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 12/08/2020

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 December 8, 2020. The sample included six sampled residents and two closed records for focused review.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F 580		1/6/21

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

Electronically Signed | 12/23/2020

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 12/08/2020

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 580	Continued From page 1 (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and information submitted by the complainant, the facility failed to ensure family received notification of a fall with injury/treatment information for 1 of 1 resident (Resident #1) who experienced a fall with injury requiring emergency interventions. Failure to ensure staff notified family of a fall with injuries from a Hoyer [full body mechanical] lift may limit the family's ability to make informed decisions regarding medical care. Findings include: Review of the facility policy, "Injuries, Skin Tears and Falls" occurred on 12/08/20. This policy, revised November 2019, stated, ". . . The nurse on the unit will notify the provider or provider on call and the family of any changes in condition or	F 580	All residents and resident□s representatives have the potential to be affected if notification is not completed and documented in the electronic health record in a timely manner. Failure to complete notification can affect the representative□s ability to make informed decisions regarding the resident□s medical care. In response to the citation of failure of nursing staff to notify family regarding resident□s injury and status, along with proper documentation, a memo was sent via email on December 10th, 2020 that was reviewed by the nurse managers and charge nurses. The memo went over proper notification to families as well as proper documentation. The information	

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 12/08/2020

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 580	Continued From page 2 injury. If unable to notify the provider or family, each attempt shall be documented in the EHR (electronic health record). . . ." Review of Resident #1's medical record occurred on 12/08/20. Diagnoses included transient ischemic attack with hemiparesis and contracture of the left knee. An Event report dated 11/27/20 identified, ". . . Resident Representative notified 11/27/20 at 7:20 p.m. No answer on RP (sic) [personal representative] phone, left message to please call facility. . . ." Review of Resident #1's nurses notes identified the following: *11/27/20 at 8:53 p.m.: "Called to res [resident] room per CNA [certified nurse assistant] and told that res. fell from Hoyer lift onto floor in her room. Upon entering res. room, CNA noted holding res. head up and other CNA is at the foot of the bed with res. Res. lying on back on floor directly next to her bed. Res. noted with large skin tear to (L) [left] FA [forearm]. . . Upon physical assessment of ROM [range of motion], res. c/o [complains of] pain when writer attempted to move her RLE [right lower extremity]. Writer called in house supervisor [registered nurse] to come to floor d/t [due to] fall with injury. Res. also noted with laceration to back of head . . . Spoke with [provider] @ [at] 1855 [6:55 p.m.] . . . and made aware of res. situation, . . . to send res. to ER [emergency room] for eval [evaluation] and tx [treatment]." *11/27/20 at 9:01 p.m.: "Report given to RN [registered nurse] at [hospital] ED [emergency department] @ 7:07 p.m. Res. left via 1st Call ambulance services via stretcher x 2 attendants @ approx. [approximately] 7:20 p.m."	F 580	was posted on each unit for all nurses to review. The policy Injury, Skin tears, and Falls was reviewed and education was provided to the nursing staff on December 23rd, 2020 in the form of a read-and-sign. This education included the policy, examples of notification of changes that require notification to the resident representative, and appropriate documentation. Group education will also be provided via lecture, discussion, handouts, by the Assistant Director of Nursing by January 8th. This education will review the updated policy Injury, Skin Tears And Falls examples of notification of changes that warrant notification to the resident representative, and appropriate documentation. If the facility is unable to reach the family each attempt will be documented, and the facility will attempt to notify additional contacts as listed; all attempts will be documented until we are able to speak with family or a representative. The nurse present during the incident will attempt to contact the resident□s family after the incident and if not successful will make another attempt before shift change. If the nurse is still unsuccessful in their attempts, it will be passed on to the next nurse on shift until proper notification occurs. Routine audits are done daily for all Injuries, Skin Tears and Falls during normal business hours or next business day by the Director of Social Services. This is to ensure that family members or representatives are notified to be within compliance.	

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 12/08/2020

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 580	Continued From page 3 *11/28/20 at 5:34 a.m.: "Resident returned to facility 11/27/20 at approx. 10:50 p.m. Resident was brought by ambulance via stretcher. Resident is awake and confused. Resident received staples to the back of head for laceration obtained in fall. No fractures present and CT [computer tomography] of head was clear. . . ." The facility failed to provide documentation staff attempted further attempts to reach Resident #1's family of the fall with injury, including emergency interventions that included a Computed tomography [CT] scan of the head, and two staples to a head laceration. Review of information submitted by the complainant identified the facility failed to inform Resident #1's family of her fall or emergency room visit with emergency interventions until 11/30/20.	F 580	QA audits started December 8th, 2020 done by the Director of Nursing and Assistant Director of Nursing. These audits will ensure that proper notification is made to family or representatives and documented appropriately in the event of an injury, skin tear and or falls. 5 audits will be completed weekly for four weeks for all units, until compliance has been achieved consistently for four weeks. At that time, 20 QA audits will be done monthly for four months and then quarterly for three quarters. If compliance is not achieved, staff will be re-educated and will again complete audits. The data will be reported and presented to the QPI committee during the scheduled meetings. All directors/managers are responsible for the education and the auditing process of their employees. If non-compliance is identified, immediate corrective action will be taken.	