STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255348	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trend Health & Rehab of Meridian LLC	517 33rd Street Meridian, MS 39305

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review, staff interview, and facility policy review, the facility failed to ensure PRN (as needed) psychotropic medications were limited to a 14-day duration or renewed with documented physician rationale for one (1) of three (3) sampled residents. Resident #1. Findings include:A review of the facility's policy Use of Psychotropic Medication(s), dated 4/28/25 revealed .Policy: It is the intent of this policy to ensure that residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated.Policy Explanation and Compliance Guidelines: 16. Psychotropic medications used on a PRN (as needed) basis must have a diagnosed specific condition and indication for the PRN use documented in the resident's medical record and is subject to the limitations as noted: a. PRN orders for psychotropic medications, excluding antipsychotics, shall be limited to no more than 14 days.b. PRN orders for antipsychotic medications only, shall be limited to 14 days with no exceptions. A record review of the admission Record revealed the facility admitted Resident #1 on 8/27/2024 and she had current diagnoses including Dementia.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/16/2026 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) Summary Score of 00, which indicated her cognition was severely impaired. A record review of the Order Summary Report with active orders as of 3/1/26, revealed Resident #1 Physician's Orders, dated 12/30/2025, for Diazepam Oral Tablet 2 MG (Milligram) Give 1 tablet by mouth every 12 hours as needed for muscle spasms and Lorazepam Oral Concentrate 2 MG/ML (Milliliter) Give 0.5 ML by mouth every 6 hours as needed for agitation, dated 12/29/25. There was no stop date indicated on the Physician's Orders.A record review of the Pharmaceutical Consultant Report Psychoactive Gradual Dose Reduction dated 1/26/26, revealed, .This resident is prescribed the following psychoactive medications.Lorazepam 1 mg.5. Please not orders for PRN psychotropics are limited to 14 day supply. The form was signed by the Director of Nursing.On 3/10/26 at 12:34 PM, during an interview with the DON confirmed, physician orders for Resident #1 and confirmed that Lorazepam (Ativan) and Diazepam (Valium) are psychotropic medications, and PRN psychotropic medications are limited to a 14-day duration unless the physician documents a clinical rationale and specifies a longer duration. He confirmed the order summary revealed Lorazepam was ordered on 12/29/25 and Diazepam was ordered on 12/30/25, and the staff member who entered the orders did not include an end date for either medication. The DON further confirmed that during the pharmacy consultant review dated 1/26/26, the consultant recommended that PRN psychotropic medications such as Lorazepam should be limited to a 14-day supply unless otherwise justified and documented by the physician. He acknowledged that the absence of an end date for the psychotropic medications was not consistent with regulatory requirements or facility expectations for monitoring psychotropic medication use.On 3/10/26 at 3:45 PM, during an interview with the Administrator, she reviewed the physician orders for Lorazepam (Ativan) and Diazepam (Valium) and confirmed these medications as psychotropic medications. She confirmed that PRN psychotropic medications are limited to a 14-day duration unless a physician documents a clinical rationale for longer use, and acknowledged the orders dated 12/29/25 for Lorazepam and 12/30/25 for Diazepam did not include a 14-day stop date, which he confirmed should (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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	have been included when the orders were entered into the order summary.On 3/10/26 at 5:00 PM, an interview with the Pharmacy Consultant confirmed that the physician orders dated 12/29/25 for Lorazepam and 12/30/25 for Diazepam, both administered by mouth and classified as PRN psychotropic medications, should have been limited to a 14-day duration in accordance with federal regulations unless the physician documented a clinical rationale for continued use and issued a new order. She confirmed that both medications should have been discontinued by the facility after 14 days if no new physician order or documented justification for continuation was present. She further confirmed that allowing the medications to remain active without a documented stop date or reassessment was not consistent with regulatory expectations for PRN psychotropic medications. She stated the facility is responsible for ensuring PRN psychotropic medications are monitored and discontinued or renewed appropriately within the required timeframe.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based record review, staff interview, and facility policy review, the facility failed to ensure the comprehensive care plan was revised when a resident experienced multiple falls and failed to ensure all care plan interventions were dated to reflect new or revised individualized interventions for one (1) of three (3) sampled residents. Resident #1Findings include:A review of the facility's policy Care Plans - Comprehensive, dated 10/2016, revealed .An individualized (person centered) comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident.Policy Interpretation and Implementation.6. Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident.8. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change.A record review of the Care Plan Report revealed Resident #1 had a Focus of (Proper Name of Resident) had an actual fall 11/12/24. and then listed multiple dates of the falls in the Focus area of the care plan from 11/30/24 through 2/28/26. A review of the Interventions revealed there were multiple interventions listed but they were not dated to indicate that the care plan was revised after each fall to include new or individualized interventions to address the resident's continued fall risk.A record review of the admission Record revealed the facility admitted Resident #1 on 8/27/2024 and she had current diagnoses including Dementia.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/16/2026 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) Summary Score of 00, which indicated her cognition was severely impaired. A record review of the facility's fall investigations revealed Resident #1 had a fall on 12/16/25 at 9:35 PM, 12/18/25 at 8:30 PM, 12/29/25 at 1:40 PM, and 2/2/26 at 5:00 PM. On 3/10/26 at 12:21 PM, during an interview and record review with License Practical Nurse (LPN)/ MDS Coordinator, revealed that care plans are required to be individualized based on the resident's assessed needs and updated when there is a change in condition, including after falls. She confirmed that when a resident experiences a fall, the interdisciplinary team should review the incident and implement new or revised interventions to prevent further falls. She further confirmed that interventions placed on a care plan should be clearly documented and dated to reflect when they were implemented and to ensure staff are aware of current interventions. The MDS Nurse reviewed the care plan for Resident #1 and confirmed the fall interventions listed were not dated, and the care plan did not reflect additional or updated interventions following subsequent falls. She confirmed that without dated interventions or updates following additional falls, it would be difficult to determine when interventions were implemented or if the care plan had been revised to address ongoing fall risk. She acknowledged that the care plan should have been updated with new individualized interventions following each fall incident to address the resident's continued risk.On 3/10/26 at 12:34 PM, during an interview with Director of Nurses (DON), he confirmed that resident care plans are expected to be individualized based on each resident's assessed needs, conditions, and risk factors. He stated that when a resident experiences a fall, the interdisciplinary team should review the circumstances of the fall and update the care plan with new or revised interventions to address the identified risk factors and prevent further falls. He further confirmed that interventions added to the care plan should be dated to reflect when they were implemented so staff can clearly identify current fall prevention strategies. The DON reviewed the care plan for Resident #1 and confirmed that although fall interventions were listed, the interventions were not dated and did not reflect additional or revised interventions following subsequent falls. He acknowledged that this was not consistent with the facility's expectation, as the care plan should have been updated with individualized interventions and appropriate dates following each fall incident to address the resident's continued fall risk.