

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 C 06/03/2016
NAME OF PROVIDER OR SUPPLIER TRINITY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident and family interviews, staff interviews and record review, the facility failed to provide pain management strategies for 1 of 2 residents (resident #235) to manage her pain. Findings included: Resident #235 was admitted on 05/10/2016 following a brief hospitalization for displaced fracture of the surgical neck of her left humerus. The resident 's additional diagnoses include: type II diabetes, chronic atrial fibrillation, COPD, chronic O2 dependence, chronic kidney disease, pulmonary HTN, cardiac pacemaker, heart failure, long term use of anticoagulants and long term use of insulin. On 06/02/2016 the admission Minimum Data Set (MDS) for resident dated 05/24/2016 was reviewed and the resident was coded to be cognitively intact (BIMS scale of 13). The resident was admitted to the facility for rehabilitation with a fractured left humerus that was not a candidate for surgical repair. The care plan dated 05/18/16 was reviewed and the facility addressed pain management in the plan for her fractured arm. The resident is receiving therapy for a non-surgical fracture and</p>	F 309	<p>1) How will corrective action be accomplished for those residents that have been affected by the deficient practice?</p> <p>While state surveyors were in the facility, staff immediately addressed the concern. We reviewed the chart, notified the doctor and received a new order to increase the pain medication on 6-2-16. Resident later stated to the staff and surveyor the medication changed proved to be effective. The resident discharged home on 6-17-16.</p> <p>2) How will corrective action be accomplished for those residents having the potential to be affected by the same deficient practice?</p> <p>A thorough pain assessment is currently being conducted on all 104 residents to ensure all residents experiencing pain are receiving effective pain management interventions. The assessment audit will be completed by 7-7-16.</p>	6/30/16

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

TITLE

(X6) DATE

Electronically Signed

06/24/2016

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.

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

PRINTED: 07/07/2016
FORM APPROVED
OMB NO. 0938-0391

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F 309	Continued From page 1 requires assistance with ADL ' s due to her inability to use her left arm. On 06/01/2016 8:55:10 PM, Resident #235 and her husband were interviewed. The resident and her husband stated that she fell up against the wall in their bathroom at home and fractured her left arm. The resident and her husband stated that upon exam at the hospital, that the physician did not recommend surgery so after a brief stay at the hospital, she was transferred to this facility for rehabilitation. She currently has a sling on her left arm to keep it immobilized to promote healing. The resident and her husband stated that she had a lot of pain with her arm and that the pain medication takes the edge off but does not relieve her pain and does not last for six hours. Her husband stated that they had spoken with the head nurse (could not remember her name) last week sometime (they could not remember the day) but nothing had changed with her pain medication. 06/01/2016 10:01:17 PM, Interviewed nurse #1 who stated that when resident #235 asks for pain medication she gives it every 6 hours as needed according to the orders, but stated the pain medication usually doesn ' t last the full six hours for resident #235. Nurse #1 was asked what the procedure is when pain medication does not work for a resident and she stated that they report it to the nursing supervisor. She continued on to say that the nursing supervisor will either call the physician or place the concern on the list for the physician when he makes rounds. Nurse #1 was asked if she had advised the nursing supervisor that the pain medication was not working for the resident and she said no but she would let her know tonight and put it on the list for the physician rounding in the morning. 06/02/2016 10:07:17 AM, Resident #235 was	F 309	In addition, the nursing supervisors will begin conducting pain assessments on their weekly supervisor rounds. In order to prevent others from being affected, the DON and ADON will re-educate our nurses on recognizing and treating pain during a mandatory meeting on 6-29-16. An in-service called "Pain -The 5th Vital Sign", will be added to our new hire orientation for new nurses joining our team. Also, current nursing staff members will be required to complete the following Relias educational courses by 7-31-16.: Pain Management in the Elderly Pain - The 5th Vital Sign 3)What measures will be put into place or systemic changes made to ensure the deficient practice will not occur? The facility will implement a new protocol for assessing new admissions by asking their "acceptable level" of pain. This will include a discussion with the resident and/or their RP on how and when to report pain and will be noted in our EMR system. The new protocol will begin on 6-30-16 after the mandatory meeting on 6-29-16. Effective 6-30-16, staff will also begin using the Wong-Baker pictorial pain rating scale. It will be placed on all med carts		

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F 309	Continued From page 2 observed sitting up in the chair in her room, eating breakfast. She was still complaining of pain but stated the physician had been in this morning and told her that he would change her medication. When asked about her pain level on a scale of 1-10, the resident stated it was a 10. 06/02/2016 3:14:56 PM, Resident #235 was observed sitting in her recliner with her legs elevated. When asked about her pain since receiving the new medication ordered, the resident stated that this was the first time since being in the facility, that she was pain free. 06/02/2016 3:26:45 PM, Interviewed nurse #2 and asked what their procedure is when a resident ' s pain is not relieved by the pain medication ordered. Nurse #2 stated that they try repositioning, give Tylenol, apply ice and if that does not work they report it to the nursing supervisor. Nurse #2 went on to say that the supervisor will then call the physician or place the concern on the list for the physician to address on his next rounds. Nurse #2 stated that resident #235 ' s pain medication was not lasting her the full six hours but the physician had been in this morning and changed her pain medication. 06/02/2016 4:28:23 PM, Nursing supervisor for 2nd shift was interviewed and asked about the facility ' s procedure for reporting to the physician when pain medication does not work for a resident. The nursing supervisor stated that the hall nurses notify the supervisor and then she will call the physician daily at 1:00 pm and 5:00 pm or the supervisor can call or text the physician anytime a resident needs something. 06/03/2016 2:24:28 PM, Nursing supervisor for 1st shift was interviewed and asked if anyone had reported to her that the pain medication ordered for resident #235 was not working. Stated that it had not been reported to her by the hall nurses	F 309	and will be used to help residents determine an accurate level of pain. Furthermore, staff will be re-educated to recognize when pain is not being managed and to initiate a call to the doctor for review. 4) How does the facility plan to monitor its performance to make sure the solutions are sustained? For 6 weeks starting the week of 6-20-16 and ending the week of 7-25-16, and then quarterly for the next 12 months, our ADON will randomly check 6 resident charts, including the MAR and nursing documentation, to ensure pain is adequately being controlled. The DON will continue to update the ongoing PIP for pain management and report updates during the quarterly QAPI meetings for the next 12 months.		

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F 309	Continued From page 3 that the pain medication was not working for the resident. The supervisor was asked where these issues would typically be documented and she stated that they should be documented in nurse ' s notes in the resident ' s chart. The nursing notes for the resident were reviewed with the Director of Nursing and she could not find any documentation that the hall nurses had reported to the nursing supervisors that resident #235 ' s pain medication was not working for her pain. 06/03/2016 4:21:08 PM, The Administrator stated that one morning around 7:30 am she was making rounds and resident #235 complained of pain. She stated that she notified the resident ' s nurse and the nurse said the resident had medication at 6:00 am and couldn ' t have anything else. The Administrator then stated " I don ' t know what that means but we were addressing her pain. " On 06/03/2016 3:41:35 PM, The Director of Nursing (DON) was interviewed and she stated that they worked with the MDS nurse on assessing resident ' s level of pain while completing the MDS assessment for all residents experiencing pain. The DON expected the hall nurses assess each resident ' s pain and give their pain medication as ordered. When the medication does not work for the resident, the DON expected the nurse to notify the supervisor who would contact the physician for a change in the resident ' s orders. The DON stated that the nurses were expected to manage the resident ' s pain and make them comfortable.	F 309			