

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

PRINTED: 05/26/2022
FORM APPROVED
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 C 04/28/2022
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
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 686 SS=D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview the facility failed to provide twice daily treatments to a pressure ulcer as ordered by the physician. This was evident for 1 of 2 residents</p>	F 686	<p>1)Address how corrective action will be accomplished for those residents found to be affected by the deficient practice.</p>	5/19/22

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

TITLE

(X6) DATE

Electronically Signed

05/18/2022

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.

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 04/28/2022
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 686	<p>Continued From page 1 reviewed for pressure ulcers (Resident #51).</p> <p>Findings Included:</p> <p>Resident #51 was admitted to the facility on 9/17/21 and diagnoses included stage 3 pressure ulcer.</p> <p>A quarterly minimum data set (MDS) dated 3/17/22 for Resident #51 identified she had a stage 3 pressure ulcer.</p> <p>Review of a wound assessment dated 4/25/22 for Resident #51 identified a stage 3 pressure ulcer to coccyx.</p> <p>Review of the physician ' s orders revealed an order dated 3/7/22 to cleanse open area to coccyx with normal saline and pat dry. Apply silver alginate and super absorbent pad. Change twice daily. The treatment order was changed on 4/11/22 to clean open area to coccyx with Dakin ' s 0.125% solution and pat dry. Apply Mycolog cream to peri wound. Apply silver alginate and super absorbent pad. Change twice daily and as needed.</p> <p>Review of the April 2022 treatment administration record (TAR) for Resident #51 revealed the treatment was scheduled to be completed on the AM and PM shift. The wound treatment was not documented as completed on 4/2/22, 4/6/22 and 4/12/22 on the AM shift. The wound treatment was not documented as completed on 4/6/22, 4/7/22, 4/12/22, 4/15/22, 4/16/22, 4/18/22, 4/20/22, 4/22/22 and 4/25/22 on the PM shift.</p> <p>An observation on 4/27/22 at 10:50 am of Resident #51 ' s wound revealed there was</p>	F 686	<p>Resident #51 has been under the care of Vohra Wound Care and Dr. Rowe since 9/27/21. Resident #51 was seen on 4/25/22 and 5/2/22 by the wound care doctor and there were no changes to the treatment orders. The resident's treatment orders, and care plan were reviewed by the DON on 4/28/22.</p> <p>Hall nurses who work directly with resident #51 were re-educated by the DON on 4/28/22 on the importance of following doctor orders on prevention and treatment.</p> <p>2)Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>The wound care nurse and the admin nurse audited treatment orders for all residents with wounds on 5/15/22 to ensure there were no missing treatments. The audit discovered 3 additional missed treatments on 2 residents. The Physician was notified of missing treatments on 5/15/22 and no new orders were given.</p> <p>The findings from the audit were shared with the nurses by the DON at the nurse's meeting on 5/17/22 about the importance of following treatment orders.</p> <p>3)Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p>		

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 04/28/2022
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 686	<p>Continued From page 2</p> <p>moderate drainage with bright red blood present.</p> <p>An interview on 4/28/22 at 8:33 am with the wound physician revealed he had been treating Resident #51 ' s coccyx wound. He stated the treatment was ordered to be done twice daily because of the moisture associated with incontinence and the impact of moisture on the wound. He explained his preference was for the dressing to be changed twice daily because with less moisture the wound had a better change of healing. The wound physician indicated he expected his orders for twice daily dressing changes to be followed.</p> <p>An interview on 4/28/22 at 9:04 am with the Director of Nursing (DON) revealed the facility had a wound nurse who did some of the treatments, but she had recently been re-assigned to some additional nurse management duties. She stated the wound physician came weekly and the wound nurse would round with him. The DON added the hall nurses were responsible to complete the wound treatments.</p> <p>An interview on 4/28/22 at 10:00 am with Nurse #1 revealed Resident #51 had an order to treat her pressure ulcer twice daily and as needed. She stated on 4/6/22 she was the nurse for Resident #51, but she couldn ' t recall if she had completed the treatment to her pressure ulcer; adding sometimes the wound nurse would complete the treatment is she was rounding with the wound doctor. Nurse #1 indicated she had also worked with Resident #51 on 4/18/22 and 4/20/22 and she thought she had completed the AM treatment but was unsure about the PM treatment.</p>	F 686	<p>The DON educated nurses on the need to complete all treatments as ordered by the doctor on 5/17/22. Nurses who were not present at the meeting will be educated by the SDC prior to their next scheduled shift.</p> <p>The MDS nurses were educated by the DON on 5/16/22 to report any discrepancies in documentation to the DON.</p> <p>New hires will receive education by the DON or designee during orientation on skin care, treatments, and orders.</p> <p>Nurses were re- educated by 5/17/22 on how to conduct thorough skin checks for any new or worsening areas. Any such observations should be reported to the nurse supervisor, who will contact the facility medical provider for treatment orders.</p> <p>SDC assigned a Relias training on "Legal Aspects of Documentation" for all nurses to be completed by 5/19/22.</p> <p>4)Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>DON or designee will audit 3 residents who have documented PU's weekly x 4 weeks to ensure treatments are being completed as ordered; monthly times 2 months; quarterly x 3. The results of the audits will be reported at the quarterly</p>		

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

PRINTED: 05/26/2022
FORM APPROVED
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 C 04/28/2022
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 686	Continued From page 3 An interview on 4/28/22 at 10:15 am with Nurse #2 revealed she worked routinely with Resident #51. She stated on 4/7/22 and 4/12/22 she could not remember if she had completed the treatments. She explained she would routinely get the AM treatment done and if she didn ' t ' have time to get the PM treatment done she would notify the nurse that relieved her. Nurse #2 stated the resident had a lot of drainage from her wound at times and that was why there was an order to change the dressing twice daily. An interview on 4/28/22 at 11:35 am with the DON revealed she expected Resident ' #51 ' s pressure ulcer to be treated twice daily and as needed as ordered by the wound physician.	F 686	QAPI meetings to ensure solutions are sustained. 5)Dates when corrective action will be completed. All education and systemic changes will be completed and implemented by 5/19/22.		