

Mississippi State Department of Health

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| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                  |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>07/23/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><b>TREND HEALTH AND REHAB OF NATCHEZ, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>587 JOHN R JUNKIN DRIVE , NATCHEZ, Mississippi, 39120</b> |                                                                                                                          |                                                 |                            |
| (X4) ID<br>PREFIX<br>TAG                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |  | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                 | (X5)<br>COMPLETION<br>DATE |
| M0000                                                                         | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |  | M0000                                                                                                 |                                                                                                                          |                                                 |                            |
| M0225                                                                         | <p>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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and M225 was cited.</p> <p>45.4.1 Nursing Facility</p> <p>Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements:</p> <p>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. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio.</p> <p>2. Each facility shall have the following licensed personnel as a minimum:</p> <p>a. Seven (7) day coverage on the day shift by a registered nurse.</p> <p>b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.</p> <p>c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.</p> <p>d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for</p> |                                                    |  | M0225                                                                                                 |                                                                                                                          |                                                 |                            |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE |  | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TREND HEALTH AND REHAB OF NATCHEZ, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>587 JOHN R JUNKIN DRIVE , NATCHEZ, Mississippi, 39120</b> |                                                                                                                          |                                                 |                            |
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| M0225                                                                             | <p>Continued from page 1</p> <p>supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse.</p> <p>e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse.</p> <p>f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse.</p> <p>3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements.</p> <p>4. There shall be at least two (2) employees in the facility at all times in the event of an emergency.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview, record review, and facility policy review, the facility failed 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.</p> <p>Findings include:</p> <p>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..."</p> <p>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.</p> <p>On 7/23/26 at 5:44 PM, an interview with the Director of Nursing (DON) revealed the facility</p> |                                                    |  | M0225                                                                                                     |                                                                                                                          |                                                 |                            |

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| M0225                                                                             | <p>Continued from page 2<br/>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.</p> <p>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.</p> |                                                       |  | M0225                                                                                                     |                                                                                                                          |                                                     |                            |