

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345565	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/16/2017
NAME OF PROVIDER OR SUPPLIER TRINITY ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 7449 FAIR OAKS DRIVE CLEMMONS, NC 27012		
(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 312 SS=D	<p>ADL CARE PROVIDED FOR DEPENDENT RESIDENTS CFR(s): 483.24(a)(2)</p> <p>(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.</p> <p>Findings included:</p> <p>Resident # 1 was admitted to the facility on 1/14/2017 with cumulative diagnoses which included Alzheimer ' s disease.</p> <p>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.</p> <p>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.</p> <p>Review of the physician orders for November 2017 included:</p>	F 312	<p>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.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited;</p>	12/11/17	

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

TITLE

(X6) DATE

Electronically Signed

12/07/2017

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 312	<p>Continued From page 1</p> <ul style="list-style-type: none"> · Apply "3-2-1" cream to the scrotum and penis twice a day. · Apply protective ointment to the buttocks every shift <p>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.</p> <p>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."</p> <p>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</p>	F 312	<p>The Administrator and Director of Nursing reviewed the identified deficient area utilizing the "The Five Why Method" and determined that there was a need for additional staff education in the area of peri-care and an observational monitoring system to assure the procedure of peri-care is followed by Nursing staff for continued compliance in this area.</p> <p>The Staff Development Coordinator initiated inservicing on 11-30-2017 for all Nursing Staff on the Perineal Care Policy and Procedure to include information on barrier creams and lotions as indicated. Perineal Care will be checked off on the skills checklist for new hires as part of the orientation process and on their annual skills checklist.</p> <p>The monitoring procedure to ensure the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;</p> <p>The Director of Nursing and/or the Assistant Director of Nursing and/or the Nurse Unit Manager will observe peri-care technique and application of barrier creams and lotions if applicable utilizing a "Resident Care Quality Improvement Tool" for 10 percent of the population on various shifts and times weekly for four weeks then monthly for two months to assure proper peri-care technique is used and protective ointments are applied as ordered. Any areas identified in the audit will result in immediate staff retraining by the Auditor with documentation of the</p>		

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

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F 312	Continued From page 2 as ordered.	F 312	<p>retraining noted directly on the "Resident Care Quality Improvement Tool" and signed by the staff member who receives the re-training.</p> <p>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.</p> <p>The title of the person responsible for implementing the plan of correction; Director of Nursing</p>		