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 _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HOMES	305 8TH AVE NE MINOT, ND 58703

(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 The Standard Medicare/Medicaid recertification survey started on 08/05/24 and concluded 08/08/24.	F 000		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed	F 657	Resident number 68 passed away on 8/21/2024. Residents number 29, 33, 66,	9/12/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/05/2024

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F 657	Continued From page 1 to review and revise the comprehensive care plan to reflect the current status for 6 of 25 sampled residents (Residents #29, #33, #66, #68, #88, and #317). Failure to review and revise the care plan limited staff's ability to communicate needs and ensure continuity of care. Findings include: Review of facility policy titled "Care Planning" occurred on 08/08/24. This policy, revised February 2023, stated, ". . . a written plan of care be developed and maintained for each resident in coordination with all services . . . involved in the care of the resident. . . Each nursing unit. . . is responsible for the reviewing and updating of the resident care plans. . . OBJECTIVES: A. To develop a concise. . . plan of care for each resident. . . E. To assure optimum levels of care for each resident are being provided. . . PROGRESS RECORD-documentation in appropriate area. . . as condition warrants. A. Each department has the responsibility that. . . the individual's plan is implemented and maintained. . . C. The progress and outcome. . . is recorded on the careplan. . . If an approach or plan proves unsatisfactory, it is deleted and the problem and new approach are typed in . . . CARE PLAN REVIEW-Monthly on all nurse units. . . a. On each shift the CNA's and Nurse review care plans. . . so that each resident's care plan is reviewed monthly adding or deleting problems, goals, and approaches. . . ." - Review of Resident #29's medical record occurred on all days of survey. Diagnoses included lymphedema (swelling caused by fluid),	F 657	88 and 317 have had their care plans updated to reflect their current orders and care required. All residents in the facility have the potential to be affected if their care plans and current orders do not match All nurses, physical therapists, occupational therapists and speech therapists will be educated on the completion of care plans to reflect current orders, change of condition and starting/discontinuation of treatments. This will be done for the nursing department during the scheduled meetings and read/sign education. The Director of Therapy services will provide education to therapy staff. The completion date for all education will be 9/6/2024. The nurse managers will be responsible for checking care plans for all residents for accuracy with a completion date of 9/6/2024. Audits will begin on 9/9/2024 with random checks on all units of 5 per week per unit. Additionally the therapy department will audit 5 care plans of residents they are seeing per week. Once compliance has been achieved for 4 weeks, audits will be done with 5 per month per unit (therapy services to also complete 5 per month) and continue for 3 months until compliance is achieved. Following this audits will be completed quarterly with 5 per unit and 5 for therapy services until compliance is achieved. All audits will	

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F 657	Continued From page 2 osteomyelitis (inflammation and swelling in the bone). A physician's order, dated 06/19/24, stated, "PT [physical therapy] eval [evaluation] and tx [treatment] Lymphedema lower extremities. A physical therapy evaluation, completed on 07/02/24 stated, "PT evaluation completed today and [Resident] is willing to try the Ready wraps [compression wrap to control swelling] vs [versus] the ace wraps. The foot portion of the ace wrap is rolling up and causing discomfort and then her foot is swelling." Resident #29's care plan lacked a problem, goals, and interventions to control lymphedema. During an interview on 08/07/24, an administrative staff member (#17) stated the facility typically does not address edema, because "orders change so often." - Review of Resident #33's medical record occurred on all days of survey. Diagnoses included dysphagia (difficulty swallowing) following cerebrovascular disease (stroke), gastrostomy (tube feeding). The current care plan stated, [Resident] is at nutritional risk r/t [related to] need for enteral [tube feeding] nutrition due to severe oropharyngeal [middle of the throat] dysphagia and is unable to meet nutritional needs through oral intake. . . . NPO [nothing by mouth] diet. Pleasure feedings of Pureed & Nectar thick liquids by spoon 2 times daily. Afternoon snack of ice cream and nectar thick liquids daily. . . . A nutrition note, dated 06/11/24, stated,	F 657	include residents number 29, 33, 66, 88 and 317. All audits will be presented to the QA committee during scheduled meetings. The DON/ADON and Director of Therapy Services are responsible for this process.	

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F 657	Continued From page 3 "Encourage compliance to NPO recommendations due to resident's high risk of aspiration [ingestion of food/liquids into the lungs]." During an interview on 08/08/24 at 9:55 a.m., a staff nurse (#19) stated facility staff supervise Resident #33 at the nurse's station during afternoon snack due to a history of aspiration and failed swallowing exam. Resident #33's care plan lacked the intervention for supervision of oral feedings to avoid aspiration. - Review of Resident #66's medical record occurred on all days of survey. A nurse's note, dated 04/25/24 at 6:41 p.m., stated, "Skin assessment done: Wounds noted on abdomen . . . sutures on right anterior knee . . ." Review of Resident #66's "Wound Observation Forms", dated 08/03/24, identified the following: * Surgical incision to abdomen measuring 13 cm (centimeters) x (by) 7 cm. * Surgical incision to right knee measuring 2 cm x 5 cm. The current care plan failed to address the surgical incisions. - Review of Resident #68's medical record occurred on all days of survey. A podiatry consult note, dated 07/16/24, stated, ". . . There is an ulceration on the posterior left heel, which is a stage III decubitus ulceration of the left heel measuring 1.3 cm in diameter, 2 mm [millimeter] in depth . . ." Review of Resident #68's "Wound	F 657		

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F 657	Continued From page 4	F 657		

Observation Forms", dated 08/04/24, identified a left heel ulcer measured at 1 cm x 1 cm.

The current care plan failed to address Resident #68's left heel pressure ulcer.

- Observations of Resident #88 on 08/05/24 at 3:28 p.m. and 08/06/24 at 9:31 a.m. showed Resident #88 ambulated with a four wheeled walker and an Unna boot (zinc impregnated compression wrap) to right lower extremity and a Coflex (a flexible bandage) wrap to the left lower extremity.

Review of Resident #88's medical record occurred on all days of survey. The current care plan stated, ". . . [Resident] has chronic edema in. . . lower extremities. . . calf ready wrap compression garments on LE's [lower extremities]. . . [Resident] is at risk [for] alterations in her skin R/T fragile skin and venous statis [sic] dermatitis to bilateral lower extremities. . . ."

A physician's order, dated 07/31/24, stated, "Start Unna Boot to Rt leg, Coflex wrap (two layers) to L [left] leg Once A Day on Sun, Wed, Fri [Sundays, Wednesdays, and Fridays]. . ."

The current care plan failed to address the Unna boot to the right extremity and the Coflex wrap to the left extremity.

- Review of Resident #317's medical record occurred on all days of survey. Diagnoses included heart failure, and chronic kidney disease. Physician's orders included Furosemide (a medication to treat fluid retention).

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F 657	Continued From page 5 A hospital discharge note, dated 07/29/24, identified discharge diagnoses of acute kidney injury) and chronic kidney disease secondary to dehydration. . . ." Resident #317's current care plan lacked interventions for use of a diuretic and interventions to prevent dehydration.	F 657		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of professional reference, and staff interview, the facility failed to provide care in accordance with professional standards for 2 of 2 sampled residents (Resident #29 and #41). Failure to obtain physician's orders and notify the physician of refusal of treatments may result in adverse health effects. Findings include: Kozier & Erb's "Fundamentals of Nursing, Concepts, Process and Practice," 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 63, stated, "Nurses are expected to analyze procedures . . . ordered by the physician or primary care provider. . . . If the order is neither ambiguous nor apparently erroneous, the nurse is responsible for carrying it out."	F 658	Resident number 41 and resident number 29 have had their care plans, orders reviewed and changed on the care plan to ensure accuracy of treatment. All residents that have protective wraps ordered or staff are wanting to apply a protective wrap have the potential to be affected. Education will be completed to nursing staff during a scheduled meeting on 8/30/24 and during change of shift reports on ensuring that protective dressings have a provider order, are updated on the care plan, and that providers are notified of any refusal of dressings immediately. All refusals of care must be documented in the chart. Nursing staff will also be	9/12/24

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F 658	Continued From page 6 Findings include: Observation on 08/06/24 at 10:00 a.m., showed a nurse (#18) applied Ready wraps (compression wrap to control swelling) to Resident #29's legs. The resident refused to wear the sock liners under the ready wraps. A physical therapy (PT) note, dated, 7/15/2024 stated, ". . . [Resident] is agreeable to try the thin sock liners under the Ready wraps. Therapist explained that her skin is too fragile to wear the Ready wraps without the liners and it could cause skin tears. . . ." Review of Resident #29's medical record showed the record lacked a physician's order for Ready wraps and notification to the provider of the resident's refusal to wear the protective liners. During an interview on 08/07/24 at 11:45 a.m., a PT staff member (#26) stated they expected Resident #29 to wear the liners under the ready wraps to protect the resident's skin and to be notified by nursing staff if the resident refuses. During an interview on 08/07/24 at 2:10 p.m., an administrative staff member (#10) confirmed she expected a recommendation from PT be sent to the physician for an order and the physician or therapy be notified if the resident refuses treatment, or part of the treatment. - Review of Resident #41's medical record occurred on all days of survey. Physician's orders included, "Monitor lower (R) [right] leg hematoma - Measure Q [every] shift until resolved."	F 658	informed that they cannot apply a dressing without a provider order. Education will be completed by 9/6/2024. Audits on resident careplans will begin on 9/9/2024 and will include residents number 41 and 29. Audits will be completed on 10 residents per unit for 4 weeks until compliance is achieved. Audits will then be 10 per month per unit until compliance is achieved, then 10 per unit per quarter until compliance is completed. The nurse managers will be responsible for completion of the audits. The audits will be presented to the QA committee during the scheduled meetings. The DON/ADON are responsible for the process.	

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F 658	Continued From page 7 Observation on the afternoon of 08/06/24 showed Resident #41 in a wheelchair with a dressing to her right lower leg. Observation of a dressing change occurred on 08/07/24 at 11:10 a.m. A nurse (#23) removed a dressing from Resident #41's right lower leg and applied a non-adhesive dressing and a protective wrap to the lower leg. During an interview on 08/07/24 at 3:04 p.m., an administrative nurse (#2) stated the facility failed to get an order for Resident #41's dressing change to the right leg.	F 658		
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (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 (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. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide appropriate treatment and services to prevent the development of a pressure ulcer for 1	F 686	Resident number 68 passed away on 8/21/24. All residents with pressure ulcers or those	9/12/24

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F 686	Continued From page 8 of 5 sampled residents (Resident #68) with pressure ulcers. Failure to implement interventions as ordered, and ensure adequate monitoring/assessment resulted in an avoidable facility acquired pressure ulcer. Findings include: Review of the facility policy titled "Skin Management -Trinity Homes" occurred on 08/08/24. This policy revised, December 2022, stated, ". . . Nursing will follow the skin care procedures outlined below to . . . 2. Maintain the integrity of the resident's skin through monitoring and timely interventional skin care management . . . 8. Braden Scale will be repeated upon resident changes in condition . . . The resident's care plan will be updated by the nurse to include goals for prevention and management of pressure injuries with appropriate interventions. The care plan will be reviewed . . . at change of condition . . . Appropriate pressure reduction/relief devices: 1. Turn and positioning system 2. Heel protectors, therapeutic boots, or items ordered by provider . . . Floor nurse will observe wound daily . . . If dressing is soiled or not intact at any point . . . the dressing will be replaced . . ." Review of Resident #68's medical record occurred on all days of survey. Diagnoses included end stage renal disease, diabetes mellitus, peripheral vascular disease, a Stage 2 pressure ulcer on the left heel. An admission Minimum Data Set (MDS), dated 05/21/24, identified moderate to maximum assistance with activities of daily living, dependent for transfers, a Stage 1 pressure ulcer. The current care plan stated, ". . . is at risk for skin break down and for	F 686	residents identified through the Braden scale as being at risk, have the potential to be affected. If heels are not positioned correctly or heel protection devices are not worn, a resident is at risk of developing a pressure ulcer or worsening a current pressure ulcer. The care plan must reflect if a pressure ulcer is present and the care that is ordered. All nurses and CNAs will be educated on the proper positioning of heels and to verify that heel protection devices are in place as per care plan. Any resident refusals must be documented in the E.H.R. and care plans updated to reflect that refusals have occurred. The provider will be notified of refusals. Weekly documentation for pressure ulcers will include measurements and a description of the wound. The provider will be notified immediately of any change of condition and orders requested. All care plans of residents at risk of developing a pressure ulcer or those with a pressure ulcer will be checked to ensure the orders and care plan are updated and current. Education will be completed by 9/6/2024 and will be done through scheduled meetings and read and sign education. QA audits will be done weekly on all units for correct positioning of heels, the wearing of heel protection devices, completion of pressure ulcer documentation with wound size and	

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F 686	Continued From page 9 developing a pressure ulcer due to impaired mobility, diabetes, ESRD [end stage renal disease], CHF [congestive heart failure] . . . will have intact skin, free of redness, blisters, or discoloration . . . Pressure Ulcer Care/Prevention: Pressure relieving mattress & [and] pressure relieving wheelchair cushion. . . . Notify nurse of new or changes in skin breakdown, redness, blisters, bruises, discoloration. Turn and reposition every 2 to 4 hours and prn [as needed]. Float heels off mattress. . . . refuses to wear prevalon boots [pressure reducing boots] . . ." The care plan failed to include the left heel pressure ulcer. Review of nurse's notes identified the following: * 04/23/24 at 11:20 p.m., ". . . Dressing changed on her toes on both feet, noticed a foul smell with greenish discharge on the old dressing, complained too that her left heel is sore, on assessment they are red, intact, blanchable, applied calmoseptine [skin protectant]. Updated [provider name] by fax about the wound and the left heel." * 05/30/24 at 9:58 a.m., "Resident stated to PT [physical therapist], the CNA [certified nurse aide] says 'my left heel is black'. PT removed ace wrap and found that resident has what appears to be a deep tissue injury on the left heel. PT encouraged resident to wear prevalon boots day and night. Resident . . . she is not doing any standing or walking, and prevalon boots would be better. PT informed nurse of this . . . PT also suggested perhaps a mepilex [protective dressing] over the left heel." * 07/18/24 at 2:47 p.m., ". . . she is to be NWB	F 686	description. Ten audits per unit will be completed weekly for 4 weeks on the observation and documentation or until compliance is achieved. Then 10 audits per month, per unit will be completed for 3 months or until compliance is achieved. Audits will then continue at 10 per unit quarterly or until compliance is obtained. QA audits will be done weekly on all residents with pressure ulcers to ensure the care plan reflects the pressure ulcer being treated. Each nursing unit will check that all residents on that unit with pressure ulcers will have their care plan verified for accuracy. This will be completed weekly for 4 weeks or until compliance is achieved. Audits will then continue monthly for 3 months on each unit or until compliance is achieved, then quarterly until compliance is obtained. The DON/ ADON/Nurse managers and supervisors will be responsible for completion of QA audits. All Audits will begin on 9/9/2024. Audits will be reported to the QA Committee during scheduled meetings. The DON/ADON is responsible for this process.	

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F 686	Continued From page 10 [non-weight bearing] on her L [left] foot for fear of wound and bone damage. [Resident] will be a hoyer [full-body mechanical] lift for transfers until her next follow up." Review of podiatry progress notes/consultation form identified the following: * 06/14/24 ". . . This patient is high risk for other potential complications and infections. She needs to continue with offloading to protect her heels from decubitus (injury to skin and underlying tissue resulting from prolonged pressure on the skin) ulcerations. . . ." * 07/16/24 ". . . She has decubitus ulceration on the left heel . . . She apparently is not doing [sic] enough pressure off her left foot . . . she will need to be protected at the nursing home otherwise she will lose her legs. . . ." * 07/16/24 podiatry consult form, ". . . new decub (decubitus) stage 3 . . . KEEP on Prevalon boots BIL (bilateral) . . ." Review of wound management documentation/Braden Skin Risk Assessments (scale to determine pressure ulcer risk)/Focused Skin Observations identified the following: * 05/05/24 ". . . Focused observation skin - left heel red and sore . . ." * 05/09/24 ". . . Focused observation skin - left heel, red, sore . . ." * 06/07/24 ". . . Braden Skin Risk Score 15 at risk [of developing pressure ulcers]. . ." * 07/16/24 ". . . Wound Location Left heel . . . Length . . . 1.3 cm [centimeter] Width . . . 1.3 cm . . ." * 07/29/24 ". . . Wound Location Left heel . . . Length . . . 1 cm Width . . . 1 cm . . ." * 08/04/24 ". . . Wound Location Left heel . . .	F 686		

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F 686	Continued From page 11	F 686		

Length . . . 1 cm Width . . . 1 cm . . . Exudate Amount . . . light . . . Exudate color and consistency . . . serosanguinous (pale red to pink, thin and watery [drainage]) . . ."

A physician's order dated 07/16/24, stated, "Prevalon Boots to bilateral feet @ [at] all times. Daily Betadine [skin disinfectant] and bandages to all wounds. . . ."

Observations of Resident #68 showed the following:
* 08/05/24 at 2:49 p.m., Seated in a recliner in her room with the foot rest elevated and wearing ankle socks, and the Prevalon boots in a chair across the room.
* 08/06/24 at 7:56 a.m., Out of facility for dialysis, and the Prevalon boots in a chair in her room.
* 08/06/24 at 2:00 p.m. and 4:47 p.m., Seated in a wheelchair in her room, feet on the foot pedals, ankle socks on, and not wearing Prevalon boots.
* 08/07/24 at 7:53 a.m., Laying in bed, feet directly on the mattress, and the Prevalon boots in a chair across the room. The resident stated she wore Prevalon boots during the night but takes them off when she wakes up because "I just can't function with them."
* 08/07/24 at 8:11 a.m., Two certified nurse aides (CNAs) (#25 and #28) transferred the resident from bed to the wheelchair with a full-body mechanical lift. The resident wore no socks or shoes, no dressing to the left heel. The CNAs failed to apply the Prevalon boots to the resident's feet. The resident's bare feet with open wound to the left heel rested directly on the carpeted floor. The CNA (#25) stated the resident doesn't wear the Prevalon boots during the day. The CNA (#25) spoke to the nurse but failed to

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 _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HOMES	305 8TH AVE NE MINOT, ND 58703

(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 12 inform her of the absence of Resident #68's dressing to her left heel. * 08/07/24 at 11:11 a.m. and 2:22 p.m., Seated in the wheelchair in her room with her bare feet directly on the carpeted floor. * 08/07/24 at 2:22 p.m., The nurse (#24) applied a dressing to the ulcer but failed to apply Prevalon boots. During an interview on 08/07/24 at 1:54 p.m., an administrative nurse (#1) stated Resident #68 intermittently refused to wear the Prevalon boots, confirmed he expected staff to document patient refusals of care or treatments, to follow infection control measures during wound care, and to cover open wounds. The facility failed to follow through after the development of a pressure injury to Resident #68's left heel. The facility lacked regular assessments of the size and condition of the wound including care planning interventions to aid in healing. observation showed staff failed to implement the use of preventative devices and document the resident's refusal. Due to the resident's risk factors which can cause a delay in healing and this resident to develop a pressure injury and may cause future complications.	F 686		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent	F 689		9/12/24