

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Trend Health & Rehab of Meridian LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44804</p> <p>Based on observation, staff interview, record review and facility policy review the facility failed to prevent the possibility of the spread of infection as evidenced by no barrier used during eye drops (Resident #13) and not properly cleaning a glucometer between residents (Residents #12 and 24) for three (3) of nine (9) direct care observations. Resident # 12, Resident #13 and Resident #24.</p> <p>Findings Include:</p> <p>Review of the facility's policy, Infection Prevention and Control Program, revised 5/23 revealed, .Policy Explanation and Compliance Guidelines .10. Equipment Protocol: a. All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment .</p> <p>Review of the facility's policy, Specific Medication Administration Procedures, revised 1/2018 revealed, . Procedures .G. Use a barrier (e.g., clean disposable tray or plastic cup) to carry medication containers into the resident's room .This will serve as a barrier between the supplies and the over-the-bed table or other surface on which the supplies are placed while the medication is administered .</p> <p>An observation on 4/9/24 at 3:15 PM, revealed Licensed Practical Nurse (LPN) #1 removed Resident #13's eye drops from the eye drop box inside the medication cart, went to the residents room, administered one eye drop into the resident's right eye, placed the eye drop bottle down on the residents bedside table with no barrier, removed and replaced her gloves, picked up the eye drop bottle, administered one eye drop to the left eye, and returned it to the drawer in the medication cart.</p> <p>An observation on 4/9/24 at 3:34 PM, revealed LPN #1 removed a glucometer from the top drawer of her medication cart and carried it to Resident #12's room, performed a blood sugar check; returned to the medication cart and cleaned the glucometer with disinfectant wipes that had a 2-minute kill time (the surface should remain visibly wet for two minutes after the solution has been applied to completely eliminate or kill bacteria). This observation revealed the nurse wiped the glucometer with the disinfectant wipe for approximately 30 seconds and set it on a barrier on top of her medication cart and stated she would leave that there to air dry for about 3-5 minutes.</p> <p>(continued on next page)</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on 4/9/24 at 3:45 PM, revealed LPN #1 used the glucometer that was not properly cleaned after using it on the previous resident, went to Resident #24's room, performed a blood sugar check and returned it to the medication cart, cleaned it with disinfecting wipes for approximately 30 seconds, and sat it on a barrier to air dry.</p> <p>An interview on 4/9/24 at 3:55 PM, with LPN #1 confirmed that she did not use a barrier when she placed the eye drops on the bed side table and administered the second eye drop. She also confirmed that she failed to clean the glucometer according to the directions on the disinfectant wipes for a kill time of 2 minutes. She revealed she had received in-service training on the proper way to clean the glucometer and she knew she needed a barrier for the eye drops, but she was nervous. She revealed both of those things could lead to the spread of infection or cross contamination.</p> <p>An interview on 4/10/24 at 4:30 PM, with the Director of Nurses (DON) confirmed the nurse should have used a barrier before she placed the eye drop bottle down in the resident's room and should have cleaned the glucometer for the appropriate amount of time based on the kill time on the disinfectant wipes. He stated the facility had provided in-service training on both of those topics, and he had given them options on how to achieve the kill time. He confirmed that not using a barrier could have led to the spread of infection and not cleaning the glucometer appropriately could have led to the spread of a blood borne illness.</p> <p>Resident #12</p> <p>Record review of the Admission Record revealed the facility admitted Resident #12 on 9/28/23 with medical diagnoses that included Type 2 Diabetes Mellitus.</p> <p>Record review of the Order Summary Report with active orders as of 4/1/24 revealed Resident #12 had a Physician's Order, dated 9/29/23, for .Accu-Chek AC (before meals) and HS (at hour of sleep)</p> <p>Resident #13</p> <p>Record review of the Admission Record revealed the facility admitted Resident #13 on 8/30/23 with medical diagnoses that included Lack of Coordination.</p> <p>Record review of the Order Summary Reportwith active orders as of 4/1/24 revealed Resident #13 had a Physician's Order, dated 9/19/23, for Systane Ophthalmic Solution 0.4-0.3% . Instill 1 drop in both eyes every 2 hours as needed for r/t (related to) dry eye .</p> <p>Resident #24</p> <p>Record review of the Admission Record revealed the facility admitted Resident #24 on 10/31/23 with medical diagnoses that included Type 2 Diabetes Mellitus.</p> <p>Record review of the Order Summary Reportwith active orders as of 4/1/24 revealed Resident #24 had a Physician's Order, dated 10/31/23, for .Accu-Chek at AC and HS .</p>		