform hand hygiene prior to glove application or prior to applying the patch. During an interview on 2/11/26 at 10:30 AM, LPN #4 confirmed she did not wash hands before donning gloves and applying the patch. She stated she should have washed hands and acknowledged the resident could develop an infection. Record review of the admission Record revealed Resident #62 was admitted on [DATE] with diagnoses including wedge compression fracture of the lumbar vertebra. Record review of the Order Summary Report with active orders of 2/12/26 revealed an order dated 2/5/26 Lidocaine external Patch 5%- Apply to mid back topically in the morning for pain. Record review of the MDS with an ARD of 2/9/26 revealed a BIMS score of 15 indicating the resident was cognitively intact.