STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
TRINITY ELMS

STREET ADDRESS, CITY, STATE, ZIP CODE
7449 FAIR OAKS DRIVE CLEMONS, NC 27012

F 312
ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
SS=D
CFR(s): 483.24(a)(2)

(a)(2) 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 interview the facility failed to cleanse Resident #1 buttocks after a urine incontinence. The facility failed to apply protective ointment as directed in 1 of 3 sampled residents dependent on staff for activity of daily living.

Findings included:

Resident #1 was admitted to the facility on 1/14/2017 with cumulative diagnoses which included Alzheimer’s disease.

Record review of the quarterly Minimum Data Set (MDS) assessment dated 9/13/2017 revealed Resident #1 had impaired short and long-term memory and dependent on staff for toileting, personal hygiene and bathing. The MDS coded Resident #1 as frequently incontinent of urine and always incontinent of bowel.

Review of the care plan updated 9/14/17 and 11/15/17 which indicated a problem with incontinence of bowel and bladder. The approaches included pericare when incontinent and apply barrier cream after each incontinent episode and whenever necessary.

Review of the physician orders for November 2017 included:

The plan of correcting the specific deficiency. The plan should address processes that lead to the deficiency cited;

The Nursing Assistant (NA) did not follow proper procedure for perineal care for Resident #1 to include failing to apply protective ointment as directed. The Nurse Practitioner assessed Resident #1’s groin and buttock areas on 11-16-2017 and ordered Nystatin to buttock twice daily and Secura to buttocks daily as needed. The Nurse Practitioner discontinued previous order for 3-2-1 cream on 11-16-2017. The Physician and Nurse Practitioner will monitor Resident #1 for any signs of redness or need for alternative treatments bi-weekly for two months, then bi-monthly thereafter. NA #1, #2, and #3 were reeducated on the Peri-Care policy and procedure by the Staff Development Coordinator by 11-30-2017. The Resident’s Care Plan was updated on 11-30-2017 by the MDS Nurse to include use of barrier creams post incontinent episodes.

The procedure for implementing the acceptable plan of correction for the specific deficiency cited;

Electronically Signed

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

12/07/2017

TITLE

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.
### SUMMARY STATEMENT OF DEFICIENCIES

**F 312**

Continued From page 1

- Apply "3-2-1" cream to the scrotum and penis twice a day.
- Apply protective ointment to the buttocks every shift.

Observation of (3) threes Nursing Assistant (NA) #1, NA #2 and NA #3 on 11/15/17 at 4:08 PM during incontinence care was conducted. Resident #1 had experienced a urine incontinent episode. NA #3 cleansed the groin areas, scrotum and the skin fold under his abdomen with perineal wash. These areas were observed to have reddened skin. Then NA #1 and NA #2 repositioned the resident on his left side. A "3-2-1" barrier cream was then applied to the buttocks. It should be noted that the buttocks had not been cleansed. No ointment had been applied to the groin or scrotum. A clean brief was then placed on the resident.

An inquiry during an interview on 11/15/17 at 4:51 PM with NA #3 about the performed incontinence care that was observed. NA #3 stated she had not cleansed the skin on Resident #1’s buttocks because she was out of washcloths and Resident #1 was not soiled (referring to an incontinence of bowel and visibly seeing urine). Continued interview with NA #3 revealed she was unaware the "3-2-1" crème should have been applied on his penis, groin, scrotum and not the buttocks. An inquiry was made about how she would know the resident’s care needs and NA #3 stated "I cannot answer that about how I know how to care for the resident."

Interview on 11/16/17 at 9:58 AM with the Administrator and Director of Nurses (DON) was conducted. The DON stated her expectation was to have the buttocks cleansed as part of incontinence care and to apply the barrier creams...
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**SUMMARY STATEMENT OF DEFICIENCIES**

(FOR EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

- **F 312 Continued From page 2 as ordered.**

**PROVIDER'S PLAN OF CORRECTION**

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

- **F 312** retraining noted directly on the “Resident Care Quality Improvement Tool” and signed by the staff member who receives the re-training.

The Administrator will review the “Resident Care Quality Improvement Tools” weekly for four weeks then monthly for two months to assure completion of audits, follow through of any issues discovered during the audits, assurance of staff re-training as identified for continued regulatory compliance. The Administrator and Director of Nursing will review and report the results of the “Resident Care Quality Improvement Tools” with the Executive Quality Improvement Committee monthly for three months for monitoring, recommend changes as necessary, and to assure continued compliance in this area. The Executive Quality Improvement Committee includes the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Nurses, Environmental Services Directors, Social Worker, Life Enrichment Director, CNA, Dietary Aide/Cook, and Housekeeper.

The title of the person responsible for implementing the plan of correction;
Director of Nursing