

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(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, Mississippi, 39120			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	INITIAL COMMENTS On 7/23/26 the State Agency (SA) conducted a Complaint Investigation (CI MS #3063384) at the facility. CI MS #3063384 was investigated regarding quality of care/staffing. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F836.			F0000			
F0836 SS = D	The facility held a license for 80 beds, with a census of 64. License/Comply w/ Fed/State/Local Law/Prof Std CFR(s): 483.70(a)-(c) §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455)			F0836			

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 reverse for further 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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F0836 SS = D	Continued from page 1 and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is NOT MET as evidenced by: 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.			F0836			