

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Trend Health and Rehab of Natchez, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 587 John R Junkin Drive Natchez, MS 39120	
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 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. Based on interview, record review, and facility policy review, the facility failed to comply with state nursing facility staffing requirements by failing to ensure the nursing staff had a ratio of 2.8 hours of direct nursing care per resident per twenty-four (24) hours for five (5) of (14) days reviewed. Findings include: Review of the facility's Staffing Policy dated 7/1/2024, revealed, .The facility will have sufficient nursing staff.4. The facility PPD (Per Patient Day) for clinical will be 2.80 or greater, this is the minimum standard and may not in itself meet the sufficient nursing staff need.A record review of the Minimum Standards for Institutions for the Aged or Infirm for Rule 45.4.1 Nursing Facility, revealed, .To be classified as a facility, the institution shall comply with the following staffing requirements. 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census.Record review of the Staffing Grid dated 6/15/26 through 6/28/26, revealed that on 6/19/26 the staffing ratio was 2.73, on 6/21/26 it was 2.63, on 6/26/26 it was 2.24, on 6/27/26 it was 2.4, and on 6/28/26 it was 2.24 which were all below the 2.8 requirement.On 7/23/26 at 5:44 PM, an interview with the Director of Nursing (DON) revealed the facility scheduled direct care nursing staff to meet the state minimum staffing levels. She confirmed that she was notified of the staff shortage on the nightshift on 6/26/26 on the morning of 6/27/26 and was notified by nursing staff on the night of 6/27/26 of the shortage. On 7/23/26 at 6:10 PM, an interview with the Administrator revealed the facility used the state minimum requirement ratio for daily staffing.		

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