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 10/21/2020

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 An unannounced onsite complaint survey was completed on October 21, 2020. The sample included three (3) residents for focused review.	F 000		
F 686 SS=D	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 information provided by the complainant, record review, and staff interview, the facility failed to provide the necessary care and services for 1 of 2 sampled residents (Resident #1) with a pressure ulcer. Failure to routinely assess, monitor, and measure pressure ulcers and ensure appropriate treatment may result in delayed healing of a pressure ulcer. Findings include: Information provided by the complainant indicated facility staff failed to consistently provide the services necessary to heal pressure ulcers.	F 686	This process was corrected prior to this survey when hiring a full-time Wound Care Nurse (WCN). This WCN sees every resident with pressure and non-pressure injuries and wounds weekly and completes an assessment and measurement's and documents this care. The WCN has assisted in decreasing our wound rate below 4% All residents have the potential to be affected if wound management is not completed and in the resident's chart. Failure to complete wound management and documentation limits the ability of	11/18/20

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

Electronically Signed | 11/18/2020

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F 686	Continued From page 1 The facility failed to provide a copy of their policies addressing pressure ulcers. Review of Resident #1's medical record occurred on 10/21/20. A quarterly minimum data set (MDS), dated 08/06/20, identified diagnoses of dementia, congestive heart failure, chronic kidney disease, protein-calorie malnutrition, peripheral vascular disease, type 2 diabetes mellitus, one stage 3 pressure ulcer and one stage 4 pressure ulcer. The care plan identified, "[Resident #1] is at risk for pressure ulcer due to impaired sensory perception. . . Skin assessment and inspection every shift . . . [Resident #1] has pressure areas on her right heel, and ulcer to left great toe. . . She has very fragile skin . . . Monitor response to treatment(s) as ordered. Report infection, non-healing, new areas to MD/NP [medical doctor/nurse practitioner]." The care plan lacked identification and treatment interventions for the sacral pressure ulcer. A physician's order, dated 07/10/20, stated, "Apply mepilex [an absorbent foam dressing] over sacral wounds. Change Tuesday, Thursday and Saturday until resolved." Review of the treatment administration record (TAR) showed dressing changes completed as ordered. A wound care observation, dated 07/10/20 at 1:22 p.m., stated, "Initial assessment of wounds on sacrum-NEW. . . intact serous blister 0.6 [cm] [centimeter] x 0.3 [cm] x <0.1 [cm] lateral to stage II pressure ulcer measuring 0.5 [cm] x 0.5 [cm] x 0.1 [cm] . . . per nursing the open area started as	F 686	staff to communicate wound care status and trending wound progress. In response to the citation, Nurse Educator and Wound Care Nurse developed wound care education that was given to nursing staff on October 22nd, in the form of read and sign. This education included wound and skin care management. Group education also provided via lecture, discussion and handouts during our unit meeting on November 25th. This education will review wound and skin care management and documentation. QA audits started October 22, 2020. Audits are completed weekly for four week, or until compliance has been achieved consistently for four weeks. At that time QA audits will be monthly for four month and then quarterly for three quarters. If compliance is not achieved, staff will be re-educated and will again complete audits. All QA audits will be reviewed weekly for compliance buy the DON and ADON and data will be reported and presented to the QPI committee during the scheduled meetings. All directors/managers are responsible for the education and auditing of their employees. If non-compliance is identified, immediate corrective action will be taken.	

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F 686	Continued From page 2 a deep tissue injury, it is now open, bruising noted on periwound, clear intact serous blister lateral to that, treatment recommendations made." The next wound care observation, dated 08/25/20 at 2:06 p.m., stated "1.7 [cm] x 2 [cm] x 0.4 [cm] . . . stage II. . . no signs of infection. Resident tolerated well." The facility failed to document assessments on the sacral pressure ulcer for six weeks. During an interview on 10/21/20 at 3:20 p.m., an administrative nurse (#1) confirmed the sacral pressure ulcer was present from 07/10/20 forward; she expected staff to assess, measure, and document all pressure ulcers weekly; the medical record lacked weekly documentation for assessment and measurement of the pressure ulcer between 7/10/20 and 8/25/20.	F 686		