

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/22/2022
NAME OF PROVIDER OR SUPPLIER  Trinity Village Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6400 Trinity Drive Pine Bluff, AR 71603	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42017</p> <p>Based on interview and record review, the facility failed to ensure injuries of unknown origin were reported to the Office of Long Term Care (OLTC) and other agencies in accordance with state law, to enable those agencies to provide any necessary oversight of the facility's investigations and protective measures for 2 (Residents #1 and #2) of 3 (Residents #1, #2 and #3) sampled residents who had a history of falling. This failed practice resulted in Immediate Jeopardy, which caused or could have caused serious harm, injury, or death to Resident #1 who had an abrasion of unknown origin on 10/29/22 and Resident #2 who had bruises of unknown origin on 10/27/22. The failed practice had the potential to affect all 67 residents in the facility as documented on the Daily Census Report which was provided by the Activity Director on 11/21/22 at 8:02 a. m. The Administrator was notified of the Immediate Jeopardy on 11/21/22 at 1:00 PM. The findings are:</p> <ol style="list-style-type: none"> <li>1. Resident #1 had a diagnosis of Chronic Obstructive Pulmonary Disease. The Significant Change in Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/7/22 documented the resident scored 8 (8-12 indicates moderately cognitively impaired) on a Brief Interview for Mental Status (BIMS) and required total physical assistance from one person for bed mobility and limited physical assistance from one person for transfers and had two falls since the last assessment - one with no injury and one with injury and had a skin tear.             <ol style="list-style-type: none"> <li>a. The Skin and Wound Note dated 10/28/22 documented, .No skin issues noted at this time .</li> <li>b. The Care Plan dated 10/29/22 documented, .superficial abrasion to left midline back . Check skin daily with care for redness or other discoloration, rashes, blisters, breaks in skin etc. and report to charge nurse. Weekly skin audit and prn (as needed) .</li> <li>c. The QA (Quality Assurance) Unusual Occurrence Log entry dated 10/29/22 documented, .Resident #1 . Brief description of Occurrence . c/o [complaint of] back pain - 4 in [inch] x 1.5 in superficial abrasion left midline back . Causative Factor . R [Resident] has history of self-ambulation . Intervention . BIL [Bilateral] hip, L spine, bilateral knee x-rays .</li> <li>d. The Nursing Progress Note dated 10/29/22 at 5:52 PM documented, .Note Text: 1720 [5:20 PM]- Resident sitting in room chair, present with continuous complaints of back hurting. Approx. [approximately] 4 inch x [by] 1.5 inch edematous superficial abrasion to left midline back with no drainage noted at this time . Complaints of bilateral knees - reddened appearance .</li> </ol> </li> </ol> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>e. The Investigation Follow Up form documented, .Date of Incident 10/29/22 Date of Investigation 10/31/22 . R told nurse his back was hurting. 4 in x 1.5 in superficial abrasion to L [left] midline back, no drainage noted .</p> <p>f. The Radiology Report dated 11/3/22 documented, .CT [Computerized Tomography] Chest with Contrast . Upper Back Pain . There are acute nondisplaced fractures in the posterior left 10th and 11th ribs. There are acute nondisplaced fractures in the left transverse processes of T10 and T11 .</p> <p>g. On 11/21/22 at 11:30 AM, the I&amp;A (Incident and Accident) Book was reviewed. There was no Incident Report completed to document and investigate the area on Resident #1's back.</p> <p>h. On 11/21/22 at 1:00 p.m., the Surveyor asked the Director of Nursing (DON) to provide a copy of an Incident Report for Resident #1 from 10/29/22. She provided a photocopy of a typed page. She stated, This is all I have. The nurse who wrote it texted it to me. Is that good enough? The text message documented, . While lying in bed, resident states, 'Be careful now, my back is hurting me.' This nurse observed a superficial abrasion to left side lower mid-back . There was no documentation of an investigation to determine the cause of the abrasion to Resident #1's back.</p> <p>2. Resident #2 had a diagnosis of Peripheral Vascular Disease. The Admission MDS with an ARD of 10/18/22 documented the resident scored 14 (13-15 indicates cognitively intact) on a BIMS and required limited physical assistance from one person for bed mobility and transfers and had no falls since admission and had a surgical wound.</p> <p>a. The Nursing Note dated 10/27/22 at 10:13 AM documented, .CNA [Certified Nursing Assistant] reported bruise to right side middle of resident's back. Bruise reddish purple in color with yellow green discoloration around it .</p> <p>b. The Skin and Wound Note dated 10/28/22 documented, .Gangrene in Rt [right] foot . Will continue to observe for any skin issues that may arise .</p> <p>c. The Radiology Reports dated 10/31/22 documented, .Hip 2 Views .HISTORY: Pain after trauma . FINDINGS: There is an acute comminuted intertrochanteric left femur fracture . PROCEDURE: CT BRAIN WITHOUT CONTRAST .HISTORY: Fall. Head trauma . FINDINGS: infratentorial subdural hemorrhage .</p> <p>d. The Care Plan with a revision date of 11/02/22 did not address bruising.</p> <p>e. On 11/21/22 at 5:50 AM, the Surveyor asked Licensed practical Nurse (LPN) #2, Have you taken care of [Resident #1] or [Resident #2]? She answered, No. The Surveyor asked, What do you do if there is an incident with a resident? She answered, Assess, get witness statements, call family, DON, Administrator, and doctor or APN [Advanced Practice Nurse]. If fall is unwitnessed, send to the ER [emergency room ] .</p> <p>f. On 11/21/22 at 5:55 AM, the Surveyor asked LPN #3, Have you taken care of [Resident #1] or [Resident #2]? She answered, Yes, but not when they fell . The Surveyor asked, What do you do if there is an incident with a resident? She answered, Assess, call MD [Medical Doctor] and APRN [Advanced Practice Registered Nurse], do an I&amp;A, call family call DON and Administrator.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>g. On 11/21/22 at 8:15 a.m., a review of the facility's last 4 reportables showed no reportable Resident #2 ' s injury of unknown origin.</p> <p>h. On 11/21/22 at 9:40 AM, the I&amp;A Book was reviewed. There were no incidents logged in the book for Resident #2.</p> <p>i. On 11/21/22 at 2:30 PM, the Surveyor asked the DON, Who is responsible for completing Incident Reports? She answered, The Charge Nurses. The Surveyor asked, If a resident has an injury of unknown origin, what should be done? She answered, They have to do an Incident Report and notify me and the Administrator. The Surveyor asked, How do you determine who is at risk for falls? She answered, The majority of our residents are at risk for falls. The Surveyor asked, Do you have a Fall Risk Assessment? She answered, The charge nurses are supposed to do those. The Surveyor asked, Are you aware that [Resident #1] does not have one? She answered, That's another thing I am going to have to start doing myself.</p> <p>j. On 11/22/22 at 9:00 AM, the Surveyor asked LPN #7, On 10/27/22 you entered a progress note for [Resident #2] that documented the presence of bruising on her back, do you remember this? She answered, Yes. She had been out for a PICC [Peripherally Inserted Central Catheter] line and those bruises had been there for a long time. The Surveyor asked, Did you do an I&amp;A on the bruising? She answered, No. I only made that note because the aide reported the bruising to me. I didn't want anyone to say that they reported something to me, and I didn't do anything about it. The Surveyor asked, Is there any other documentation in the record about bruising on her back? She answered, No. The Surveyor asked, Looking back, should you have completed an I&amp;A on the bruises on her back? She answered, Yes. A head to toe assessment should have been done and an I&amp;A should have been completed.</p> <p>k. The facility policy titled, Accidents and Incidents - Investigating and Reporting, provided by the DON on 11/22/22 at 8:25 a.m. documented, .All accidents or incidents involving residents . occurring on our premises shall be investigated and reported to the administrator . The nurse supervisor/charge nurse and/or department director or supervisor shall promptly initiate and document investigation of the accident or incident .</p> <p>3. The Immediate Jeopardy was removed on 11/21/22 at 3:50 PM, when the facility implemented the following Plan of Removal:</p> <p>November 21, 2022</p> <p>IJ - FAILURE TO REPORT &amp; INVESTIGATE BRUISES OF UNKNOWN ORIGIN AND FALL WITH MAJOR INJURY</p> <p>Effective Date: 11-21-2022 Completion date: 11-21-22</p> <p>1. All residents will have a body audit completed by facility staff to ensure there are no discolorations of unknown origins on any part of the resident's body. Effective Date: 11-21-22 Completed by:</p> <p>2. Any discolorations of unknown origins on any resident will be completely investigated, documented on the appropriate form or in the HER [EHR] (Electronic Health Record). Effective Date: 11-21-22 Completed by:</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>3. Any discolorations of unknown origins on any resident will be immediately noted and will be immediately reported to the residents PCP, Family member/POA, Administrator and DON.</p> <p>Effective Date: 11-21-22 Completed by:</p> <p>4. All residents will be 1:1 interviewed by facility staff for any trips, falls, skin tears or injury that resident has not reported to any staff member. Effective Date: 11-21-22 Completed by:</p> <p>5. The DON or her designee will check 3 residents 3 times weekly for 8 weeks for documentation is completed, notifications are completed, any orders are carried out, and any follow up that is necessary has been carried out. Any negative finding are to be corrected immediately. All findings will be reported to the QAA weekly for review. Effective Date: 11-21-22 Completed by: [Name], RN/DON Completion Date: 01-16-2023 [Name], RN/ADON</p> <p>6. All nursing staff will be in-serviced on the following: when and what to document, who you should report any I/A to, completion of any documentation on trips, slips, falls, skin tears, any discoloration areas on resident's body, any follow up to any I/A example labs, x-rays, etc. Effective Date: 11-22-22 Completed by: [Name], RN/DON Completion Date: 11-27-23 [Name], RN/ADON</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42017</b></p> <p>Based on interview and record review, the facility failed to ensure injuries of unknown origin were properly investigated for 2 (Residents #1 and #2) of 3 (Residents #1, #2 and #3) sampled residents who had a history of falling. This failed practice resulted in Immediate Jeopardy, which caused or could have caused serious harm, injury, or death to Resident #1 who had an abrasion of unknown origin on 10/29/22 and to Resident #2 who had bruises of unknown origin on 10/27/22. The failed practice had the potential to affect all 67 residents in the facility as documented on the Daily Census Report which was provided by the Activity Director on 11/21/22 at 8:02 a.m. The Administrator was notified of the Immediate Jeopardy on 11/21/22 at 1:00 PM. The findings are:</p> <p>1. Resident #1 had a diagnosis of Chronic Obstructive Pulmonary Disease. The Significant Change in Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/7/22 documented the resident scored 8 (8-12 indicates moderately cognitively impaired) on a Brief Interview for Mental Status (BIMS) and required total physical assistance one person for bed mobility and limited physical assistance from one person for transfers and had two falls since last assessment - one with no injury and one with injury and had a skin tear.</p> <p>a. The Skin and Wound Note dated 10/28/22 documented, .No skin issues noted at this time .</p> <p>b. The Care Plan dated 10/29/22 documented, .superficial abrasion to left midline back . Check skin daily with care for redness or other discoloration, rashes, blisters, breaks in skin etc. and report to charge nurse. Weekly skin audit and prn (as needed) .</p> <p>c. The QA (Quality Assurance) Unusual Occurrence Log entry dated 10/29/22 documented, .Resident #1 . Brief description of Occurrence . c/o [complaint of] back pain - 4 in [inch] x 1.5 in superficial abrasion left midline back . Causative Factor . R [Resident] has history of self-ambulation . Intervention . BIL [Bilateral] hip, L spine, bilateral knee x-rays .</p> <p>d. The Nursing Progress Note dated 10/29/22 at 5:52 PM documented, .Note Text: 1720 [5:20 PM]- Resident sitting in room chair, present with continuous complaints of back hurting. Approx. [approximately] 4 inch x [by] 1.5 inch edematous superficial abrasion to left midline back with no drainage noted at this time . Complaints of bilateral knees - reddened appearance .</p> <p>e. The Investigation Follow Up form documented, .Date of Incident 10/29/22 Date of Investigation 10/31/22 . R told nurse his back was hurting. 4 in x 1.5 in superficial abrasion to L [left] midline back, no drainage noted .</p> <p>f. The Radiology Report dated 11/3/22 documented, .CT [Computerized Tomography] Chest with Contrast . Upper Back Pain . There are acute nondisplaced fractures in the posterior left 10th and 11th ribs. There are acute nondisplaced fractures in the left transverse processes of T10 and T11 .</p> <p>g. On 11/21/22 at 11:30 AM, the I&amp;A (Incident and Accident) Book was reviewed. There was no Incident Report completed to document and investigate the area on Resident #1's back.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>42017</p> <p>Based on record review and interview, the facility failed to review and revise the care plan to meet the residents' needs for 1 (Resident #2) of 3 (Residents #1, #2 and #3) sampled residents who had a history of falling. The findings are:</p> <p>1. Resident #2 had a diagnosis of Peripheral Vascular Disease. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/18/22 documented the resident scored 14 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS) and required limited physical assistance from one person for bed mobility and transfers, had no falls since admission, and had a surgical wound.</p> <p>a. The Progress Note dated 10/31/22 at 11:21 AM documented, .Resident c/o [complained of] pain to right foot and left hip. Request to go to the emergency room .</p> <p>b. The Radiology Report dated 10/31/22 documented, .PROCEDURE: 3 view left hip . Acute comminuted intertrochanteric femur fracture . PROCEDURE: CT BRAIN WITHOUT CONTRAST . HISTORY: Fall. Head trauma . subdural hemorrhage . intraventricular hemorrhage .</p> <p>c. The Witness Statement dated 10/31/22 written by Licensed Practical Nurse (LPN) #6 attached to a Reportable dated 11/11/22 documented, .I was passing 0600 [6:00 AM] medications . [Certified Nursing Assistant (CNA) #11] came up to me and stated, 'I went in [Resident #2's] room to make rounds . when I opened the door, she was in the middle of the floor walking to the restroom. I think I scared her . I just sat her down on the floor . and then I came got you.' .Assisted to bed per 2 person assist and gait belt .</p> <p>d. The Witness statement dated 10/31/22 written by CNA #1 attached to a Reportable dated 11/11/22 documented, .I was making my last round. I went in resident's room. She was standing in the middle of the floor . She started like she was stumbling . She started getting weak and too heavy for me. So, I sat her down in the floor .</p> <p>e. The Care Plan with a revision date of 11/02/22 did not document risk for falling or actual falls.</p> <p>f. The Progress Note written by LPN #7 dated 11/14/22 at 11:19 AM documented, .Late entry for 11/11/22 . subdural hematoma and left femur fracture due to s/p (status post) fall .</p> <p>g. On 11/21/22 at 9:40 AM, the Incident and Accident (I&amp;A) book was reviewed. There were no documented falls in October or November 2022 for Resident #2.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/22/2022
NAME OF PROVIDER OR SUPPLIER  Trinity Village Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6400 Trinity Drive Pine Bluff, AR 71603	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>h. On 11/21/22 at 11:00 A.M., the Surveyor asked CNA #10 about Resident #2's hospital transfer on 10/31/22. She stated, I came in between 6:20 and 7:00 that morning. I walked past her room, and I saw her on the floor on her left side and a pillow was under her head. There was a lady in there with her, I don't know who she was. She worked here. I haven't seen her anymore. My nurse told me they were going to send her to the hospital and asked me to make sure she was clean. That's all I know. The Surveyor asked, Has anyone from the facility asked you about what happened? She stated, No. The Surveyor asked, Has anyone asked you to fill out a witness statement? She stated, No.</p> <p>i. On 11/21/22 at 2:20 PM, the Surveyor asked the DON, Who is responsible for completing Incident Reports? She answered, The Charge Nurses. The Surveyor asked, If a resident is lowered to the floor, is that considered a fall? She answered, Yes. The Surveyor asked, How do you determine who is at risk for falls? She answered, The majority of our residents are at risk for falls.</p> <p>j. On 11/22/22 at 8:52 AM, the Surveyor asked LPN #6, Please tell me what you remember about the morning when [Resident #2] was on the floor? She stated, As far as I knew, the resident did not fall. The aide told me that the resident was trying to go to the bathroom. We usually keep a bedside commode near the bed, and she transferred herself. That morning the bedside commode was moved, and she was walking toward the bathroom when the aide entered the room. The aide startled the resident, and she became unsteady. The aide went to assist her with walking, and she started walking heavy. The aide sat her on the floor. She came to get me and told me what happened. The Surveyor asked, In your training, have you ever been told that assisting a resident to the floor is also considered a fall? She answered, I never knew that until another nurse told me a few days later when we were talking at the nurses station.</p> <p>k. On 11/22/22 at 10:30 AM, the Surveyor asked the MDS Coordinator was asked, How do you determine if a resident is at risk for falls? She answered, Their history, or the fall assessment, or sometimes therapy. The Surveyor asked, What does [Resident #2's] Fall Assessment document? She reviewed the electronic record and stated, I don't see one. I've been off for a week and a half. The Surveyor asked, Should risk for falls or an actual fall be documented on the care plan? She answered, Yes. The Incident Reports trigger me to document the actual fall. The Surveyor asked, If an Incident Report was never done, how do you know when a resident falls? She answered, I probably wouldn't know. The Surveyor asked, If a resident is assisted to the floor, is that considered a fall? She answered, Yes.</p> <p>l. The facility policy titled, Care Plans, Comprehensive Person-Centered, provided by the DON on 11/22/22 at 8:28 AM documented, .Assessments of Residents are ongoing and care plans are revised as information about the residents and the resident's conditions change . The Interdisciplinary team must review and update the care plan .</p>		

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NAME OF PROVIDER OR SUPPLIER  Trinity Village Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6400 Trinity Drive Pine Bluff, AR 71603	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42017</p> <p>Based on record review and interview, the facility failed to ensure professional standards of practice for fall protocols were followed to prevent accidents for 1 (Resident #2) of 3 (Residents #1, #2 and #3) sampled residents who had a history of falling. This failed practice resulted in Immediate Jeopardy that caused or could have caused serious harm, injury or death to Resident #2 who was assisted to the floor by 2 staff members and sustained a fracture to the left femur and a subdural hematoma and had the potential to affect all 67 residents in the facility as documented on the Daily Census Report provided by the Activity Director on 11/21/22 at 8:02 AM. The Administrator was notified of the Immediate Jeopardy condition on 11/21/22 at 1:00 PM. The findings are:</p> <ol style="list-style-type: none"> <li>1. Resident #2 had a diagnosis of Peripheral Vascular Disease. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/18/22 documented the resident scored 14 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS) and required limited physical assistance from one person for bed mobility and transfers and had no falls since admission and had a surgical wound.             <ol style="list-style-type: none"> <li>a. The Progress Note dated 10/31/22 at 11:21 AM documented, .Resident c/o [complained of] right foot and left hip. Request to go to the emergency room .</li> <li>b. The Radiology Report dated 10/31/22 documented, .PROCEDURE: 3 view left hip . Acute comminuted intertrochanteric femur fracture . PROCEDURE: CT [Computerized Tomography] BRAIN WITHOUT CONTRAST . HISTORY: Fall. Head trauma . subdural hemorrhage . intraventricular hemorrhage .</li> <li>c. The Witness Statement dated 10/31/22 written by Licensed Practical Nurse (LPN) #6 attached to a Reportable dated 11/11/22 documented, .I was passing 0600 [6:00 AM] medications . [Certified Nursing Assistant (CNA) #11] came up to me and stated, 'I went in [Resident #2's] room to make rounds . when I opened the door, she was in the middle of the floor walking to the restroom. I think I scared her . I just sat her down on the floor . and then I came got you.' .Assisted to bed per 2 person assist and gait belt .</li> <li>d. The Witness statement dated 10/31/22 written by CNA #11 attached to a Reportable dated 11/11/22 documented, .I was making my last round. I went in resident's room. She was standing in the middle of the floor . She started like she was stumbling . She started getting weak and too heavy for me. So, I sat her down in the floor .</li> <li>e. The Care Plan with a revision date of 11/02/22 did not address risk for falling or actual falls.</li> <li>f. The Progress Note written by LPN #7 dated 11/14/22 at 11:19 AM documented, .Late entry for 11/11/22 . subdural hematoma and left femur fracture due to s/p (status post) fall .</li> <li>g. On 11/21/22 at 5:55 AM, the Surveyor asked CNA #1, What do you do if a resident is on the floor? She answered, Find a nurse.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Trinity Village Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6400 Trinity Drive Pine Bluff, AR 71603	
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>h. On 11/21/22 at 6:00 AM, the Surveyor asked CNA #2, What do you do if a resident is on the floor? She answered, Call the nurse, stay with them, don't get them up.</p> <p>i. On 11/21/22 at 6:05 AM, the Surveyor asked LPN #1, What do you do if a resident is on the floor? She answered, Assess. If no complaints, help them up. If complaints, send to the ER [emergency room ]. Notify the Director of Nursing [DON], Administrator, family, and MD [Medical Doctor].</p> <p>j. On 11/21/22 at 6:10 AM, the Surveyor asked CNA #4, What do you do if a resident is on the floor? She answered, Call the nurse, stay with them, don't get them up.</p> <p>k. On 11/21/22 at 6:15 AM, the Surveyor asked CNA #6, What do you do if a resident is on the floor? She answered, Call the nurse, stay with them, don't get them up, put pillow under their head.</p> <p>l. On 11/21/22 at 6:20 AM, the Surveyor asked LPN #2, What do you do if a resident is on the floor? She answered, Assess, get witness statements, call family, DON, Administrator, and doctor or APN [Advanced Practice Nurse]. If fall is unwitnessed, send to the ER.</p> <p>m. On 11/21/22 at 6:25 AM, the Surveyor asked LPN #3, Have you taken care of [Resident #2]? She answered, Yes but not when she fell . The Surveyor asked, What do you do if there is an incident with a resident? She answered, Assess, call MD and APRN [Advanced Practice Registered Nurse] do an I&amp;A [Incident and Accident Report], call family call DON and Administrator.</p> <p>n. On 11/21/22 at 9:40 AM, the I&amp;A Book was reviewed. There were no documented falls in October or November 2022 for Resident #2.</p> <p>o. On 11/21/22 at 10:15 AM, the Surveyor asked LPN #5 about Resident #2's hospital transfer on 10/31/22. She stated, I came in at 7:00 AM and her son came later. She told me she had fallen during the night. I didn't have a report of a fall. I assessed her and did a body audit. We were concerned about the right foot because she has gangrene. I got an order to send her to the ER for the gangrene. The Surveyor asked, Was there ever a time when you thought she did not need to go to the ER? No. The Surveyor asked, There are witness statements that document that the LPN and CNA on duty assisted her to the floor, should a I&amp;A be done when a resident is assisted to the floor? She stated, We usually do an I&amp;A on that. The Surveyor asked, Do you usually do an I&amp;A if a resident reports to you that they fell ? She stated, It depends on her level of confusion. She said it happened before I came in. If she had fallen, we would have been doing neuro checks on her. The Surveyor asked, The progress notes from 10/31/22 written by you, documented left hip pain and bruising to her back. Do you remember this? She stated, I don't remember writing that but if my name is on it, I wrote it.</p> <p>p. On 11/21/22 at 11:00 AM, the Surveyor asked CNA #10 about Resident #2's hospital transfer on 10/31/22. She stated, I came in between 6:20 and 7:00 that morning. I walked past her room, and I saw her on the floor on her left side and a pillow was under her head. There was a lady in there with her. I don't know who she was. She worked here. I haven't seen her anymore. My nurse told me they were going to send her to the hospital and asked me to make sure she was clean. That's all I know. The Surveyor asked, Has anyone from the facility asked you about what happened? She stated, No. The Surveyor asked, Has anyone asked you to fill out a witness statement? She stated, No.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>q. On 11/21/22 at 2:20 PM, the Surveyor asked the DON, Who is responsible for completing Incident Reports? She answered, The Charge Nurses. The Surveyor asked, If a resident is lowered to the floor, is that considered a fall? She answered, Yes. The Surveyor asked, How do you determine who is at risk for falls? She answered, The majority of our residents are at risk for falls.</p> <p>r. On 11/22/22 at 8:52 AM, the Surveyor asked LPN #6, Please tell me what you remember about the morning when [Resident #2] was on the floor? She stated, As far as I knew, the resident did not fall. The aide told me that the resident was trying to go to the bathroom. We usually keep a bedside commode near the bed, and she transferred herself. That morning the bedside commode was moved, and she was walking toward the bathroom when the aide entered the room. The aide startled the resident, and she became unsteady. The aide went to assist her with walking, and she started walking heavy. The aide sat her on the floor. She came to get me and told me what happened. The Surveyor asked, In your training, have you ever been told that assisting a resident to the floor is also considered a fall? She answered, I never knew that until another nurse told me a few days later when we were talking at the nurses station.</p> <p>s. On 11/22/22 at 10:30 AM, the Surveyor asked the MDS Coordinator was asked, How do you determine if a resident is at risk for falls? She answered, Their history, or the fall assessment, or sometimes therapy. The Surveyor asked, What does [Resident #2's] Fall Assessment document? She reviewed the electronic record and stated, I don't see one. I've been off for a week and a half. The Surveyor asked, Should risk for falls or an actual fall be documented on the care plan? She answered, Yes. The Incident Reports trigger me to document the actual fall. The Surveyor asked, If an Incident Report was never done, how do you know when a resident falls? She answered, I probably wouldn't know. The Surveyor asked, If a resident is assisted to the floor, is that considered a fall? She answered, Yes.</p> <p>t. The Policy titled Accidents and Incidents Investigating and Reporting provided by the DON on 11/22/22/ at 8:25 AM documented, .All accidents or incidents involving residents . occurring on our premises shall be investigated and reported to the administrator . The nurse supervisor/charge nurse and/or department director or supervisor shall promptly initiate and document investigation of the accident or incident .</p> <p>2. The Immediate Jeopardy was removed on 11/21/22 at 3:50 PM, when the facility implemented the following Plan of Removal:</p> <p>November 21, 2022</p> <p>IJ - FAILURE TO REPORT &amp; INVESTIGATE BRUISES OF UNKNOWN ORIGIN AND FALL WITH MAJOR INJURY</p> <p>Effective Date: 11-21-2022 Completion date: 11-21-22</p> <p>1. All residents will have a body audit completed by facility staff to ensure there are no discolorations of unknown origins on any part of the resident's body. Effective Date: 11-21-22 Completed by:</p> <p>2. Any discolorations of unknown origins on any resident will be completely investigated, documented on the appropriate form or in the HER [EHR] (Electronic Health Record). Effective Date: 11-21-22 Completed by:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>3. Any discolorations of unknown origins on any resident will be immediately noted and will be immediately reported to the residents PCP, Family member/POA, Administrator and DON.</p> <p>Effective Date: 11-21-22 Completed by:</p> <p>4. All residents will be 1:1 interviewed by facility staff for any trips, falls, skin tears or injury that resident has not reported to any staff member. Effective Date: 11-21-22 Completed by:</p> <p>5. The DON or her designee will check 3 residents 3 times weekly for 8 weeks for documentation is completed, notifications are completed, any orders are carried out, and any follow up that is necessary has been carried out. Any negative finding are to be corrected immediately. All findings will be reported to the QAA weekly for review. Effective Date: 11-21-22 Completed by: [Name], RN/DON Completion Date: 01-16-2023 [Name], RN/ADON</p> <p>6. All nursing staff will be in-serviced on the following: when and what to document, who you should report any I/A to, completion of any documentation on trips, slips, falls, skin tears, any discoloration areas on resident's body, any follow up to any I/A example labs, x-rays, etc. Effective Date: 11-22-22 Completed by: [Name], RN/DON Completion Date: 11-27-23 [Name], RN/ADON</p>		