

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2013
NAME OF PROVIDER OR SUPPLIER TRINITY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1265 21 ST NE HICKORY, NC 28601	
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F 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interviews the facility failed to evaluate a resident's need for a call bell for 11 days for 1 of 1 resident reviewed for no call bell availability. (Resident #3)</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 10/17/13 with the diagnoses of anxiety and status post ankle surgery. Resident #3's Admission Minimum Data Set (MDS) dated 10/28/13 revealed she had moderate cognitive impairment and needed extensive assistance with toileting and personal hygiene. Further review of the MDS revealed she was always continent of bowel and occasionally incontinent of bladder.</p> <p>A Significant Change MDS dated 11/25/13 indicated Resident #3 had moderate cognitive impairment and needed extensive assistance with transfers and toileting. Resident #3 was assessed as being always continent of bowel and frequently incontinent of urine. This MDS assessed Resident #3 as having hallucinations and delusions as well as behaviors which included</p>	F 246	<p>A. Resident #3 was given a call bell on 12/16/13 and an assessment was completed by the social worker. Resident was deemed appropriate for a call bell because she was able to express her needs to staff and demonstrated understanding of the ringing bell.</p> <p>B. Assessments have been conducted by the care plan team for all Trinity Terrace residents. An assessment for appropriateness of call light placement was completed by utilizing the BIMS, mood and behaviors section of the MDS 3.0 on 1/21/14. Based on our assessments, the presence of a call light does not pose a safety risk for any current resident on Trinity Terrace.</p> <p>Maintenance staff conducted an inspection and replaced call lights in all rooms on Trinity Terrace on 1/13/14.</p> <p>C. A policy change by Trinity Village has been implemented to provide call lights in all resident rooms upon admission on</p>	1/23/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/16/2014

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.

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F 246	<p>Continued From page 1</p> <p>rejection of care, and physical and verbal aggression. Diagnoses listed on this MDS included urinary tract infection, anxiety and hip fracture.</p> <p>Review of Resident #3's medical record revealed she was changed from a room on the 300 hall to room 202 on the facility's locked unit on 12/05/13.</p> <p>Review of Resident #3's care plan dated 12/16/13 revealed an approach which read, "I am able to make my needs known, I have a ringing bell that I use to call for assistance."</p> <p>An observation was made on 12/16/13 at 9:57 AM of Resident #3 in her room. Resident #3 did not have a call bell. A short cord approximately 6 inches long was plugged into the call bell outlet.</p> <p>An interview was conducted with Resident #3 on 12/16/13 at 9:57 AM. Resident #3 stated she did not have a call bell she could use. She stated she needed to have bowel movement earlier and had to "holler out" to get someone to take her to the bathroom.</p> <p>An observation was made at 12/16/13 at 12:51 PM of Resident #3 lying in bed, uncovered and wearing only a shirt and an incontinence brief. Resident #3 was over heard calling for help. There was no staff observed close to the resident's room.</p> <p>An interview was conducted on 12/16/13 at 12:51 PM with Resident #3 who stated she could not get up and had had a bowel movement. Resident #3 stated "I am so ashamed."</p> <p>On 12/16/13 at 12:53 AM the Activity Director,</p>	F 246	<p>Trinity Terrace. Call lights were placed in all resident rooms on the Trinity Terrace neighborhood on 1/13/14.</p> <p>The social worker will be responsible for reviewing the BIMS and completing a face to face interview to identify mood and behaviors before making a determination. Furthermore, the social worker will determine if a device such as a hand bell or easy push button is appropriate in addition to or in place of a call light.</p> <p>In order to determine if a new resident can safely use the call light, an assessment will be conducted with 72 hours by the social worker utilizing the BIMS. If any safety concerns are identified, the social worker will meet with the care plan team to develop an individual plan of care.</p> <p>All current residents have been assessed. Future residents will be assessed within 72 hours. Additionally, the DON and SDC will in-service Trinity Terrace staff on how to report any safety concerns related to call lights in rooms by 1/25/14.</p> <p>D. The nursing supervisor will make rounds (2) times each week, checking 100% of resident rooms to ensure call lights are properly placed. This audit will be performed for (4) weeks, and then (1) time monthly for (6) months. Results of the audit will be reported to the QAPI committee with changes made as needed for compliance.</p>		

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F 246	<p>Continued From page 2</p> <p>who was standing in the hall, was notified Resident #3 needed help. The Activity Director stated she did not know how Resident #3 was to call for help. The Activity Director and the Assistant Activity Director then closed the door and provided care for Resident #3.</p> <p>On 12/17/13 at 9:20 AM an observation was made of Resident #3 lying in her bed with her eyes closed. A small bell with a handle was observed on Resident #3's bedside table.</p> <p>An interview was conducted on 12/17/13 at 2:42 PM with Nursing Assistant #3 who stated she was taking care of Resident #3. She stated Resident #3 is continent and she takes her to the bathroom when she needs to go. She stated she had not worked yesterday (12/16/13) but she did notice Resident #3 now had a bell she could use as a call bell. NA #3 indicated she did not know why Resident #3 had not had a call bell previously as there had been other residents on the locked unit who had call bells before.</p> <p>On 12/17/13 at 2:54 PM an interview was conducted with the Social Worker (SW) for long term care. The SW stated Resident #3 was admitted to the locked unit because she had been combative. She stated Resident #3 received more one on one care on the locked unit. The SW stated she had not worked directly with Resident #3.</p> <p>An interview was conducted on 12/18/13 at 10:21 AM with Nurse #1. Nurse #1 stated Resident #3 had been moved to the locked unit as she was an elopement risk. She stated typically residents on the locked unit did not have call lights due to safety issues. She stated the social workers</p>	F 246	E. Plan of correction updated to reflect changes as of 1/23/14. Monitoring will be ongoing.		

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F 246	<p>Continued From page 3</p> <p>usually do the assessments for call bells but she did not know if one had been done for Resident #3. She stated she thought the little bell had been given to the resident on 12/16/13. She explained Resident #3 was not able to go to the restroom on her own. She stated prior to the resident being given the bell if Resident #3 was in her room she would not have had a way to call for assistance unless she yelled out. She stated there should have been a call bell assessment completed for Resident #3.</p> <p>An interview was conducted on 12/18/13 at 12:06 PM with the SW for long term care. The SW stated the call bell assessment was done and the resident was given a ringing bell on 12/16/13. She stated the call bell assessment is only done when someone request the call light in the locked unit. She stated the call bell assessment is done to make sure the resident could use the call light. She stated the results of the assessment was Resident #3 could not use a call light with a cord but she could use the small ringing bell. The SW stated the reason she did the call bell assessment for this resident was because she needed something to alert staff if she needed help. The SW did not explain why an assessment was not done prior to 12/16/13.</p> <p>On 12/18/13 at 1:55 PM an interview was conducted with the Social Worker (SWST) for short term residents. The SWST stated when a resident moved to the long term unit an assessment for a call bell would be done 30 days after the resident has been there. She stated when Resident #3 was first admitted to the facility on 10/17/13 she was alert and oriented. She stated the nurse would request the assessment for the call bell on the locked unit if she felt the</p>	F 246		

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F 246	Continued From page 4 resident could use one. On 12/18/13 at 2:26 PM an interview was conducted with Nursing Assistant (NA) #4. NA #4 stated she worked with Resident #3 frequently on first shift when the resident was on the 300 hall. She stated the Resident #3 would use her call bell. She stated Resident #3 had a regular call bell with a cord. On 12/18/13 at 2:31 PM an interview was conducted with the Administrator. The Administrator stated a call bell assessment is done for residents after they are on the locked unit for 30 days. She indicated this assessment would not be done for 30 days regardless of a resident's cognition or if the residents were continent and unable to get up on their own. She stated she would not have expected a call bell assessment to be done for a resident any sooner than 30 days after being admitted to the locked unit.	F 246			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to provide correct perineal care for a resident who was incontinent and required extensive assistance for personal	F 312	A. Resident #43 passed away following a significant decline. CNAs #1 and #2 were in-serviced on 12/26/13 by the DON on providing proper ADL care, including	1/23/14	

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F 312	<p>Continued From page 5</p> <p>hygiene and toileting for 1 of 1 resident observed for incontinence care. (Resident #43)</p> <p>The findings included:</p> <p>Resident #43 was admitted to the facility with diagnoses which included hypertension and anxiety. Resident #43's most recent Quarterly Minimum Data Set (MDS) dated 10/23/13 assessed her as having moderate cognitive impairment. The MDS further assessed Resident #43 as needing extensive assistance of 2 people for toileting and personal hygiene.</p> <p>An observation of incontinence care was made on 12/17/13 at 1:49 PM. Nursing Assistants (NA) #1 and NA #2 provided the care for Resident #43. Resident #43 was transferred to bed with a lift. NA #1 went into the bathroom to wet the washcloths to wash Resident #43. Resident #43's pants were removed and she was rolled onto her right side. Resident #43's brief was wet with urine. NA #2 proceeded to clean Resident #43's buttocks and anal area. While Resident #43 was on her side NA #2 wiped the Resident #43's peri-area using the same are of the washcloth she used to wash the resident's anal area. NA#1 and NA #2 then rolled Resident #43 onto her back. NA #2 wiped Resident #42's peri-area five times from back to front. NA #1 and NA#2 then put a clean incontinence brief on Resident #43.</p> <p>An interview was conducted on 12/17/13 at 2:01 PM with NA #2. NA #2 stated the incontinence care she provided was how she usually cleaned residents. NA #2 then stated she should have changed the area of the washcloth after cleaning Resident #43's buttocks prior to cleaning her peri-area. NA #2 further stated she should have</p>	F 312	<p>incontinence care.</p> <p>B. All residents who require assistance with incontinence care were at risk. All CNAs have been in-serviced on providing care for incontinence. The DON in-serviced staff on 12/26/13.</p> <p>C. All CNAs have been educated on proper incontinence care and hand washing. Staff members were in-serviced on 12/26/13 by the DON. Additionally, the SDC in-serviced CNAs on 1/2/14, 1/6/14, 1/13/14, and on 1/15/14 related to proper hand washing and incontinence care.</p> <p>D. The SDC will observe incontinence care provided by (3) CNAs weekly for (4) weeks, then (3) CNAs will be observed monthly for (6) months, including CNAs #1 and #2. Results will be reported to the QAPI committee with changes made as needed for compliance.</p> <p>E. Plan of correction updated to reflect changes as of 1/21/14. Monitoring will be ongoing.</p>		

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F 312	Continued From page 6 wiped Resident #43's peri-area wiping front to back. NA #2 was unable to give a reason she wiped back to front while providing incontinence care for Resident #43. On 12/18/13 a 3:17 PM an interview was conducted with the Director of Nursing (DON). The DON stated she expected nursing assistants to change areas on the wash cloth with each wipe. The DON further stated she expected staff to wipe front to back when cleaning a female resident.	F 312			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to provide services to maintain bladder continence when a resident's transfer status changed for 1 of 3 sampled residents reviewed for urinary continence (Resident #43). The findings included:	F 315	A. A significant change assessment was completed on Resident #43 on 12/27/13. Resident #43 declined and was no longer appropriate for a toileting program. Resident #43 passed away. B. All residents on toileting programs have been reviewed for any changes in transfer status. Care plans have been updated to	1/23/14	

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F 315	<p>Continued From page 7</p> <p>Resident #43 was admitted to the facility on 08/07/13 with diagnoses that included hypertension, urinary tract infections, pain and others. Resident #43's care plan dated 10/11/13 specified she required a "Restorative Scheduled Toileting" program for episodes of urinary incontinence. The care plan specified nurse aides were to provide scheduled toileting for Resident #43 upon awakening, after meals, at bedtime and as needed. The most recent Minimum Data Set (MDS) dated 10/30/13 specified the resident had moderately impaired cognition, required extensive assistance with activities of daily living (ADL) and was on a current toileting program for frequent incontinence.</p> <p>Resident #43's medical record was reviewed and included a bladder continence report for the month of 12/13. The report specified the resident had episodes of incontinence only since 12/08/13 and only received incontinence care.</p> <p>On 12/17/13 at 1:40 PM nurse aide (NA) #2 was interviewed and reported she was assigned to care for Resident #43. The nurse aide explained that the resident had episodes of incontinence but mainly at night. She added that Resident #43 had been able to voice the need to use the bathroom and was on a scheduled toileting program but that during the past 1 to 2 weeks Resident #43 had declined in her physical ability to transfer. NA #2 stated that the resident had been able to stand and pivot for transfers but now required a mechanical lift. NA #2 added the mechanical lift was not safe for use in the resident's bathroom so the nurse aides were providing incontinence care every two hours and as needed rather than continuing the scheduled</p>	F 315	<p>reflect changes.</p> <p>C. On 12/26/13, the DON in-serviced the nursing staff on how to report changes in transfer status and incontinence status to the MDS nurse, and training was provided on appropriate toileting procedures for residents requiring a total lift. Residents on toileting plans will be reviewed for changes in continence or transfer status in the monthly restorative meeting with the administrator and the restorative nurse.</p> <p>D. The nurse supervisor will observe toileting protocol for (5) residents on the toileting program weekly for (4) weeks, and then will observe (5) residents quarterly for (1) year. Results will be reported to the QAPI committee and changes made as needed for compliance.</p> <p>E. Corrective action was completed by 1/17/14. Monitoring will be ongoing.</p>		

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F 315	<p>Continued From page 8</p> <p>toileting plan. The NA reported that Resident #43 was no longer asking to go to the bathroom. NA #2 also stated that she did not routinely offer Resident #43 a bedpan or provide any other means for the resident to maintain her bladder continence.</p> <p>On 12/17/13 at 1:45 PM NA #1 was interviewed and reported that she provided incontinence care for Resident #43 every two hours and as needed. She explained that this was a recent change for the resident because Resident #43 was now transferred with a mechanical lift. The nurse aide also reported that Resident #43 had stopped communicating her need to toilet and that she no longer offered to toilet the resident.</p> <p>On 12/17/13 at 1:50 PM observations were made of NA #1 and NA #2 providing incontinence care for Resident #43. The observations revealed the nurse aides transferred the resident to bed using a mechanical lift and provided incontinence care. Resident #43's brief was observed wet. The nurse aides did not offer to toilet the resident or other means to empty her bladder.</p> <p>On 12/18/13 at 9:20 AM the Nurse Supervisor was interviewed and reported that she was notified by Nurse #1 that Resident #43's transfer status had changed and the resident was referred to occupational therapy. The Nurse Supervisor was unaware of changes with Resident #43's bladder continence.</p> <p>On 12/18/13 at 10:05 AM the Occupational therapist (OT) working with Resident #43 was interviewed and stated that she was working with Resident #43 to regain transfer abilities. She explained that part of her goals for the Resident</p>	F 315			

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F 315	<p>Continued From page 9</p> <p>was to maintain her bladder continence by being able to assist staff with transferring on and off the toilet. The OT stated that Resident #43 did have episodes of bladder incontinence. The OT reported that on 12/13/13 she was working with Resident #43 and during the session the resident expressed the need to urinate. The OT stated that Resident #43 was assisted to the bathroom and was able to void.</p> <p>On 12/18/13 at 11:25 AM the MDS Nurse was interviewed and reported that Resident #43 was on a "scheduled toileting plan" to restore and maintain her urinary continence. She added that she was not aware of any changes in the resident's bladder continence. The MDS Nurse explained a "scheduled toileting program" consisted of nurse aides assisting the resident to the bathroom upon rising, before and after meals, at bedtime and as needed. She added that the nurse aides were expected to assist the resident to the toilet even if the resident had an incontinent episode. The MDS Nurse stated that residents who were transferred with a mechanical lift should be assessed for use of a bedside commode or bed pan because the mechanical lift was not safe for use in the residents' bathrooms. The MDS Nurse reported that Resident #43 was still on a scheduled toileting plan but was unaware if she had been assessed for use of a bedside commode or bedpan since her transfer status had changed from stand and pivot to mechanical lift. The MDS Nurse stated that she would expect the nurse aides to continue to follow the scheduled toileting plan for Resident #43 to maintain her bladder continence.</p> <p>On 12/18/13 at 11:50 AM NA #5 was interviewed and reported that Resident #43 was no longer</p>	F 315			

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F 315	<p>Continued From page 10</p> <p>able to use the bathroom. She stated that she provided incontinence care every 2 hours and as needed. NA #5 explained that she would offer Resident #43 the bed pan if the resident's brief was dry but stated that most times the resident was wet during care rounds. NA #5 reported that she stopped following the scheduled toileting plan when Resident #43 became a mechanical lift transfer.</p> <p>On 12/18/13 at 12:00 PM Nurse #1 was interviewed and reported that Resident #43 had recently declined in her ability to transfer and was now being transferred with a mechanical lift. The nurse also explained that since the use of the lift the resident no longer voiced the need to toilet. She added that the nurse aides provide incontinence care because the resident no longer verbalized the need to use the bathroom.</p> <p>On 12/18/13 at 3:20 PM the Director of Nursing (DON) was interviewed and reported that she expected nurse aides to follow scheduled toileting plans. She added that residents who were lifted mechanically needed to be assessed for other methods for toileting such as bedside commodes or bed pans. The DON reported that incontinence care needs to be met by the nurse aides and that she expected the nurse aides to assist residents to the bathroom if they could go to the bathroom. The DON stated that she expected the nurse aides to continue to follow Resident #43's care plan for the scheduled toileting plan.</p> <p>On 12/18/13 at 3:30 PM NA #6 and NA #7 were interviewed together and reported that they cared for Resident #43 on second shift. They both stated that they had stopped assisting the</p>	F 315			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2013
NAME OF PROVIDER OR SUPPLIER TRINITY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1265 21 ST NE HICKORY, NC 28601		
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F 315	Continued From page 11 resident to the bathroom when she became a mechanical lift for safety reasons. They both stated that they did not offer Resident #43 the use of a bed pan or other method for voiding because the resident no longer expressed the need to urinate. NA #6 was aware that Resident #43 was on a scheduled toileting plan but stated that she was only providing incontinence care for the resident because of the mechanical lift.	F 315		