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 08/16/2012

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 complaint survey started on August 15, 2012 and completed on August 16, 2012 the sample included 8 residents for focused review, and 2 closed records for review.	F 000		
F 314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 03/15/12. Based on observation, medical record review, information received from the complainant, staff interview, and resident interview, the facility failed to provide necessary treatment and services to aid in the prevention and promote the healing of pressure ulcers for 2 of 4 sampled residents (Resident #2 and #4) identified with a pressure ulcer. Failure to consistently implement interventions to prevent and promote healing of pressure ulcers resulted in delayed healing and pain for Resident #2 and the deterioration of Resident #4's pressure ulcer. Findings include:	F 314		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rhonda Lamberg	Administrator	9/21/12

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355074	A. BUILDING _____ B. WING _____	C 08/16/2012

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 314	Continued From page 1 Information received from the complainant identified concerns that staff failed to implement interventions which resulted in the deterioration of pressure ulcers. - Review of Resident #2's medical record occurred on August 15-16, 2012. The current Minimum Data Set (MDS), dated 07/04/12, identified moderate cognitive impairment, facial expressions of pain, pain or possible pain observed daily, extensive assistance from two or more people for bed mobility, no functional limitation in range of motion, and one unstageable pressure ulcer. A "Progress Note," dated 01/10/12, stated, ". . . Wound care note: assessed 1 x 2 cms [centimeters] nonblanchable reddened area to left heel. Area is slightly spongy. Rest of heel is red, but blanchable. . . ." Resident #2's current "Care Guide" (part of the care plan) stated, ". . . Skin . . . Resident has a large pressure ulcer to left heel. Turn and reposition resident every 2 hours . . . heel lifts on both feet at all times & duro safe [sic] [i.e. DermaSaver, a flexible "sleeve" with padding that fits over the heel/ankle area to reduce pressure and cushion the skin] protector to left heel & Rt [right] elbow, float heels/both feet off of bed. . . ." A message sent to the physician, dated 03/13/12, stated, ". . . Resident having a lot [sic] of pain to L. [left] heel due to wound. . . . Resident gets prn [as needed] meds [medications] around the clock [and] at times not getting adequate pain relief. Moaning/crying @ night. . . ." The physician	F 314	1. Staff involved has been educated on following through with the care plan and care guide for residents receiving care for pressure ulcers and pressure ulcer prevention. 2. All residents have the potential to be affected. 3. Dressings used for pressure ulcers are to be observed by nurses every shift to ensure they are intact. Orders for monitoring every shift have been placed in the chart of all residents receiving dressing changes for pressure ulcers 4. Completion date 8/30/2012. 5. A Pressure Ulcer Prevention Protocol has been developed by the Medical Director and the Wound Care Nurse. For all resident's receiving preventative treatment, this will be posted on resident's closet. Residents who have a Braden Score of 12 or less will be placed on the pressure ulcer protocol. This prevention protocol will also be added to the affected residents care plan and care guide.	

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 08/16/2012

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 314	Continued From page 2 responded with an order to increase Resident #2's Fentanyl [a narcotic pain reliever] patch from 12 micrograms (mcg) to 25 mcg. Current medications included a Fentanyl patch 50 micrograms changed every 72 hours (increased on 04/11/12), Gabapentin (an anticonvulsant used to treat nerve pain) 300 milligrams (mg) twice a day (increased 07/07/12), Norco 5/325 mg (a narcotic pain reliever) every four hours prn, and Tramadol (a non-narcotic pain reliever) 50 mg every six hours prn. Resident #2's medication administration record (MAR) showed the following use of prn pain medications: *June 2012: Norco given 45 times and Tramadol given nine times for complaints of heel/foot pain. *July 2012: Norco given 32 times and Tramadol given four times for complaints of left heel/foot pain. *August 1-15, 2012: Norco given 16 times for complaints of heel/foot pain. Resident #2's progress notes stated the following: *06/14/12: ". . . Pharmacy review--Resident continues fentanyl 50mcg/hr patch, prn hydrocodone/acet [acetaminophen] [Norco] and prn tramadol. Staff reports resident c/o pain mostly to [left] heel. . . ." *07/02/12: ". . . Location of pain: foot left . . . states it hurts alot [sic] . . . foot repositioned . . . Medications - Norco . . ." *07/06/12: ". . . Location of pain: left foot . . . states pain never goes away . . . foot repositioned . . . Medications - Norco . . ." *07/10/12: ". . . Location of pain: left heel . . . facial grimace, moaning . . . float heels,	F 314	6. QA monitoring will be completed weekly by the wound care nurse. This QA will monitor that residents receiving care for pressure ulcers have dressings in place and those residents on the Pressure Ulcer Prevention Protocol have the protocol in place and on the care plan and care guide. To begin 9/21/2012 7. DON will be responsible for monitoring the results of this QA.	

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 08/16/2012

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 314	Continued From page 3 repositioning . . . Medications - Norco . . ." *07/16/12: ". . . Location of pain: left heel . . . crying, moaning . . . repositioned left foot . . . Medications - Norco . . ." *07/24/12: ". . . Locations of pain: left foot . . . moaning/complaning [sic] off load foot . . . Medications - Norco . . ." *07/30/12: ". . . Location of pain: left heel . . . grimacing in bed . . . repositioned heel . . . Medications - Norco . . ." *08/01/12: ". . . Location of pain: left heel . . . verbal c/o pain and facial grimace . . . repositioned left heel . . . Medications - Norco . . ." *08/03/12: ". . . Wound care note: Assessed pressure ulcer to left heel. Ulcer measures 5.3 x 4.2 cms with a wound bed that is 50% red, 30% yellow, and 20% black. This is a decline from last week . . ." *08/06/12: ". . . Location of pain: left heel . . . verbal c/o pain . . . repositioned foot . . . Medications - Norco . . ." *08/09/12: ". . . Location of pain: left heel . . . asks for pain med . . . groans . . . repositioned foot . . . Medications - Norco . . ." *08/13/12: ". . . Location of pain: left hel [sic] ulcer . . . grimace and verbal c/o pain . . . elevated left foot . . . Medications - Norco . . ." *08/15/12: ". . . Location of pain: left heel . . . grimace on face and c/o pain . . . repositioned left foot . . . Medications - Norco . . ." Although Resident #2 continued to complain of left heel/foot pain after 07/07/12 (when the Gabapentin was increased), record review showed no further adjustments made in the resident's pain medication since that date. Weekly pressure ulcer monitoring records	F 314	**1. Staff have been educated on the process for assessing pain for residents receiving treatment for pressure ulcers. Nurse involved in administrating medication to Resident #2 on July 1st, Aug 1st, Aug 6th, Aug 13th, Aug 15th was educated on the correct way to document results of pain relief interventions and medication.** **2. All residents have the potential to be affected.** **3. Any resident receiving treatment for a pressure ulcer, as identified through the Pressure Ulcer Report, will have ongoing pain monitoring with a follow up and progress note completed every 4th day. This is to continue until the pressure ulcer is healed.** **4. Completion date for this is September 21st, 2012.** **5. Nurse Managers will complete a QA identifying that this has been done and the resident is receiving adequate pain control.** **6. The DON is responsible for monitoring the results of this QA.**	

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 08/16/2012

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 314	Continued From page 4 showed the following: *01/10/12: Stage 1, 1 x 2 cm *01/13/12: Stage 1, 0.2 x 0.3 cm *01/20/12: Stage 1, 0.8 x 0.3 cm *01/27/12: Stage 1, 0.8 x 0.3 cm *02/03/12: Stage 2, 1 x 4 x 0.1 cm *02/17/12: Unstageable, 5 x 6 cm *02/24/12: Unstageable, 5 x 6 cm *03/02/12: Unstageable, 4.5 x 6.5 cm *03/09/12: Unstageable, 5 x 6 cm *03/16/12: Unstageable, 4.5 x 6 cm *03/23/12: Unstageable, 4.8 x 5.7 cm *03/30/12: Unstageable, 5 x 5.8 x < 0.4 cm *04/06/12: Unstageable, 6 x 5.5 cm *04/13/12: Unstageable, 4 x 5.6 cm *04/20/12: Unstageable, 4.8 x 5.5 cm *04/27/12: Unstageable, 5 x 5.3 cm *05/04/12: Unstageable, 4 x 4.8 cm *05/14/12: Unstageable, 4.8 x 5.2 cm *05/18/12: Unstageable, 4 x 5 cm *05/25/12: Unstageable, 4.3 x 4.8 cm *06/01/12: Unstageable, 4.5 cm x 5.5 cm *06/08/12: Unstageable, 4.5 x 4.2 cm *06/22/12: Unstageable, 5 x 5 cm *07/06/12: Unstageable, 4.8 cm x 5.2 cm *07/14/12: Unstageable, 5 x 5 cm *07/20/12: Unstageable, 4 x 4.5 cm *07/27/12: Unstageable, 4.3 x 4.5 x 0.3 cm *08/03/12: Unstageable, 5.3 x 4.2 cm *08/10/12: Unstageable, 5.5 x 4.5 cm *The medical record lacked measurements for the weeks of 02/10/12, 06/15/12, and 06/29/12. A Physician's Order, dated 07/27/12, stated, "No weight or pressure on heel." A Physician's Order, dated 08/08/12, stated, ". . . Wet to Dry Dressing Change Two times daily . .	F 314	**1. Staff involved have been educated on the process to initiate when a resident is refusing to follow treatment for pressure ulcers.** **2. All residents have the potential to be affected.** **3. Any refusal of pressure ulcer treatment or prevention by a resident (such as derma-savers, heel lifts) is to be documented in the chart and the wound care nurse to be notified. The wound care nurse will then look into alternative treatments** **4. Wound care nurse to schedule q 2 hour turning/repositioning under ADL's for C.N.A's to complete and chart q shift. C.N.A's to run a "To Do" list at the end of each shift and bring to the nurse to demonstrate that cares have been completed. "To-Do" lists will be collected by the NM and stored in their offices.** **5. The Wound Care Nurse will complete weekly QA studies on resident compliance with pressure ulcer treatment. To begin on 9/21, 2012.** **6. The DON is responsible for monitoring the results of the QA.**	

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 08/16/2012

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 314	Continued From page 5 .apply santyl ointment [used to help debride wounds] to wound on left heel and diluted betadine may do dressing once or twice a day . . ." A "Physician's Consultation Sheet," dated 08/08/12, stated, ". . . [left] heel wound debrided today . . . calcaneous exposed . . . no obvious infection . . . Back to Santyl ointment qd [daily] or BID [twice a day] . . ." Observations throughout the afternoon of 08/15/12 and the morning of 08/16/12 showed Resident #2 seated in her wheelchair with a gauze bandage to her left heel/foot and a pillow propped under her heels/feet. Observation showed no DermaSaver or heel lift boot in place on either foot, and her heels/feet resting directly on the pillow. Observation on 08/16/12 from 1:04 p.m. until approximately 3:00 p.m. showed Resident #2 lying in bed with a pillow under her left leg; however, her left heel/foot still rested directly on the mattress. Observation showed no pillow under her right leg; as a result, her right heel/foot also rested directly on the mattress. Observation showed no DermaSaver or heel lift boots in place. The resident identified she was having pain in her left heel and stated, "Ya, it hurts!" Resident #2's "ADL [activities of daily living] Administration Record" identified the following task: "Heel Lifts Three times daily Continuous Date Ordered: Feb [February] 03, 2012." The "ADL Administration Record" contained three spaces each day for staff to sign to indicate if they were in place. Staff signed off the heel lifts	F 314	**1. Staff have been educated on the updated care plan/guide process and care planning meeting.** **2. All residents have the potential to be affected.** **3. All care plans are to be initiated within 7 days of admission by the nurses on the individual units.** **Nurse managers are to review all new residents for initiation of care plans.** **During the care plan session, each individual section is to be reviewed by all members of the team and additions/revisions completed at that time. Each team member is expected to come with copies of each care plan/guide or a computer to perform this.** **The charge nurse (or designee) and C.N.A, are to attend each care plan session. The unit manager is to have involvement with the care plan meeting.**	

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 08/16/2012

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 314	Continued From page 6 on the afternoon of 08/15/12 and the morning of 08/16/12, although observation showed Resident #2 did not have them in place. Inaccurately documentating Resident #2's use of heel lift boots may have delayed implementation of alternative pressure-reducing interventions. During an interview on the afternoon of 08/16/12, a nurse (#1) stated she initiated the DermaSaver sleeve on 02/03/12 for Resident #2 to wear on her left heel, and the heel lift boots for Resident #2 to wear "as she [Resident #2] tolerates." The nurse stated it is hard to position Resident #2 as she has contractures. The nurse also updated Resident #2's "ADL Administration Record on 08/16/12 to show "Heel Protectors Three times daily Continuous [meaning the DermaSaver]." The nurse removed the heel lift boots from Resident #2's plan of care and stated the resident refuses to wear them at times, so they would use pillows in bed instead. The medical record lacked evidence of Resident #2's refusal to wear heel lift boots. Failure to float Resident #2's heels, consistently implement the DermaSaver sleeve, re-evaluate the treatment plan when Resident #2 refused to wear heel lift boots, and effectively manage pain resulted in delayed healing of Resident #2's pressure ulcer and unresolved pain issues. - Review of Resident #4's medical record occurred on August 15-16, 2012. Diagnoses included Parkinson's disease and dementia. The current MDS, dated 07/20/12, identified short-term memory problems, moderately impaired daily decision-making skills, and extensive assistance from two or more people for	F 314	**4. Nurse Managers to do QA study on C.N.A's on their floors to assess their understanding of the care guide and that it is being followed and charted appropriately.** **5. Nurse Managers also to complete QA on residents receiving care for pressure ulcers, that will monitor that the care is being completed according to the care plan and care guide.** **6. The Care Plan Coordinator is to complete a QA study that all care plans and care guides match upon leaving the Care Plan session.** **7. All care plans and care guides on residents with pressure ulcers and the "at risk "residents are to be reviewed weekly to ensure they match, by the Nurse Managers, DON, and ADON. A QA study will be completed by the DON and ADON for accuracy.** **8. The date for completion of this process is September 21st, 2012** **9. The DON will be responsible for monitoring the results of this process.**	

'ARTMENT OF HEALTH AND HUMAN SERVICES
NTERS FOR MEDICARE & MEDICAID SERVICES

MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355074	A. BUILDING _____ B. WING _____	C 08/16/2012

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

ID FIX G	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
314	Continued From page 7 bed mobility. Resident #4's "Progress Notes" showed the following: *08/07/12: ". . . Right heel noted to have a nickle-sized [sic] red area and left heel noted to have a quarter-sized blister. Heels floated and message left for wound nurse. Wife was here when areas were found and is aware. . . ." *08/08/12: ". . . Wound care note: Assessed heels for redness and blisters. Right heel: noted slightly pink and blanchable area to heel- skin remains intact. Left heel: Noted flat blister with reddened margins measuring 2.2 x 2.4 cms [centimeters]. . . . Recommend . . . to not wear shoes when possible. . . ." Resident #4's Treatment Administration Record (TAR) identified an order for Elastogel dressing [a flexible, absorbent dressing] to the resident's left heel changed twice per week. The TAR identified staff changed his left heel dressing on 08/14/12. Resident #4's current "Care Guide" stated, ". . . Skin . . . No shoes until left heel blister resolved, Heels kept off bed through use of pillows. . . ." Observations throughout the afternoon of 08/15/12 and on 08/16/12 at 8:18 a.m. showed Resident #4 in his wheelchair with shoes on his feet. Observation on 08/16/12 at 9:32 a.m. showed a nurse (#1) entered Resident #4's room to assess his heel and change the dressing. After the nurse removed his shoes and socks, observation showed Resident #4's left heel without a dressing in place. The nurse stated, "he's supposed to	F 314	The following interventions have taken place for Resident #2, since August 16th,2012. 8/16/2012, convoluted heel lift boot was being used on resident at all times. Care Plan and Care Guide updated. 8/17/2012 " Assess Dressing q shift" was added to the Care Plan. 8/29/2012 Deep tissue injuries found to lower calf from the convoluted heel lift boot. Dr Roach notified, heel lift boot discontinued and ROOKE boot was ordered. Boot applied on 8/29/2012 by orthotic fitter. Care Plan and Care Guide updated. 9/07/2012, Dr Williams notified of changes in deep tissue injuries and left heel ulcer and discussed treatment options. Care Plan updated. 9/10/2012, A 3 day pain assessment was started with an update sent to Dr Roach on 9/13/2012 . No orders received. 9/14/2012 Left heel wound now odorous, Dr Williams notified. New orders received.	

9-26-12
Per TC to Don additional requested 11/10

PARTMENT OF HEALTH AND HUMAN SERVICES
NTERS FOR MEDICARE & MEDICAID SERVICES

EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355074	A. BUILDING _____ B. WING _____	C 08/16/2012

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

ID EFIX AG	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
314	Continued From page 8 have a dressing on." The nurse assessed the left heel ulcer, which measured 3.2 centimeters (cm) by 2.4 cm, and stated, "I will say, it's gotten worse." The nurse covered the heel with a dressing and asked Resident #4, "Does that hurt?" The resident replied, "Yeah, a little bit." The nurse identified Resident #4 should not be wearing shoes, and applied DermaSavers to both feet. Failure to ensure Resident #4's left heel ulcer dressing remained in place and implement pressure-relieving interventions (the use of DermaSavers and removal of his shoes) resulted in the deterioration of Resident #4's facility-acquired pressure ulcer.	F 314	9/19/2012, Resident went to Dr Williams' office for visit. Dr Williams' office stated they would call with new type of boot for resident to use. Pain monitoring q shift with follow up every 4th day added to Care Plan. 9/20/2012 Dr Roach called by unit manager and discussed current pain management and declining wound condition. New orders received. Dr Williams' office called with orders for a Prevalon boot. New Prevalon boot fitted on resident by wound care nurse. Care Plan and Care Guide updated. 9/24/2012 Pressure Ulcer Prevention Protocol added to Care Plan and Care Guide. Resident #4 was discharged home on 8/24/2012.	