STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345152	A. BUILDING _____ B. WING _____	C 03/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY VILLAGE	**1265 21 STREET NE HICKORY, NC 28601**

(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
F 280 SS=D	483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care.	F 280		3/30/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/22/2017

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F 280	Continued From page 1 483.21 (b) Comprehensive Care Plans (2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.	F 280		

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F 280	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations, record review and family and staff interviews, the facility failed to update the care plan to include preferences for only female staff as requested by the Responsible Party (RP) for 1 of 3 sampled residents (Resident #1). Findings included: Resident #1 was admitted on 11/18/16 with diagnoses that included hip fracture, age-related osteoporosis, chronic obstructive pulmonary disease (difficulty breathing), oxygen dependence, and major depressive disorder. The admission Minimum Data Set (MDS) assessment dated 11/25/16 coded Resident #1 with severe cognitive impairment. The MDS indicated Resident #1 required staff supervision for eating, total assistance of 1 staff member for bathing and extensive assistance of 1-2 staff members for all other activities of daily living (ADL). Further review revealed Resident #1 was continent of bowel but frequently incontinent of bladder. Review of the facility's grievance log for the period November 2016 through March 2017 revealed a grievance filed by Resident #1's family member dated 11/28/16 related to a statement made by Resident #1 alleging a male staff member had touched her inappropriately. The allegation was investigated and unsubstantiated by the facility. The grievance indicated the family member had requested only female staff due to Resident #1 being uncomfortable around men.	F 280	1) Corrective action for the resident affected included a review and update to the care plan on 3/2/17 by the social worker to reflect the resident preferences. 2) All residents have the potential to be affected and will have their care plans updated for preferences by a member of the inter-disciplinary team or department designee when a preference is reported. The facility will review all resident care plans to ensure identified preferences have been addressed and are being met by 3-30-17. The DON in-serviced the nursing staff on 3/20/17 to re-educate team members about the importance of reporting resident's preferences to the shift supervisor. On 3/21/17, the Administrator in-serviced members of the inter-disciplinary care plan team on the importance of including resident preferences on the resident's care plan. 3) Members of the inter-disciplinary team will ask residents to identify preferences on admission and on comprehensive and significant change assessments during the resident's stay in the facility. A review of preferences will take place during care plan meetings.	

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F 280	Continued From page 3 Review of Resident #1's ADL care plan with a recent review date of 2/25/17, indicated she needed assistance of 1 staff person to complete ADL due to pain/discomfort and shortness of breath with oxygen use. Interventions included for staff to use a calm, gentle approach, explain procedures, and offer simple instructions. There was no intervention included that indicated her preference for female staff. An interview on 3/2/17 at 11:42 AM with Resident #1's RP revealed they had spoken to the Social Services Director (SSD) after Resident #1 had made the comment she had been touched inappropriately by a male staff member. The RP stated when they visited Resident #1, she became fearful whenever she saw shadows of people walking past her door and would comment "he's coming back." The RP added they had requested for only female staff to provide care to Resident #1. During an interview on 3/2/17 at 2:20 PM the MDS Nurse revealed no knowledge of Resident #1's family requesting care to be provided by only female staff. The MDS Nurse acknowledged it would have been an appropriate intervention to add to Resident #1's care plan. During an interview on 3/3/17 at 8:56 AM the SSD confirmed she had spoken to Resident #1's family regarding their concerns indicated on the grievance and they had requested for only female staff to provide care to Resident #1. The SSD indicated she did not document this request in Resident #1's medical record but had informed the second shift supervisor. During a telephone interview on 3/3/17 at 10:53	F 280	The shift supervisor will make sure any request is disseminated to the correct department to be entered into the resident's chart. Preference requests will also be shared with the inter-disciplinary team in the morning stand up meetings. 4) The MDS nurse will audit (4) charts monthly for six months and conduct interviews with the residents to make sure the care plan matches their preference requests. Results from the audit will be shared and reviewed during QAPI meetings for trending and tracking purposes with follow-up action as needed. Monitoring will be ongoing and added to the QAPI agenda. All corrective action will be complete by 3/27/17.	

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F 280	Continued From page 4 AM the Nurse Supervisor (NS) for second shift confirmed she had been informed of the request for only female staff made by Resident #1's family member. The NS indicated she had not documented the request in Resident #1's medical record but had informed the third shift supervisor and staff assigned to Resident #1's hall. During an interview on 3/3/17 at 12:25 PM the Director of Nursing (DON) revealed she had been unaware Resident #1's family member had requested care provided by only female staff. She explained when a specific request was made by a resident or family member, it was not typically documented in the medical record but was discussed during shift report and relayed to the appropriate staff. The DON indicated they had not been aware such a request could be care planned. The DON added "looking back, it would have been appropriate to have had it care planned as a reminder to all staff."	F 280		