STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355074	A. BUILDING _____ B. WING _____	C 08/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HOMES	305 8TH AVE NE MINOT, ND 58702

(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 000	INITIAL COMMENTS For the unannounced complaint investigation started on 08/04/14 and completed on 08/05/14, the sample included (8) eight residents for focused review and (2) two closed records for review. The sample included (1) one additional resident to verify specific concerns during the survey.	F 000		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review, policy review, and staff interview, the facility failed to provide the necessary care and services to promote regular bowel elimination for 1 of 1 sampled resident (Resident #5) who experienced constipation. Failure to follow the bowel protocol and/or implement dietary or other interventions to relieve constipation has the potential to cause discomfort due to the lack of regular bowel elimination. Findings include: Review of the facility policy titled "Bowel Protocol" occurred on 08/05/14. This protocol, revised February 2012, stated, "Nursing Home protocol is	F 309	F-309 All nursing staff have received written education on the Bowel Protocol. The Bowel Protocol was reviewed and updated – see attached. Education was provided on Monday August 11th, 2014. Dietary staff have received written education on the bowel protocol and dietary's interventions in this process. Written education was provided on September 4th, 2014. All residents have the potential to be affected. Resident #5 will be monitored daily for bowel movements and the bowel protocol followed if no bowel movements. Resident #5 has had care plan updated to reflect dietary interventions for constipation	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rhonda Walker	Administrator	9/08/14

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 309	Continued From page 1 that on the 2nd or 3rd day (P.M. [evening] shift) a bowel aide will be given to residents who have not had a bowel movement. This may be in the form of prune juice, fruit ball, or a physician's standing order for bowel aide. On the fourth day of no B.M. [bowel movement] a fleet enema or dulcolax suppository may be given depending on the physician's orders, unless this is normal for the resident. The nurse may do a digital exam prior to see if stool is present. . . ." Review of Resident #5's medical record occurred on August 04-05, 2014. Diagnoses included constipation. The care plan, dated 03/12/12, stated, "Problem: Elimination - incontinent of both bladder and bowel, self care deficit for toileting. Goal: Resident will have normal BM's q [every] 2-3 days." The care plan failed to include any dietary interventions to manage constipation. On 08/05/14 at 8:20 a.m., observation showed a certified nurse aide (#7) assisted Resident #5 to eat breakfast, which included a fruit ball (dietary intervention for constipation). Resident #5's current medications included the laxatives Senna-S one tablet twice daily, ordered 03/15/13; Dulcolax rectal suppository once daily as needed (prn), ordered 05/06/14; and Milk of Magnesia (MOM) 30 milliliters (ml) once daily prn, ordered 05/06/14. Both prn medications were available per physician standing order prior to 05/06/14. Resident #5's BM records for the past four months indicated lack of a BM for six days on one occasion (April 08-14), five days on two occasions (April 29-May 04 and May 26-31), and four days on eleven occasions. A dietician's	F 309	All residents will be monitored daily for bowel movements and the bowel protocol followed if no bowel movements. QA will be done biweekly by Unit Managers to ensure the protocol is being followed. This will be continued for 6 months, then quarterly. All audits will be reported to the monthly QA meeting. Nursing staff will send dietary slip to the dietary department if a resident has not had a bowel movement on day 3. Dietary will review the chart, add appropriate interventions, and update the care plan as necessary. QA will be done weekly for 4 weeks on 10 charts to ensure compliance is achieved. After the 4 week time period, 30 charts a month will be reviewed for compliance. Completion date is September 7th, 2014. Director of Dietary Services and the DON are responsible for this process.	

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F 309	Continued From page 2 progress note, dated 05/27/14 at 9:49 a.m., stated, ". . . BM's are regular/loose . . ." with no mention of constipation concerns. The facility failed to follow the bowel protocol on the following dates: * April 08-14, administered MOM on April 11 but no bowel aide on day four or five, contributing to Resident #5's lack of a BM for six days * April 15-19, no bowel aide administered, contributing to lack of a BM for four days * April 29-May 04, no bowel aide administered on day three or four, contributing to lack of a BM for five days * May 16-20, no bowel aide administered on day three, contributing to lack of a BM for four days * May 26-31, administered Dulcolax suppository on May 29 with no results documented, and no bowel aide on day four, contributing to lack of a BM for five days * June 16-20, no bowel aide administered on day three, contributing to lack of a BM for four days * July 12-16, no bowel aide administered on day three, contributing to lack of a BM for four days During an interview on 08/05/14 at 2:44 p.m., a nurse manager (#9) stated the evening shift staff are to review the record of BMs and administer prune juice to residents with no BM for two days, and administer MOM or other bowel medication ordered by the physician to residents without a BM for three days. During an interview on 08/05/14 at 3:10 p.m., a dietary staff member (#10) stated dietary staff review each resident's bowel record and diet quarterly. This staff member stated the charge nurse sends the dietary department a notice for residents with constipation and a dish of prunes is	F 309		

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F 309	Continued From page 3 started with breakfast. She thought Resident #5 received a fruit ball, consisting of prunes, raisins, apples, oranges, and prune or apple juice ground together, daily at breakfast. She added the dietary department "usually" would implement a care plan addressing constipation or firm stools. Failure to follow the bowel protocol, develop a care plan with interventions for constipation, and develop and/or evaluate dietary interventions related to constipation, contributed to Resident #5's delay in bowel evacuation on multiple occasions.	F 309		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE STANDARD SURVEY COMPLETED ON 02/27/14. Based on observation, record review, and facility policy review, the facility failed to utilize assistive devices appropriately for 1 of 4 sampled residents (Resident #5) observed during a pivot transfer. Failure to utilize a gait belt, or utilize a gait belt appropriately, has the potential to cause unnecessary discomfort, falls, and injury to the	F 323	F -323 All nursing staff has received written education on reviewing the care guide prior to a transfer, completing a transfer as per care guide and applying the gait belt appropriately. Education was provided on Monday August 11th, 2014. All residents have the potential to be affected. Four observations per unit/week will be completed on nursing staff performing transfers to verify that the care guide is being checked prior to a transfer, the transfer is completed as stated on the care guide, and the gait belt is applied appropriately.	

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F 323	Continued From page 4 resident. Findings include: Review of the facility policy titled "Gait Belts" occurred on 08/05/14. This policy, revised December 2013, stated, "Policy: Gait belts will be used on residents who require staff assistance with transfers or ambulation. . . . Purpose: To provide support during transfers and ambulation without unnecessary strain on resident's upper extremities. Procedure: . . . 4. Wrap the gait belt snugly around the resident's waist. The belt should neither bind the resident nor slip around the resident's waist. . . . 6. . . . May support the resident's arms, but do not use their arms to pull the resident up. . . ." Review of Resident #5's medical record occurred on August 04-05, 2014. Diagnoses included Alzheimer's disease, osteoarthrosis, and osteoporosis. The Care Guide, dated 08/05/14, stated, "Transfer: . . . Encourage resident to bear full wt. [weight] when standing, Transfers with a gaitbelt & assist of 2 . . . Ambulation: Non-ambulatory . . ." On 08/05/14 at 8:08 a.m., observation showed a certified nurse aide (CNA) (#7) placed a gait belt around Resident #5's waist. The CNA cued the resident to hug her, then assisted her to stand from the shower chair using the gait belt. The CNA held the gait belt with one hand while she wiped Resident #5's bottom, placed a brief, and adjusted the resident's clothes. The resident leaned unsteadily into the CNA during this task. The CNA (#7) assisted the resident to sit back down on the shower chair, turned the chair to face the resident's Broda chair (special	F 323	QA will be done on Resident #5 daily for 4 weeks or until compliance is achieved, then once a week for one month, for the appropriate transfer being completed. Each unit will complete observations as stated for 4 weeks or until compliance is achieved on random residents for appropriate transfers being completed. After the 4 week observation time, observations will decrease to 10 per month for each unit for 4 months, then quarterly. Nurse Managers will review each resident chart and identify that the appropriate transfer is correct. Care plans and care guides will be reviewed for accuracy. All audits will be reported to the monthly QA meeting. Completion date is September 7th, 2014. The DON is responsible for this process.	

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F 323	Continued From page 5 wheelchair), cued and assisted Resident #5 to stand by having the resident hug her as the CNA placed her arms around the resident's upper chest. Failing to use the gait belt, the CNA (#7) stood and assisted Resident #5 to pivot and sit in the wheelchair. The resident repeatedly said "haa, haa, haa." The CNA (#7) failed to appropriately use the gaitbelt or have a second staff member assist with the transfer. On 08/05/14 at 11:30 a.m., observation showed two CNAs (#7 and #8) brought Resident #5 to her room. One CNA (#7) applied a gait belt loosely to the resident's waist and when the other CNA (#8) offered to help stand Resident #5, the CNA (#7) stated, "I do it better by myself." The CNA (#7) cued the resident to hug her, and by holding around the resident's upper chest, after several attempts, brought the resident to an upright position. The resident repeatedly stated, "uh, uh, uh." The CNA (#7) pivoted Resident #5 a few steps, with her feet partially crossed before the CNA lowered the resident on to the bed. The CNA (#7) failed to use the gait belt or a second staff member to transfer Resident #5. The CNAs removed the gait belt and checked the resident's brief. After assisting the resident to sit up on the edge of the bed, one CNA (#8) applied the gait belt to Resident #5's waist. The other CNA (#7) stated, "Not too tight, she doesn't like it tight." Both CNAs held on to the gait belt and guided the resident to stand, pivot, and sit in the Broda chair without difficulty.	F 323		
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration	F 327		

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F 327	Continued From page 6 and health. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE STANDARD SURVEY COMPLETED ON 02/27/14. Based on observation, record review, facility policy review, and resident interview, the facility staff failed to offer fluids to 2 of 3 sampled residents (Resident #2 and #5) dependent on staff for fluid intake. Failure to offer fluids during cares increased the residents' risk of dehydration, constipation, and urinary tract infections. Findings include: Review of the facility policy titled "Fluids" occurred on 08/05/14. This policy, revised July 2011, stated, ". . . Procedure . . . 2. Additional fluids should be given between meals and with medications. . . ." - Review of Resident #2's medical record occurred on August 04-05, 2014. The quarterly Minimum Data Set (MDS), dated 06/17/14, identified short and long term memory problems and set-up assistance for eating. The current care plan stated, ". . . Potential for dehydration - related to Diuretic [sic] use . . . Encourage fluids. . . ." Observations of Resident #2's cares identified the following: * 08/04/14 at 4:10 p.m. - Two certified nursing assistants (CNAs) (#1 and #2) assisted the	F 327	F-327 All nursing staff has received written education on offering fluids to residents after performing cares. Education was provided on Monday August 11th, 2014. All residents have the potential to be affected. Resident #5 has a water pitcher, cup, and honey consistency thickener available in room. Resident #2 and #5 will have observations completed daily, that fluids are offered after performing cares. This will be done for 4 weeks or until compliance is achieved, then weekly for 4 months, then quarterly. Four observations per unit/week will be completed on nursing staff that fluids are offered to residents after performing cares. This will be done for 4 weeks or until compliance is achieved. After the 4 weeks, observations will decrease to 10 per month for each unit for 4 months, then quarterly. All audits will be reported to the monthly QA meeting. Completion date is September 7th, 2014. The DON is responsible for this process.	

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F 327	Continued From page 7	F 327		

resident onto the bedpan and then transferred her back to her wheelchair. The CNAs failed to offer Resident #2 fluids.
* 08/05/14 at 9:35 a.m. - Two CNAs (#3 and #4) assisted the resident onto the bedpan and then transferred her back to her wheelchair. The CNAs failed to offer Resident #2 fluids.

During an interview on 08/04/14 at 4:30 p.m., Resident #2 stated she required staff assistance to access fluids.

- Review of Resident #5's medical record occurred on August 04-05, 2014. Diagnoses included Alzheimer's disease and constipation. (See F309). The care plan, dated 05/27/14, stated, "Problem: Nutrition/Feeding - total feed, occasional cues & guidance. . . . Approach: . . . Thickened liquids - Honey consistency - - Replace every shift Three [sic] times daily . . ."

On 08/04/14 at 3:20 p.m., observation showed two CNAs (#5 and #6) changed Resident #5's wet brief, transferred her from the bed to her chair, and brought her to the lounge. The CNAs failed to offer fluids to the resident during cares, and observation showed Resident #5's room lacked a water pitcher, cup, and honey-thickened liquids.

On 08/05/14 at 8:08 a.m., observation showed a CNA (#7) provided morning cares for Resident #5, then brought her to the dining room for breakfast. Observation showed Resident #5's room lacked a water pitcher, cup, and honey-thickened liquids.

On 08/05/14 at 11:30 a.m., observation showed two CNAs (#7 and #8) brought Resident #5 to her room to check her brief, which was dry. One CNA

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F 327	Continued From page 8 (#7) stated she is often dry until after lunch. When asked if Resident #5 received a morning snack, the CNA (#7) stated "no, and she usually doesn't" have a morning snack. The CNAs failed to offer fluids to the resident during cares, and observation showed Resident #5's room lacked a water pitcher, cup, and honey-thickened liquids. Failure to ensure fluids are available and replaced in Resident #5's room three times daily (per the care plan) and offered to the resident during all cares may contribute to Resident #5's constipation and possibly lead to reduced urinary output and urinary tract infection.	F 327		