

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 07/18/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916</p> <p>Based on observation, record review, and interview, the facility failed to ensure a refund was received by the resident or responsible party within 30 days from the date of discharge for 2 (Residents #230 and #231) sampled residents within 30 days from the date of discharge.</p> <p>The findings are:</p> <p>On [DATE] at 2:21 PM, during an interview with Business Office (BO) #12, the Surveyor requested the last 2 quarter bank statements for Resident #230 and Resident #231. The statements were provided showing Resident #230 had a balance of \$1,510.87, and Resident #231 had a balance of \$407.00, with no charges coming out of the accounts.</p> <p>On [DATE] at 03:20 PM, per record review Resident #231's medical record revealed the resident passed away in the facility on [DATE], and Resident #230 passed away in the facility on [DATE]. The Administrative Assistant was asked to provide documentation and proof that the facility had attempted to contact the family regarding the remaining funds.</p> <p>On [DATE] at 10:15 AM, the Surveyor met with BO #12, BO #13, and the Business Office Manager (BOM). BO #13 confirmed there had been a process failure in returning funds to deceased Resident #230 and Resident #231. The BOM confirmed refunds should be sent immediately. The Surveyor requested a copy of the facilities policy or procedure for personal funds.</p> <p>A review of a policy and procedure titled, Resident Trust Fund/Personal Fund In Long Term Care Facilities provided by the Administrator on [DATE] at 10:46 AM revealed, .Review Closed Records of Residents Who Have died .Is there evidence the facility conveyed the resident's funds within 30 days of the residents death and provided a final accounting to the individual/probate jurisdiction for the resident's estate .</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48977</p> <p>Based on observation, interview, and record review, the facility failed to ensure interventions for a hand device was consistently used for 1 (Resident #39) of 1 sampled resident who had a hand contracture. The findings are:</p> <p>A review of Order Summary Report noted Resident #39 had hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.</p> <p>A review of Resident #39's Physician's Orders revealed Resident #39 had an order to have a right palm guard to be worn during the day and taken off at night. May consult therapy if redness/irritation occurs.</p> <p>A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/09/2024 revealed Resident #39 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. The resident had upper and lower extremities impairment on one side and was not receiving active or passive range of motion nor splint or brace assistance.</p> <p>A review of Resident #39's Care Plan (revision date 06/13/2023) revealed Resident #39 had an Activity of Daily Living (ADL) with self-care performance deficit. Interventions included that Resident #39 required a right palm guard (date initiated 03/12/2024) .Restorative - Splint/Brace Assistance Program #1 (revision on: 03/01/2024).</p> <p>On 07/15/2024 at 10:21 AM, the Surveyor observed Resident #39 sitting up in a wheelchair awake and noted the resident's right hand was contracted. Resident #39 said the resident was unable to use the resident's right hand due to a past stroke. No device noted in hand at this time. Resident #39 denied being able to open it.</p> <p>On 07/17/2024 at 11:00 AM, the Surveyor observed Resident #39 sitting in a wheelchair in the resident's room. Resident #39 did not have a palm guard to the right hand.</p> <p>On 07/17/2024 at 12:01 PM, the Surveyor observed Resident #39 was sitting in a wheelchair, no palm guard noted to right hand. Resident #39 voiced that the resident asked staff to put it in place this morning because the resident could not straighten the resident's hand out.</p> <p>On 07/17/2024 12:29 PM, during an interview the Surveyor asked Licensed Practical Nurse #22 who was responsible for putting braces and/or palm guards in place. LPN #22 voiced the aide's put braces and palm guards in place and the nurses follow up to ensure the devices are in place. The Surveyor and LPN #22 went to the resident's room. The Surveyor asked LPN #22 if the palm guard was in place. LPN #22 voiced the palm guard was not in place. The Surveyor asked what could be a potential negative outcome if the palm guard was not put in place. LPN #22 voiced that the resident could have further contracture and if the nails were longer could cause the nails to go into the skin.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/17/2024 at 1:00 PM, during an interview the Surveyor asked the Director of Nursing (DON) who was responsible for putting palm guards in place. The DON voiced the nurses were responsible for ensuring the aide applied the splints. The Surveyor asked what could potentially happen if the staff fail to apply the palm guards. The DON voiced the resident could have further contracture.</p> <p>On 07/17/2024 at 9:20 AM, review of a policy titled, Activities of Daily Living (ADL), Supporting noted, . Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs) .1. Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable .6. Intervention to improve or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preference, stated goals and recognized standards of practice .</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47916</p> <p>Based on observation, record review, and interview, the facility failed to ensure dental care was provided for 1 (Resident #71) of 1 sampled (Resident #71) to promote good oral hygiene.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. Review of Medical Diagnosis revealed Resident #71 had diagnoses of chronic kidney disease, dementia, and metabolic encephalopathy. 2. Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/22/2024 suggested a Brief Interview for Mental Status (BIMs) score of 14 (13-15 suggest cognitively intact). Section GG0130 indicated the resident required set up assistance for oral care. 3. On 07/16/2024 at 8:49 AM, Resident #71 was observed riding a hand bike in the therapy room and smiling at the surveyor. The surveyor observed Resident #71's had an upper tooth on the right and left side of the mouth protruding out, and had noticeable yellowing teeth with a thick, white substance on the bottom teeth. 4. On 07/16/2024 at 3:40 PM, during an interview with Resident #71, the surveyor noted yellowing bottom teeth with a white milky film. Certified Nursing Assistant (CNA) #11 confirmed Resident #71 had a thick white film on the bottom teeth. CNA #11 confirmed Resident #71 requires assistance from staff to brush the resident's teeth, clean dentures, and care for resident's hair, but Resident #71 can feed self. 5. During an interview on 07/17/2024 at 12:37 PM, the Director of Nursing (DON) confirmed that all staff and CNAs are responsible for making sure residents receive proper dental care. The DON also confirmed CNAs should assist dependent residents with dental care, but ultimately nursing is responsible. 6. A review of a policy titled, Dentures, Cleaning and Storing provided by the Director of Nursing (DON) on 07/18/2024 at 10:25 AM, revealed, Purpose The purpose of this procedure are to cleanse and freshen the residents mouth, to lean the resident's dentures, to prevent infections of the mouth . 1. Provide denture care before breakfast and at bedtime. Encourage and assist the resident as needed to rinse his or her mouth after each meal. 2 .Store dentures whenever they are not in the resident's mouth . 7. On 07/18/2024 at 10:25 AM, the Director of Nursing (DON) provided a policy titled, Activities of Daily Living, Supporting revealed, Policy Statement .Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral care .2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident .a. hygiene (bathing, dressing, grooming and oral care) .5. A resident's ability to perform ADLs will be measured using clinical tools, including the MDS .b. Supervision-Oversight, encouragement or cueing provided 3 or more times during the last 7 days . 		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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>47916</p> <p>Based on observation, record review, and interview, the facility failed to ensure the G Hall shower room and the beauty shop were locked to prevent residents from being harmed from the ingestion of the chemicals present.</p> <p>The findings are:</p> <p>1. On 07/15/2024 at 11:45 AM, while walking down the G Hall the surveyor observed the shower room door, near the common area, was slightly open. The surveyor observed open, uncapped gallon jugs of shampoo and personal cleanser.</p> <p>On 07/16/2024 at 2:03 PM, Certified Nursing Assistant (CNA) #14 accompanied the surveyor to the G Hall shower room and read from the personal cleanser, Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center Immediately from the open gallon jug of personal Cleanser. CNA #14 confirmed residents are showered on G Hall, and it sits outside the E, F, and G Hall common area and a resident could come into the unlocked shower room and drink from the shampoo or personal cleaner jugs that do not have caps.</p> <p>2. On 07/15/2024 at 11:52 AM, the surveyor walked into the unlocked beauty shop and observed disinfectant spray, shampoo, and uncapped hairspray resting on the counters. Setting lotion, shampoo, and hairspray were in the unlocked upper cabinets.</p> <p>On 07/16/2024 at 8:42 AM, Restorative Aide #10 was observed unlocking and entering the beauty shop with a resident. During an interview on 07/16/2024 at 8:45 AM, Restorative Aide #10 confirmed the beauty shop should be kept locked and there are open cans of hair spray, and chemical products that someone might spray or consume.</p> <p>During an interview with the Director of Nursing (DON) on 07/17/2024 at 12:23 PM, the DON said chemicals should always be kept behind a locked door to prevent residents from drinking or eating it.</p> <p>On 07/18/2024 at 10:25 AM, the DON said there is not a policy or procedure for the shower rooms, or beauty shop.</p> <p>48977</p> <p>On 07/16/2024 at 1:03 PM, this surveyor observed Dakin's solution, oxy cleaner and wound cleanser in an open closet and antimicrobial soap on the floor in an open unattended office.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/16/2024 at 1:06 PM, this surveyor asked Licensed Practical Nurse (LPN) #3 if she normally closes and/or locks the door to her office. She confirmed that she never closes it and there was no key to lock the door. This surveyor and LPN #3 looked in the closet and LPN #3 was asked to state what she saw in the closet. LPN #3 confirmed there was [brand name] wound cleanser, the cleaner inside the closet. This surveyor asked LPN #3, What about the soap on the floor by the chair? LPN #3 stated, What the heck! This surveyor asked LPN #3 if any of the chemicals could be harmful to a resident and she confirmed they could and stated, We are caught. It is what it is.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48977</p> <p>Based on observation, interview, and record review, the facility failed to ensure all bodily areas were cleansed during incontinent care to promote cleanliness and good personal hygiene to prevent the potential infection for 1 (Resident #277) of 1 sampled resident reviewed for incontinent care.</p> <p>The finding include:</p> <p>Review of Medical Diagnosis noted Resident #277 had hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side and dementia</p> <p>Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/03/2024 revealed Resident #277 had short-term and long-term memory problems. The resident was always incontinent of bowel and bladder.</p> <p>Review of Resident #277's Care Plan (revision date 06/26/20234) revealed Resident #277 was high risk for falls related to gait/balance problems, incontinence, and unaware of safety needs.</p> <p>On 07/16/2024 at 1:25 PM, Resident #277 was incontinent of bowel and bladder. The Surveyor observed CNA #4 and #5 did not use proper technique while providing incontinence care and not enough supplies were used to promote cleanliness.</p> <p>On 07/16/2024 at 1:30 PM, during an interview, CNA #5 confirmed that proper technique was not used while providing incontinence care to Resident #277.</p> <p>On 07/16/2024 at 1:50 PM, during an interview, CNA #4 confirmed that proper technique was not used while providing incontinence care to Resident #277.</p> <p>On 07/17/2024 at 1:03 PM, during an interview, the Director of Nursing (DON) confirmed that proper technique was not used when peri care was provided to Resident #277.</p> <p>On 07/17/2024 at 9:20 AM, a policy titled, Perineal Care noted, The purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observe the resident's skin condition .</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47916</p> <p>Based on observation, record review and interview, the facility failed to ensure oxygen was administered at the physician ordered rate to prevent respiratory complications for 2 (Residents #25 and #60) of 2 sampled residents who received oxygen.</p> <p>The findings are:</p> <p>1. Review of the Medical Diagnosis noted Resident #60 had diagnoses of chronic obstructive pulmonary disease (COPD), heart failure, and atrial fibrillation.</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/11/2024 suggested a Brief Interview for Mental Status (BIMs) score of 12 (8-12 suggests moderate cognitive impairment). Section O0110, C1 shows the resident is on oxygen.</p> <p>Review of Resident #60's Order Summary Report noted an order for oxygen at 3 liters via nasal cannula related to shortness of breath.</p> <p>Review of Resident #60's Care Plan with a revision of 10/12/2023, revealed Resident #60 was to receive oxygen per doctor orders.</p> <p>On 07/15/2024 at 11:37 AM, during a concurrent observation and interview, Resident #60 was sitting in a wheelchair receiving 2 liters of oxygen. Resident #60 told the surveyor, I am supposed to be on three liters, I have COPD.</p> <p>On 07/15/2024 at 1:11 PM, during an observation Resident #60 was lying in bed, eyes open and the oxygen concentrator was setting on 2 liters.</p> <p>On 07/16/2024 at 1:25 PM, the Surveyor accompanied Licensed Practical Nurse (LPN) #3 to Resident 60's room. During an interview, LPN #3 verified Resident #60's concentrator was on 2 liters. LPN #3 confirmed Resident #60 should have been on 3 liters to prevent shortness of breath, and good air flow. The Surveyor asked if there is a process for checking the oxygen settings on the concentrators. LPN #3 said the supervising Registered Nurse (RN) should round and check oxygen settings.</p> <p>On 07/17/2024 at 12:40 PM, during an interview the Director of Nursing (DON) said nursing staff should look at the oxygen orders and check the concentrators to make sure they are on the right setting. Nurses are responsible for oxygen, and it should be checked every day when nurses go into a resident's room.</p> <p>48977</p> <p>2. Review of the Order Summary Report indicated Resident #25 had diagnoses of Chronic Obstructive Pulmonary Disease (COPD) with acute exacerbation (worsening), acute respiratory failure with hypercapnia (excessive carbon dioxide in the bloodstream preventing blood cells from carrying oxygen), and shortness of breath.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Physician's Order revealed Resident #25 had an order for oxygen at three liters per nasal cannula as needed every shift related to COPD with acute exacerbation, start date 06/05/2024.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/19/2024 revealed Resident #25 had a Brief Interview of Mental Status (BIMS) score of 12, which indicated the resident was moderately impaired, and Resident #25 was receiving oxygen therapy.</p> <p>A review of Resident #25 Care Plan (revision date 10/20/2023) revealed Resident #25 was at risk for impaired gas exchange diagnosis of COPD, acute respiratory failure and shortness of breath. Intervention noted administer oxygen as prescribed or per standing order.</p> <p>On 07/15/2024 at 11:09 AM, Resident #25 was observed lying in bed with the head of bed elevated, oxygen (O2) was in use and set at 2.5 liters/minute and a humidifier with clear liquid inside.</p> <p>On 07/16/2024 at 8:43 AM, Resident #25 was observed sitting in a wheelchair in the room and O2 was in use at 2.5 liters.</p> <p>On 07/17/2024 at 1:26 PM, Resident #25 was observed lying in bed receiving oxygen therapy at 2.5 liters from a concentrator.</p> <p>On 07/17/2024 at 3:50 PM, during an interview, Licensed Practical Nurse (LPN) #2 was asked what rate was Resident #25's oxygen at and she confirmed it was under 3 liters. LPN #2 was asked what should Resident #25's oxygen rate be according to the physician's order, and she confirmed it should have been 3 liters.</p> <p>On 07/17/2024 at 4:00 PM, a policy titled, Oxygen Administration indicated, The purpose of this procedure is to provide guidelines for safe oxygen administration. 1. Verify that there is a physician's order for this procedure. Review the physician's order of facility protocol for oxygen administration .</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>48977</p> <p>Based on observation, record review and interview, the facility failed to ensure staff were trained on how to monitor residents on a high-risk medication (anticoagulants), Apixaban (Eliquis), for 1 (Resident #37) of 1 sampled resident.</p> <p>The findings are:</p> <p>Review of an Admission Record indicated the facility admitted Resident #37 on 01/06/2024.</p> <p>Review of the Admission Record indicated Resident #37 had a diagnosis of unspecified atrial fibrillation.</p> <p>Review of the Physician's Orders revealed Resident #37 had an order for Sertraline HCl, an antidepressant which may cause you to bruise or bleed easily, with a start date of 02/24/2024, and Apixaban (Eliquis), an anticoagulant, related to atrial fibrillation, with a start date of 01/06/2024.</p> <p>Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/29/2024 revealed Resident #37 had severe cognitive impairment per a Brief Interview of Mental Status (BIMS). The resident was taking an antidepressant and anticoagulant medication.</p> <p>Review of Resident #37's Care Plan (initiated date 01/09/2024) revealed Resident #37 was on anticoagulant/antiplatelet therapy related to atrial fibrillation. The interventions noted, observe/document/report as needed adverse reactions of anticoagulant therapy: blood tinged or red blood in urine, black tarry stools, dark or bright red blood in stools, sudden severe headaches, nausea, vomiting, diarrhea, muscle joint pain, lethargy, bruising, blurred vision, shortness of breath loss of appetite, sudden changes in mental status, significant or sudden changes in vital signs.</p> <p>On 07/16/2024 at 9:41 AM, this Surveyor observed Resident #37 sitting in a wheelchair in the resident's room. Resident #37 had bruising noted to both arms. The Resident asked the Surveyor can you do anything about this (referring to her arm) and stated that it itches. The Surveyor noted that the Resident was picking at an open area on their left arm.</p> <p>On 07/16/2024 at 10:12 AM, the Surveyor noted during a review of Resident #37's chart there were no skin audits completed.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/17/2024 at 2:40 PM, during a concurrent interview, and observation, the Surveyor asked Licensed Practical Nurse (LPN) #17 if a skin audit was completed on Resident #37? LPN #17 voiced that s skin audit was completed weekly on every resident. The Surveyor asked, Can you show me the skin audit for [Resident #37]? LPN #17 voiced, I do not see any skin audits for [Resident #37]. The Surveyor asked, What is the purpose for the skin audit? LPN #17 voiced a skin audit reveals any skin concerns the resident has like bruising. The Surveyor asked, Does [Resident #37] have any skin concerns? LPN #17 voiced no. The Surveyor asked, Does [Resident #37] have any bruising? LPN #17 voiced no. The Surveyor asked, Can you take a look at [Resident #37] with me? and then, Do you see any bruising to [Resident #37]? LPN #17 voiced, [Resident #37] has spots to both arms and a large one here on the left arm, I didn't know anything about that.</p> <p>On 07/17/2024 at 2:53 PM, during an interview, the Surveyor asked the Assistant Director of Nursing (ADON), Are skin audits completed weekly? The ADON voiced that skin audits are supposed to be completed weekly. The Surveyor asked, What is the purpose of completing skin audits weekly? The ADON voiced to identify skin damage, discoloration, rashes etc. The Surveyor asked, Can you show me where a skin audit was completed on [Resident #37]? The ADON voiced that there was not an order to complete a skin audit weekly and there should be, it got missed. The Surveyor asked, Do you see that a skin audit was completed? The ADON voiced, No ma'am I do not see a completed skin audit. The Surveyor asked if Resident #37 was taking an anticoagulant. The ADON voiced that Resident #37 was taking Aspirin and Eliquis.</p> <p>On 07/18/2024 at 8:33 AM, during a concurrent interview, and observation, the Surveyor asked Certified Nursing Assistant (CNA) #6, Are you familiar with or have you taken care of [Resident #37]? CNA #6 voiced that she had taken care of Resident #37. The Surveyor asked, What are some things you watch for when caring for [Resident #37]? CNA #6 voiced, Rash, shortness of breath, hives, red spots, discoloration. The Surveyor asked, Why are you looking for those issues? CNA #6 stated, Because it's nursing. The Surveyor asked, Has [Resident #37] had any of the issues you mentioned? CNA #6 verbalized Resident #37 had red spots on both arms and complained of itching. The Surveyor asked, What did you do following this observation and complaint? CNA #6 voiced that she informed Licensed Practical Nurse (LPN) #27.</p> <p>On 07/18/2024 at 8:39 AM, during an interview, the Surveyor asked Certified Nursing Assistant (CNA) #30, Where do you get the information on how to care for a resident outside of basic care? CNA #30 voiced that the nurse tells us what to look for. The Surveyor asked, What are some things you look for? CNA #30 voiced falls, food, their intake. The Surveyor asked, Are you familiar with the care plans? CNA #30 voiced, Yes, it is on the kiosk. The Surveyor asked, Can you show me how you access it on the kiosk? CNA #30 took the Surveyor to a screen that displayed the residents name and their meal intake. The Surveyor asked, Is this the care plan you view which gives you information on what care and/or monitoring the resident requires? CNA #30 voiced, Yes ma'am. The Surveyor asked, Can you show me where it shows any monitoring required for [Resident #37]? CNA #30 voiced, No, this is not it.</p> <p>On 07/18/2024 at 8:42 AM, the Surveyor observed Certified Nursing Assistant (CNA) #30 clicking various tabs. Licensed Practical Nurse (LPN) #22 walked over to assist CNA #30.</p> <p>On 07/18/2024 at 8:45 AM, during an interview, the Surveyor asked Certified Nursing Assistant (CNA) #30, Where you trained on how to access the plan of care in the kiosk? CNA #30 voiced, No ma'am I never was.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/18/2024 at 8:48 AM, during an interview, the Surveyor asked Licensed Practical Nurse (LPN) #22, After being informed that there is an issue with a resident, what is your process? LPN #22 voiced, I notified the Advance Practice Nurse (APN). The Surveyor asked, Do you assess the resident? LPN #22 voiced, Yes, I do that before calling the APN. The Surveyor asked, Did you document what you did and who you notified? LPN #22 voiced, Yes.</p> <p>On 07/18/2024 at 9:00 AM, during an interview, the Surveyor asked Certified Nursing Assistant (CNA) #24, How do you know how to care for a resident and any monitoring that may be needed? CNA #24 voiced, The care plan. The Surveyor asked, What are some things that you are monitoring with [Resident #37]? CNA #24 voiced, Incontinence, eating, transfers when a lift is used. The Surveyor asked, Does the resident require any monitoring as it pertains to medications? CNA #24 voiced, Not to my knowledge. The Surveyor asked, Does the resident have any bruising? CNA #24 voiced, Not to my knowledge. The Surveyor asked, Do you look at the care plan daily? CNA #24 voiced that she had been employed at the facility for so many years she knows her resident therefore she does not look at the care plan often. The nurse will tell me if something is wrong. CNA #24 was working on the hall that Resident #37 resided on.</p> <p>On 07/18/2024 at 9:15 AM, during an interview, the Surveyor observed CNA #25 and CNA #26 standing together about 10 feet from Licensed Practical Nurse (LPN) #8 who stood there for the entire interview. The LPN and 2 CNAs were working on the same hall. The Surveyor asked CNA #25 and CNA #26, How do you know how to care for a resident and what to monitor for? CNA #26 voiced, The care plan, and CNA #25 voiced, We get reports from the nurse and the other CNAs. The Surveyor asked, What are some things you look out for with the resident you are caring for? CNA #26 voiced, Behaviors, sleepiness. The Surveyor asked, Do you have any residents that you are taking care of on this hall that require monitoring due to a medication they take? CNA #26 and CNA #25 voiced no ma'am. The Surveyor asked LPN #8, Are there any residents on this hall taking anticoagulants? LPN #8 voiced, Yes. The Surveyor asked, Are there any residents on this hall taking an opioid? LPN #8 said yes. The Surveyor asked LPN #8, Are there any residents on this hall taking an antidepressant or antipsychotic? LPN #8 voiced yes. The Surveyor asked LPN #8, With the CNAs seeing the resident's skin and providing the incontinence care why do they not have access to what to monitor for? LPN #8 could not provide an answer.</p> <p>On 07/18/2024 at 9:22 AM, during an interview, the Surveyor asked Licensed Practical Nurse (LPN) #27 what anticoagulant was Resident #37 taking. LPN #27 voiced, Eliquis. The Surveyor asked, Is there an order to do any monitoring as it pertains to this medication? LPN #27 said, No, but I am going to get one put in.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/18/2024 at 9:30 AM, during an interview, the Surveyor asked LPN #27, How do the CNAs (Certified Nursing Assistants) know what adverse effects to monitor when caring for a resident taking a high risk medication? LPN #27 voiced the nurses inform the CNAs what to look for and they know to report anything abnormal. The Surveyor asked, How do the nurses know what adverse effects to monitor for as it pertains to high risk medications? LPN #27 voiced it is on the Electronic Medication Administration Record (EMAR) we check off on it. The Surveyor asked LPN #27 to pull up Resident #37's orders, and asked, Is there an order to monitor for adverse effects of anticoagulants? LPN #27 voiced, No, I do not see one. The Surveyor asked if Resident #37 was taking an anticoagulant. LPN #8 voiced yes; Resident #37 is taking Eliquis. The Surveyor asked, so if there is no order to monitor, how was monitoring checked off on the EMAR? LPN #27 voiced it not getting checked off. The Surveyor asked how the nurses were informing the CNAs to monitor when there is no documentation that the nurses are monitoring. LPN #27 stated, They are not. The Surveyor asked, Were you notified that [Resident #37] had spots on their arm with itching? LPN #27 voiced that she does not remember being informed of that. The Surveyor asked, Are you aware that [Resident #37] had bruising? LPN #27 voiced, Yes, I looked at [Resident #37] yesterday. The Surveyor asked, Prior to yesterday were you aware that [Resident #37] had bruising? LPN #27 voiced, Prior to yesterday I did not look at [Resident #37].</p> <p>On 07/18/2024 at 10:20 AM, during an interview, the Surveyor asked the Director of Nursing (DON), What is your process for caring for residents taking high risk medication? The DON voiced we monitor, observe, and document. The Surveyor asked, How do the nurses know to monitor for any adverse effect related to high risk medications? The DON voiced there should be special instructions ordered for the medications. The Surveyor asked if there is no order for the special instructions, how do you ensure that the resident is being monitored? The DON voice that she could not ensure that the monitoring was being done. The Surveyor asked the DON what the process of getting information from the nurses to the aides as it relates to what to look for with the resident taking high risk medications. The DON voiced that it should be on the care plan. The Surveyor asked if all the aides were familiar with how to access the plan of care. The DON voiced, They are supposed to be, everyone was trained on the use of the kiosk when the system was initiated and/or when hired. The Surveyor asked, Was any re-training completed to ensure competency? The DON said no.</p> <p>On 07/18/2024 at 2:32 PM, the facility was unable to provide any documentation that the aides were trained on accessing the care plan on the kiosk or to monitor any resident taking high risk medication.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>47916</p> <p>Based on observation, record review, and interview, the facility failed to show a monthly Medication Regimen Review was completed on a monthly basis as required for 4 (Residents #3, #24, #25, and #41) sampled residents.</p> <p>The findings are:</p> <p>1. Review of Medical Diagnosis for Resident #41 noted the resident had diagnoses of respiratory failure, type II diabetes mellitus, and major depressive disorder.</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/06/2024 suggested a Brief Interview for Mental Status (BIMs) score of 7 (0-7 suggests severe cognitive impairment).</p> <p>On 07/16/2024 at 2:54 PM, per review of the pharmacy consult notes, the following dates did not have Medication Regimen Review recommendations: 08/22/2023, 09/11/2023, 11/14/2023, 01/17/2024, 02/06/2024, and 04/15/2024.</p> <p>Per record review of the Director of Nursing's (DON) Medication Regimen Review binder on 07/17/2024 at 2:41 PM, there were no discrepancies for 05/01/2024, 06/02/2024</p> <p>On 07/17/2024 at 3:51 PM, during an interview the Surveyor asked the Director of Nursing (DON) for Medication Regimen Reviews for 07/2023, 10/2023, 12/2023, and 03/2024. The surveyor was unable to find 4 months of reviews in the MRR binder.</p> <p>On 07/17/2024 at 3:50 PM, during an interview the Director of Nursing (DON) told the Surveyor that she is aware that the MRR is done every month, and she is unable to provide the requested documents and will be providing a statement to the Survey Team.</p> <p>On 07/17/2024 at 4:00 PM, the Director of Nursing (DON) provided a statement that after a review of the pharmacy consultant reports she was unable to successfully find medication regimen reviews for the requested residents.</p> <p>On 07/18/2024 at 10:25 AM, a review of the policy titled, Medication Regimen Review provided by the Director of Nursing (DON) revealed, Policy Statement The consultant pharmacist reviews the medication regimen of each resident at least monthly. Policy Interpretation and Implementation 1. The consultant pharmacist performs a medication regimen review (MRR) for every resident in the facility receiving medication . 14. The consultant pharmacist provides the director of nursing services and medical director with a written, signed and dated copy of all medication regimen reports .</p> <p>48977</p> <p>2. Review of the Order Summary Report noted Resident #24 had an anxiety disorder, cervicalgia (neck pain), and migraines.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Physician's Order revealed Resident #24 had an order for Lorazepam, an anxiety medication, started on 04/04/2024, Hydrocodone-Acetaminophen, a pain medication, opioid, started on 03/13/2024, 7.5-325 MG (Hydrocodone-Acetaminophen) as needed, Tizanidine, a muscle relaxer, started on 01/26/2024, related to cervicgia, and Butalbital-Acetaminophen- Caffeine, used to relieve symptoms of tension (or muscle contraction) headaches, barbiturate, started on 02/06/2023, as needed for migraine headaches.</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/24/2024 revealed Resident #24 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. The resident was taking anti-anxiety, opioid medications and the last Gradual Dose Reduction was not noted.</p> <p>Review of Resident #24's Care Plan (revision date 12/30/2022) revealed Resident #24 had a diagnosis of pain, migraine and Crohn's disease and had impaired nutrition related to dementia, mood disturbance, and anxiety, revised on 11/09/2022.</p> <p>On 07/17/2024 at 1:47 PM, review of the resident's record revealed Monthly Medication Reviews were completed for the following dates: 06/08/2023, 08/22/2023, 09/24/2023, 11/14/2023, 01/17/2024, and 02/06/2024. Documents titled Consultant Pharmacist's Medication Regimen Review: Listing of Resident Reviewed with no recommendations noted Resident #24's medications were reviewed for the following dates: 09/05/2023, 09/25/2023 11/28/2023, 12/01/2023 and 12/29/2023, 01/23/2024, 04/17/2024, 05/01/2024 and 06/02/2024.</p> <p>On 07/18/2024 11:50 AM, the Surveyor was provided with additional documentation that Medication Regimen Reviews were completed on the following dates 09/05/2023 and 07/17/2024</p> <p>On 07/17/2024 at 3:40 PM, during an interview the Surveyor asked the Director of Nursing (DON) if the facility was able to provide documentation that Monthly Medication Reviews (MMR) were completed? The DON voiced that the facility did not have proof that monthly medication reviews were completed, and the plan of correction was already in the works.</p> <p>3. Review of the Order Summary Report indicated Resident #25 had diagnoses of insomnia and adjustment disorder with depressed mood.</p> <p>Review of the Physician's Orders revealed Resident #25 had an order for Citalopram Hydrobromide, an antidepressant, related to adjustment disorder with depressed mood, start date 10/13/2023, and Trazodone, an antidepressant, related to insomnia, start date 03/18/2024.</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/19/2024 revealed Resident #25 had a Brief Interview of Mental Status (BIMS) score of 12 which indicated the resident was moderately cognitively impaired. The resident was taking antidepressant medications, and the last Gradual Dose Reduction was not noted.</p> <p>Review of Resident #25's Care Plan (revision date 10/20/2023) revealed Resident #25 had a diagnosis of adjustment disorder with depressed mood. Interventions included administering medications as ordered, monitor/document for side effects and effectiveness. Insomnia was not addressed on the care plan for Resident #25.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/17/2024 at 1:47 PM, a review of the resident's record revealed Monthly Medication Reviews completed for the following dates: 11/18/2023, 1/17/2024, 2/6/2024, and 4/16/2024. A document titled Consultant Pharmacist's Medication Regimen Review: Listing of Resident Reviewed with no recommendations noted Resident #25's medications were reviewed for the following dates: 11/06/2023 and 11/19/2023, 01/01/2024 and 01/17/2024, 04/01/2024 and 04/16/2024, 05/01/2024 and 06/02/2024</p> <p>On 07/17/2024 at 3:40 PM, during an interview the Surveyor asked the Director of Nursing (DON) if the facility was able to provide documentation that the Monthly Medication Reviews (MMR) were completed? The DON voiced the facility did not have proof that monthly medication reviews were completed, and the plan of correction was already in the works.</p> <p>On 07/17/2024 at 3:56 PM, a policy titled, Pharmacy Services noted, .5. The consultant pharmacist will provide specific activities related to medication regimen reviews including: a. a documented review of the medication regimen of each resident at least monthly, or more frequently under certain conditions, based on applicable federal and state guidelines; e. providing the facility with written or electronic reports and recommendations related to all aspects of medication and pharmaceutical services reviews .</p> <p>49413</p> <p>On 07/17/2024 at 11:30 AM, the Director of Nursing (DON) provided the Medication Regime Reviews forms that were provided to the facility by the pharmacist. The DON confirmed the only medication regime review forms in the facility were provided to the surveyors. The pharmacist failed to provide monthly regimen review forms for Resident #3 for the months of October 2023, December 2023, February 2024, and March 2024.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47916</p> <p>Based on observation, record review, and interview, the facility failed to ensure medications were stored behind a locked door; medications were not left at the bedside for 2 (Resident #13 and Resident #56) of 2 residents reviewed for medication storage at the bedside; and narcotic medications were stored in a permanently affixed compartment to prevent the potential of misappropriation of resident property.</p> <p>The findings include:</p> <p>1. On 07/15/2024 at 9:40 AM, the Surveyor observed an oxygen concentrator holding open a door to the Employee Training/Staff Development room. On entering the Surveyor observed betadine and Dyna-hex on the counter across the room, to the right of the sink, the unlocked upper cabinets contained multiple bottles of betadine, and 2 bottles of Dakins solution. There were 2 unlocked medication (med) carts resting against the right side of the room. The first unlocked med cart had the following medications in the drawers:</p> <ul style="list-style-type: none"> a. 2 - tubes of wound and burn gel b. Hibiclens (used to clean the skin to prevent infection) c. 0.25% Sodium Hypochlorite Solution d. Dakins (used to prevent and treat skin and tissue infections) e. 2 - Povidone Iodine Prep Solution <p>The second med cart had a prescription bottle of Lageviro (treatment of mild-to-moderate COVID-19) 200 mg capsules resting on top. The top drawer of the second med cart contained the following:</p> <ul style="list-style-type: none"> a. Mucus Relief b. Melatonin 5 milligrams (mg) c. Melatonin 3 mg d. Acetaminophen 325 mg e. 2 - Acetaminophen 650 mg f. Acetaminophen 500 mg g. Aspirin 81 mg chewable tablets <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>h. Aspirin 81 mg enteric coated tablets</p> <p>i. 2 - Stool Softener 100 mg</p> <p>j. Allergy Relief 180 mg</p> <p>k. All Day Allergy Relief 10 mg</p> <p>On 07/15/2024 at 9:47 AM, the Assistant Director of Nursing (ADON) walked into the education room and said that she did not know why someone had propped an oxygen concentrator against the door to hold it open. She confirmed that medications not stored behind a locked door could be taken by a resident and should be locked away.</p> <p>2. Review of Resident #13's Medical Diagnosis revealed diagnoses of heart failure, reflux disease, and diverticulitis.</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/10/2024 suggested a Brief Interview for Mental Status (BIMs) score of 15 (13-15 indicates cognitively intact).</p> <p>On 07/15/2024 at 10:37 AM, a bottle of TUMs was observed sitting in a purple plastic container on the bedside table to the left of Resident #13. During an interview Resident #13 said family had brought the TUMs to the facility.</p> <p>On 07/16/2024 at 11:25 AM, while observing blood sugar checks in Resident #13's room, the Surveyor observed TUMs, an antacid, stored in a purple plastic container to the left of the bedside. Licensed Practical Nurse (LPN) #15 confirmed residents require an order for antacids and must have a doctor's order for self-administration rights with training, because other residents could come in and take the medication. LPN #15 checked Resident #13's orders and confirmed no order for TUMS was present, and reported families are told not to bring in medications. All staff are responsible for reporting found medications.</p> <p>3. Review of Resident #56's Medical Diagnosis revealed diagnoses of spinal stenosis, lymphedema, and schizophrenia.</p> <p>Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/05/2024 suggested a Brief Interview for Mental Status (BIMs) score of 14 (13-15 indicates cognitively intact). Section M1030 does not indicate any foot infections.</p> <p>On 07/15/2024 at 12:01 PM, a bottle of Tineacide, an antifungal, was observed resting on the chest of drawers under the TV in Resident #56's room. Licensed Practical Nurse (LPN) #3 came to Resident #56's room and said she did not know the medication was in Residents 56's room. LPN #3 confirmed Resident #56 does not have an order for Tineacide, and there is a risk of someone with a memory problem or could not read, might ingest the medication.</p> <p>On 07/15/2024 at 1:21 PM, during an interview Resident #56 stated, I had a big toenail taken off and was using an antifungal. Resident #56 confirmed placing the Tineacide (an antifungal medication) on the chest of drawers several days ago.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/17/24 at 12:30 PM, during an interview the Director of Nursing (DON) confirmed that all medications should be locked in a cart or the medication room because a resident could take the medication or overdose. The DON confirmed no residents have self-administration rights, and families are educated on admission not to bring in medications or anything that says keep out of reach of children.</p> <p>On 07/17/2024 at 1:00 PM, a review of a policy provided by the Director of Nursing (DON) titled, Self-Administration of Medication revealed, Policy Statement Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so . 8. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents . 9. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party .</p> <p>48977</p> <p>On 07/16/2024 at 10:32 AM, the Surveyor inspected the medication room (1 of 3) with Registered Nurse (RN) #1 and observed a locked box containing refrigerated controlled medications was not permanently affixed.</p> <p>On 07/16/2024 at 11:22 AM, the Surveyor inspected the medication room (2 of 3) with Licensed Practical Nurse (LPN) #2 and observed the locked box containing refrigerated controlled medications was not permanently affixed.</p> <p>On 07/16/2024 at 11:40 AM, the Surveyor inspected the medication room (3 of 3) with Licensed Practical Nurse (LPN) #3 and observed the locked box containing refrigerated controlled medications was not permanently affixed.</p> <p>On 07/16/2024 at 10:34 AM, Registered Nurse (RN) #1 confirmed the lock box used to store refrigerated controlled medications was not permanently affixed.</p> <p>On 07/16/2024 at 11:24 AM, Licensed Practical Nurse (LPN) #2 confirmed the lock box used to store refrigerated controlled medications was not permanently affixed.</p> <p>On 07/16/2024 at 11:45 AM, Licensed Practical Nurse (LPN) #3 confirmed the lock box used to store refrigerated controlled medications was not permanently affixed.</p> <p>On 07/17/2024 at 1:16 PM, the Director of Nursing (DON) voiced the locked box was not affixed to anything, but they are now and she thought 3 locks was the only requirement.</p> <p>On 07/17/2024 at 9:20 AM, a policy titled, Storage of Medication noted, .8. Scheduled II-V controlled medications are stored in separately locked, permanently affixed compartments.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>03508</p> <p>Based on observation, record review, and interview, the facility failed to ensure meals were prepared and served according to the planned written menu to meet the nutritional needs of the residents for 1 of 1 meal observed. The failed practices had the potential to affect 11 residents who received pureed diets, and 6 residents who received mechanical soft diets from 1 of 1 kitchen according to a list provided by the Dietary Manager on 07/17/2024 at 3:11 PM.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. The 07/17/2024, the noon meal menu documented the residents who received pureed diets and mechanical soft diets were to receive 2 ounces (1/4 cup) of gravy, a #8 scoop (1/2 cup) of pureed cabbage and a #8 scoop (1/2 cup) of pureed apple cobbler. 2. On 07/17/2024 at 11:42 AM, Dietary [NAME] (DC) #19 placed 10 servings of cornbread into a blender, added 3 cartons of whole milk and pureed. At 11:44 AM, DC #19 poured the pureed cornbread into a pan and placed it in a pan of hot water on the stove to serve 11 residents on pureed diets. 3. On 07/17/2024 at 11:56 AM, Dietary [NAME] (DC) #19 used a #8 scoop to place 8 servings of seasoned cabbage with its juice into a blender, added thickener and pureed, instead of a total of 11 servings. At 11:59 AM, DC #19 poured the pureed cabbage into a pan and placed it in a pan of water on the stove to serve 11 residents on pureed diets. 4. On 07/17/2024 at 12:08 PM, Dietary [NAME] (DC) #19 used a #8 scoop to placed 9 servings of apple cobbler into a blender and puree to serve to 11 residents on pureed diets. DC #19 used a #8 scoop to portion it into 11 bowls. There was some pureed apple cobbler left inside the blender. At 12:10 PM, when she was about to discard it, the surveyor asked DC #19 to use the same #8 scoop she had used to portion pureed apple cobbler into the blender and to measure what was left in the blender that she was about to discard. DC #19 did so, and stated, Three servings. She then threw the remaining pureed apple cobbler away. 5. On 07/17/2024 at 12:12 PM, during the noon meal preparation, there was no gravy prepared to serve the residents on pureed diets and mechanical soft diets. 6. On 07/17/2024 at 1:07 PM, there was no gravy served to the residents on pureed and mechanical soft diets and there was no mashed potatoes served to 10 residents on pureed diets. 7. On 07/18/2024 at 6:57 AM, the surveyor asked Dietary [NAME] (DC) #19 the reason mashed potatoes were not served to the residents on pureed diets, and the reason gravy was not prepared and served to the residents on pureed diets and residents on mechanical soft diets. DC #19 stated, I missed serving mashed potatoes, because we were rushing. I must have overlooked the gravy. The surveyor asked Dietary [NAME] (DC) #19 how many residents she had on pureed diets. DC # 19 stated, We have 11, but 3 of them were supposed to have large portion. I should have done extra.

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>03508</p> <p>Based on observation and interview, the facility failed to ensure pureed food items were blended to a smooth, lump free consistency to minimize the risk of choking or other complications for those residents who required pureed diets for 1 of 1 meal observed. The failed practice had the potential to affect 11 residents who received pureed diet, as documented on the list provided by the Dietary Supervisor on 07/17/2024.</p> <p>The findings are:</p> <ol style="list-style-type: none"> On 07/17/2024 at 11:30 AM, Dietary [NAME] (DC) #19 placed 13 servings of polish sausage into a blender, added chicken broth and pureed. At 11:31 AM, DC #19 poured the pureed polish sausage into a pan and placed it in a pan of hot water on the stove. The consistency of the pureed polish sausage was lumpy and was not smooth. There were pieces of meat still visible in the mixture. On 07/17/2024 at 11:42 AM, Dietary [NAME] (DC) #19 placed 10 servings of cornbread into a blender, added 3 cartons of whole milk and pureed. At 11:44 AM, DC #19 poured the pureed cornbread into a pan and placed it in a pan of hot water on the stove. The consistency was gritty and was not smooth. On 07/17/2024 at 11:56 AM, Dietary [NAME] (DC) #19 used a #8 scoop to place 8 servings of seasoned cabbage with its juice into a blender, add thickener and pureed. At 11:59 AM, DC #19 poured the pureed cabbage into a pan and placed it in a pan of water on the stove. The consistency of the pureed cabbage was running and was not formed. On 07/17/2024 at 12:59 PM, the surveyor asked Certified Nursing Assistant (CNA) #6 to describe the consistency of the pureed polish sausage served to the residents on pureed diets. She stated, Pureed meat was not pureed. It has pieces of meat in it. On 07/17/2024 at 1:02 PM, the surveyor asked Certified Nursing Assistant (CNA) #29 to describe the consistency of the pureed polish sausage and cornbread served to the residents on pureed diets. She stated, Pureed meat was little chunky, and pureed cornbread was thick. On 07/17/2024 at 1:05 PM, the surveyor asked the Dietary Manager to describe the consistency of the pureed food items served to the residents on pureed diets. She stated, Meat was not pureed well, it has pieces of meat in it, and the pureed cornbread was too thick, and the pureed vegetables were too thin. On 07/17/2024 at 1:15 PM, the surveyor interviewed Certified Nursing Assistant (CNA) #18 regarding the pureed foods on the trays. CNA #18 was asked to describe the consistency of pureed meat (kielbasa sausage) and the cabbage. He described the consistency of the meat as inconsistent and thick. He described the cabbage as on the thin side, kind of runny, not thick. 		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>03508</p> <p>Based on observation, record review, and interview, the facility failed to ensure the physician's plan of care for chopped meat was followed for 8 residents who had a physician's order for chopped meat diets. The failed practice had the potential to affect 8 residents who had physician orders for chopped meat diets (census of 78), according to a list provided by the Dietary Manager on 07/17/2024.</p> <p>The findings are.</p> <p>1. On 07/17/2024 at 12:12 PM, when staff were preparing to serve lunch the meal from the steam table during kitchen observation, the kielbasa was not pre-chopped to serve to the eight residents who had physician orders for chopped meat.</p> <p>2. On 07/17/2024 at 1:45 PM, three residents were served regular polish sausage with skin intact with the size ranging from 1 inch to 1.5 inches. The surveyor showed the Dietary Manager and Dietary [NAME] (DC) #19 the size of the chopped meat/entree ranging from 1 inch to 1.5 inches served to three residents on regular chopped meat diets in the dining room. During the interview DC #19 confirmed that was the size she was cutting the meat. The Dietary Manager confirmed the pieces were too large.</p> <p>3. A Diet Consistencies document provided by the Dietary Manager on 07/18/2024 at 8:15 AM noted, . Chopped .soft and bite sized. Soft and tender throughout. No hard/though foods. Chewing is required. The Dietary Manager stated, This was given to me by our speech therapy.</p> <p>37925</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03508</p> <p>Based on observation and interview, the facility failed to ensure dirty trash cans were stored away from the food storage racks; kitchen sink was free of leaks; the walk-in freezer floor was free of ice buildup; the ice machine and ice scoop were maintained in clean and sanitary conditions to prevent potential growth of harmful bacteria that could be transferred to the residents food; opened food items in the refrigerator, freezer and storage room were covered, sealed, and dated; and expired foods were promptly removed from stock to maintain freshness and prevent potential cross contamination; dietary staff practiced good hand hygiene to prevent potential cross contamination of food and clean dishes; and hot food item was maintained at the required temperature on the steam table and serving line to prevent potential foodborne illness. These failed practices had the potential to affect 75 residents who received meals from the kitchen (Total Census: 78), as documented on a list provided by the Dietary Manager on [DATE] at 3:11 PM.</p> <p>The findings are:</p> <ol style="list-style-type: none"> On [DATE] at 9:38 AM, in the storage room there was a trash can with various black and brownish stains pushed up against a food prep area and a cart to hold food items. On [DATE] at 9:39 AM, in the storage room there was a blue bucket underneath the three (3) compartments sink for an open pipe from the sink. The bucket was three-quarters of the way full of unknown oblong objects on top of the dirty grey water. On [DATE] at 9:42 AM, a pan that contained two partially frozen rolls of ground beef was on the top shelf of the glass door refrigerator to thaw. The pan of ground beef was above a box of raspberry/peach yogurt, a watermelon, and fresh tomatoes. On [DATE] at 9:50 AM, there was a trash can with trash in it, covered with an unknown white and brown substance, touching the dry food storage shelves that held food for resident's meals. On [DATE] at 9:50 AM, the dry goods storage had a container of flour not fully sealed, without an open date. On [DATE] at 9:52 AM, outside of the back kitchen door to the left was a cart full of black trash bags and empty cardboard boxes and to the right were broken down cardboard boxes on top of bread crates. On [DATE] at 9:52 AM, the floor to the freezer outside the kitchen was covered in ice. Icicles were hanging from all three (3) shelving units and attached to numerous boxes containing food. On [DATE] at 9:54 AM, the chest freezer did not have a thermometer, the entire inside was covered with ice. On [DATE] at 9:33 AM, the following observations were made on a shelf in the freezer outside the kitchen. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. An opened box of fish patties, no date was on the box.</p> <p>b. An opened box of hamburger patties, no date was on the box.</p> <p>c. An opened box garlic bread. The box was not covered or sealed and no date was on the box.</p> <p>d. An opened of Italian vegetables. The box was not covered or sealed and no date was on the box.</p> <p>e. An opened box of omelets. The box had no opened date on it.</p> <p>f. An opened box of turkey bacon. The bacon had freezer burn. The surveyor asked the Dietary Manager to describe the appearance of the bacon. She stated, They have freezer burn on them.</p> <p>g. An opened box of waffles. The box was not covered or sealed, and there was no opened date on it.</p> <p>h. An opened box of chicken strips. The box was not covered or sealed, and there was no opened date on it.</p> <p>i. An opened box of oriental vegetables. The box was not covered or sealed. The opened was not marked on the box.</p> <p>10. On [DATE] at 9:59 AM, the area in the ice machine panel where ice touches before dropping into the ice collector had wet brownish, black, and beige colors on it. The surveyor asked the Dietary Manager to wipe the area. The brownish, black, and beige residue easily transferred to the tissue. She stated, It was sage and brown residue. The surveyor asked the Dietary Manager who uses the ice from the ice machine and how often do you clean it? She stated, We clean it every month. That's the ice the CNAs [Certified Nursing Assistants] use for the water pitchers in the residents' rooms and we use it sometimes in the kitchen to fill beverages served to the residents at mealtimes.</p> <p>11. On [DATE] at 10:00 AM, the scoop holder on top of the counter by the ice machine had wet pink residue all around the corner and the ice scoop was resting on it. The surveyor asked the Dietary Manager to wipe the wet pink residue. She did so, wet pink residue easily transferred to the tissue. The surveyor asked Dietary Manager to describe what was observed at the bottom of the scoop holder, how often do you clean the scoop holder and who uses the ice from the ice machine? stated, It was pink slimy residue. The CNAs [Certified Nursing Assistants] use it for the water pitchers in the residents' rooms.</p> <p>12. On [DATE] at 10:05 AM, the ceiling tiles in the kitchen had dust on them. The ceiling air vent panels between the 2 door refrigerator had rust on them. The ceiling air vent panels around the food preparation counter and the stove had rust on them.</p> <p>13. On [DATE] at 10:07 AM, the following observations were made on a shelf in the 2 door refrigerator in the kitchen:</p> <p>a. An opened bag of biscuits. There was no date on the bag.</p> <p>b. An opened box of bacon. The box was not covered or sealed.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>14. On [DATE] at 10:11 AM, Dietary [NAME] (DC) #19 was wearing gloves on her hands when she opened a drawer and removed a knife. Without changing gloves and washing her hands, she picked up slices of cornbread and placed them into a pan to be served to the residents for lunch meal.</p> <p>15. On [DATE] at 10:13 AM, the surveyor asked the Dietary Manager who uses the ice from the ice machine? She stated, We use it in the kitchen to fill beverages served to the residents at mealtimes, and the residents use it.</p> <p>16. On [DATE] at 10:16 AM, the area in the ice machine where ice forms before dropping into the water pitcher or cups had thick accumulation of wet black residue on it. The surveyor asked the Maintenance Supervisor to wipe the area. He did so, solid black residue easily transferred to the tissue. At 3:12 PM, the surveyor asked the Maintenance Supervisor to describe what was observed in the area where ice forms. He stated it was slimy solid black residue. We sanitize the area two times a year. We are going to start cleaning it more than two times a year.</p> <p>17. On [DATE] at 10:21 AM, in the kitchen an opened box of bacon was on a shelf in the 2 door refrigerator. The box was not covered or sealed.</p> <p>18. On [DATE] at 10:27 AM, the following observations were made on the shelf in the storage room:</p> <ul style="list-style-type: none"> a. An opened bag of sugar. The bag was not covered. b. A container of flour had a measuring cup directly on it. c. A container of the sugar had a measuring cup directly on it. d. A container of fish meal had a measuring cup directly on it. e. A container of salt had a measuring cup directly on it. f. A container of cornmeal had a measuring cup directly on it. g. A container of the meal had a measuring cup directly on it. <p>The surveyor immediately asked the Dietary Manager the reason cups should not be inside the food items. She stated, It's cross contamination.</p> <ul style="list-style-type: none"> h. A bag of tortilla chips. The bag had an expiration date of [DATE]. <p>19. On [DATE] at 10:31 PM, the following observations were made on the pan under the food preparation counter:</p> <ul style="list-style-type: none"> a. An opened container of paprika. The was not covered. b. An opened container of cinnamon. The container was not covered. <p>20. On [DATE] at 10:57 AM, the following observations were made in the freezer:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. An opened box of cookie and cream ice cream in the freezer was fuzzy, there was no name to indicate who it belonged to and no opened or received date on the box.</p> <p>b. Two bags of cheeseburgers had no name or receive date on them.</p> <p>c. A box of shrimp stir fry rice had no name or date on it. The refrigerator was dirty with spilled liquid brown stains on it.</p> <p>21. On [DATE] at 11:11 AM, Dietary [NAME] (DC) #19 used a rag to wipe food items that spilled on the counter. She then picked up the water hose with her bare hand, used it to spray leftover food from inside of the dishes, contaminating her hands. She placed the dirty dishes in the dirty racks and pushed the racks into the dish washing machine to wash. After the dishes stopped washing, she moved to the clean side of the dishwasher area and picked up the clean blade and attached it to the base of the blender, then used a rag to dry inside of the blender bowl. As she was about to use it to puree food items to be served to the residents on pureed diets. The surveyor immediately asked DC #19 what should you have done after touching dirty objects or before handling clean equipment? She stated, I should have washed my hands.</p> <p>22. On [DATE] at 11:19 AM, Dietary [NAME] (DC) #19 was wearing gloves on her hands when she turned on the food preparation sink and obtained a pitcher. She then turned off the faucet with her gloved hand, contaminating the glove. She removed the gloves from her hands, and placed new gloves on, contaminating the gloves. Without changing gloves and washing her hands. She used her contaminated glove hand to attach a clean blade to the base of the blender, placed 6 servings of polish sausage and ground and poured into a pan to be served to the residents who received mechanical soft diets for lunch.</p> <p>23. On [DATE] at 11:37 AM, Dietary [NAME] (DC) #19 took out a pan of oven roasted potatoes from the oven and emptied it into a different pan. Without washing her hands, she picked up a clean blade and attached it to the base of the blender to be used in pureeing food items to be served to the residents on pureed diets. The surveyor asked DC #19 what she should have done after touching dirty objects and before handling clean equipment? DC #19 stated, Washed my hands.</p> <p>24. On [DATE] at 11:49 AM, Dietary Aide (DA) #21 went to the ice machine outside the kitchen and obtained ice into a pitcher and walked back into the kitchen. Without washing her hands, she removed gloves from the glove box and placed them on her hands, contaminating the gloves. She used her contaminated gloved hands to pick up glasses by their rims and poured ice cubes, then water, and placed them on the trays to be served to the residents for lunch. At 12:20 PM, the surveyor asked DA #21 what she should have done after touching dirty objects and before handling clean equipment? DA #21 stated, I should have washed my hands.</p> <p>25. On [DATE] 12:12 PM, the temperature of the pureed chicken tender when checked and read by the Dietary Aide (DA) #20 at the edge of the steam table was 116 degrees Fahrenheit. The above meat item was reheated before being served to the resident.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>49413</p> <p>Based on interview, and record review, the facility failed to ensure the Binding Arbitration Agreement stated the resident or resident representative were not required to sign the binding arbitration agreement as a condition of admission or as a requirement to continue to receive care at the facility.</p> <p>The findings are:</p> <p>On 07/15/2024, the Director of Nursing (DON) provided a copy of the arbitration agreement the facility provided at admission. The document did not specify whether the resident or resident representative are not required to sign the binding arbitration agreement as a condition of admission to or as a requirement to continue to receive care at the facility.</p> <p>On 07/15/2024 at 10:40 AM, review of the Arbitration Agreement, the required wording of neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at the facility was not located within the document.</p> <p>On 07/15/2024 at 10:53 AM, the Social Worker confirmed families are told they can sign the arbitration agreement but are not obligated to sign for admission to the facility.</p> <p>On 07/17/2024 at 12:50 PM, Residents #70's, #1's, #4's, and #52's, Arbitration Agreements were reviewed. The signed residents' contracts did not contain the statement of neither the resident or resident representative are required to sign the binding arbitration agreement as a condition of admission to or as a requirement to continue to receive care at the facility.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37925</p> <p>Based on observation, record review and interview, the facility failed to ensure a water management program was put in place to prevent the growth of Legionella and other opportunistic waterborne pathogens in the water system or ways to intervene in the instance of a Legionella outbreak for 1 of 1 facility; failed to ensure enhanced barrier precautions were in place for 1 (Resident #29) of 1 sampled resident with a Percutaneous Endoscopic Gastrostomy (PEG) tube and open wound; failed to ensure proper hand hygiene during meal service to prevent cross contamination for 1 (Resident #15) to prevent cross contamination; failed to ensure upper dentures were stored in a closed container with denture cleaner to prevent infection, and germs for 1 (Resident #71); failed to ensure hand hygiene was performed to prevent infection, and cross contamination for 1 (Resident #277) of 2 sampled residents observed for perineal care (Resident #41 and Resident #277); and failed to ensure clean linens were properly stored as to not become contaminated prior to use by residents.</p> <p>The findings are:</p> <p>1. On 07/15/2024, the facility census was 78, and Hall G had 7 rooms (10 beds available) that were empty, as indicated on the Midnight Census Report provided by the Director of Nursing (DON) on 07/15/2024.</p> <p>On 07/17/2024 at 1:40 PM, the Maintenance Director stepped in the sunroom and stated, Someone was asking about water management? and this surveyor confirmed this. He brought in a black binder, and he confirmed he only had Life-Safety water temperatures in the book. He was asked, Do you have a water management plan in place? and he stated, No. They asked me about that last year. We have city water. This surveyor asked him if the facility had a water management plan in place to check for Legionella and he stated, We don't use test kits. This surveyor explained to him that this surveyor was not asking about tests kits but asked, So you do not do any flushing of your water pipes or anything to ensure the facility does not have any issues with Legionella? He stated, We are not checking the facility for Legionella because we have a closed water system. He was asked, What about areas of standing water? and he stated, We don't have any standing water anywhere in the facility. He left the binder for this surveyor to review.</p> <p>On 07/17/2024 at 2:20 PM, the Director of Nursing (DON) asked this surveyor if the Maintenance Director gave this surveyor what was needed, and she was informed that he did not and she was asked to check with the Administrator to clarify if the facility had a water management plan in place.</p> <p>On 07/17/2024 at 3:25 PM, the Director of Nursing (DON) came to the sunroom and stated, I spoke with [Administrator's name] and [another name] and he [Administrator] said we do not have a water management plan in place. This surveyor stated to her, So to be sure you understand what I am asking for, I am not talking about the test kits for Legionella. I'm asking about a plan to ensure the facility is checking things with the water system? and she nodded her head up and down.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/17/2024 at 4:30 PM, this surveyor reviewed the Water Temperature Log binder provided by the Maintenance Supervisor. The binder contained information for Major Log of Life Safety Code Testing and Inspections, Drills and Water Temps. The latest water temperature log was dated 07/12/2024 and it contained water temperatures for different areas in the facility. There was no information regarding an assessment to identify where Legionella and other opportunistic pathogens could grow and spread or evidence of control measures in place to prevent the growth of water-borne pathogens, or ways to intervene in the instance of a Legionella outbreak.</p> <p>On 07/18/2024 at 10:25 AM, the Director of Nursing (DON) provided a Legionella Water Management Program policy, revised September 2022, that indicated, .As part of the infection prevention and control program, our facility has a water management program, which is overseen by the water management team . 5. The water management program includes the following elements: .b. A detailed description and diagram of the water system in the facility . d. The identification of situations that can lead to Legionella growth, such as: .(3) changes in municipal water quality . (7) water stagnation . e. Specific measures used to control the introduction and/or spread of Legionella (e.g., temperature, disinfectants); f. The control limits or parameters that are acceptable and that are monitored; g. A diagram of where control measures are applied . j. Documentation of the program .</p> <p>2. Resident #29 had a diagnosis of difficulty swallowing following a disruption of blood flow to the brain, as noted on the Order Summary Report.</p> <p>A July 2024 Order Summary Report indicated, .enteral feed order every shift [enteral] flush tube with 60 ml [milliliters] of water before and after administration of medication pass and enteral feedings . order date 04/17/2024 . clean open area to left buttocks with [wound cleanser], apply collagen particles, and cover with bordered foam dressing QD [every day] . ordered 07/02/2024 . There were no orders for enhanced barrier precautions indicated.</p> <p>A Care Plan dated 05/13/2024 indicated Resident #29 required a feeding tube related to dysphagia and staff were to check for tube placement before medication administration.</p> <p>On 07/15/2024 at 10:29 AM, Resident #29 was in bed with eyes closed. There was a feeding pump in the room with nothing on the pump at this time. There was a 60 cc (cubic centimeter) syringe on the nightstand in a plastic bag dated 07/15/2024 at 5:00 AM. There was no enhanced barrier precaution signage on the door or door frame or in the room at this time.</p> <p>On 07/17/2024 at 2:05 PM, Certified Nursing Assistant (CNA) #6 confirmed she had not received any education on enhanced barrier precautions. She also confirmed that she did not know which residents were on enhanced barrier precautions because she was not fully aware of enhanced barrier precautions.</p> <p>On 07/17/2024 at 2:07 PM, Certified Nursing Assistant (CNA) #7 confirmed she could not recall if she's received any education on enhanced barrier precautions. She confirmed she did not know which residents were on enhanced barrier precautions.</p> <p>On 07/17/2024 at 2:17 PM, Licensed Practical Nurse (LPN) #8 confirmed she had not received any education on enhanced barrier precautions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/17/2024 at 2:10 PM, the Infection Preventionist (IP) confirmed she had in-serviced staff members on enhanced barrier precautions. She confirmed it may have been in April 2024 and that it was an all staff in-service. She confirmed that no residents were on enhanced barrier precautions at this time because they did not have any residents with Methicillin-Resistant Staphylococcus Aureus (MRSA), Clostridium Difficile (C-Diff) or any communicable diseases. She confirmed that if a resident had an indwelling catheter or a PEG (Percutaneous Endoscopic Gastrostomy) tube, they should be on enhanced barrier precautions and that the facility did have residents in the facility at this time with indwelling catheters and PEG tubes.</p> <p>On 07/17/2024 at 2:49 PM, the Infection Preventionist (IP) provided a copy of an In-service titled, Infection Control dated 04/25/2024. The summary of the training indicated, see attached training documents from HQIN (Health Quality Innovation Network)- Quality Improvement Organizations. A page in the in-service, with no number, indicated, .Enhanced barrier precautions include: all indwelling medical devices -wound care . Another page, un-numbered, in the in-service indicated, .Transmission-based precautions . enhanced barrier precautions gowns/gloves: don [put on] at entry, doff [take off] at exit . Enhanced barrier precautions are used when caring for residents with wounds and /or indwelling medical devices regardless of if they have an infection or not .</p> <p>47916</p> <p>3. Review of the Medical Diagnosis revealed Resident #15 had diagnoses of heart failure, stroke, and aphasia.</p> <p>Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/11/2024 suggested a Brief Interview for Mental Status (BIMs) score of 3 (0-7 suggest severely cognitively impaired). Section GG1030 of the MDS indicated the resident required moderate assistance with meals.</p> <p>On 07/15/2024 at 12:26 PM, Restorative Aide #9 was observed walking in the dining area and placing both hands in her scrub pants pockets.</p> <p>On 07/15/2024 at 12:29 PM, Restorative Aide #9 picked up a tray of food and carried it into the dining area to Resident #15 and provided meal set up touching the napkin, and handle of silverware without performing hand hygiene. Restorative Aide #9 was asked how hand hygiene was performed, and CNA told the Surveyor that she washed her hands before coming to the dining room. CNA confirmed that she should have washed or used alcohol gel before serving Resident #15 since she had her hands in her pockets because it causes germs.</p> <p>During an interview on 07/17/2024 at 12:32 PM, the Director of Nursing (DON) reported staff are expected to wash their hands when assisting with meal service, and if a staff member puts their hands in their pocket, they need to rewash their hands.</p> <p>4. Review of the Medical Diagnosis revealed Resident #71 had diagnoses of chronic kidney disease, dementia, and metabolic encephalopathy.</p> <p>Review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/22/2024 suggested a Brief Interview for Mental Status (BIMs) score of 14 (13-15 suggest cognitively intact). Section GG0130 indicated the resident request set up assistance for oral care.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/15/2024 at 11:11 AM, the Surveyor observed an uncovered, dry denture cup sitting on the left side of the bathroom sink containing upper dentures, in Resident #71's room.</p> <p>On 07/16/2024 at 2:41 PM, the Surveyor observed an open, dry denture cup with Resident #71's upper dentures resting on the left side of the sink.</p> <p>On 07/16/2024 at 3:40 PM, during an interview with Resident #71, the Surveyor noted yellowing bottom teeth with a white milky film. Certified Nursing Assistant (CNA) #11 accompanied the Surveyor to Resident 71's room and revealed Resident #71 can only feed self, and confirmed staff should put a towel in the sink and scrub the resident's dentures with a brush and soak them in dental cleaner at night. There must be a lid on the denture cup to prevent germs, and to keep from losing Resident #71's dentures.</p> <p>During an interview on 07/17/2024 at 12:37 with the Director of Nursing (DON), the DON stated that all staff, and CNAs are responsible for making sure the residents receive proper dental care, and dentures should be stored properly in a denture cup with a lid, and with a denture cleaner. When dentures are not stored properly it increases the risk for infection, and germs are everywhere.</p> <p>Review of a policy titled, Dentures, Cleaning and Storing provided by the DON on 07/18/2024 at 10:25 AM, revealed, Purpose The purpose of this procedure are to cleanse and freshen the residents mouth, to lean the resident's dentures, to prevent infections of the mouth .1. Provide denture care before breakfast and at bedtime. Encourage and assist the resident as needed to rinse his or her mouth after each meal. 2 .Store dentures whenever they are not in the resident's mouth .</p> <p>Review of an In-service titled, Infection Control (date 04/25/2024) provided by the DON on 07/18/2024 at 10:25 AM, revealed, .Standard Precautions are used during all patient/resident care. Wash hands wash prior to touching patients/residents or anything in their environment .</p> <p>48977</p> <p>5. Review of medical diagnosis noted Resident #277 had hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side and dementia.</p> <p>The admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/03/2024 revealed Resident #277 had short-term and long-term memory problems, was always incontinent of bowel and bladder, normally used a wheelchair.</p> <p>Review of Resident #277 Care Plan (revision date 06/26/2024) revealed Resident #277 had Activities of Daily Living (ADL) self-care performance deficit related to dementia, hemiplegia, limited mobility, and stroke.</p> <p>Review of Medical Diagnosis noted that Resident #277 had hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dementia, dysphagia and gastrostomy status.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/16/24 at 1:20 PM, the Surveyor observed Certified Nursing Assistant (CNA) #4 and #5 apply gloves to transfer Resident #277 from wheelchair to bed using a gait belt. Once to the bed, Resident #277 sat down and CNA #5 lifted both legs and CNA #4 placed hands on the shoulders, together they turned Resident #277 and assisted the resident to the lying position. The Surveyor observed CNA #4 remove the gait belt and then remove gloves. The Surveyor noted that the Resident had a Percutaneous Endoscopic Gastrostomy (PEG) tube. CNA #4 and #5 were only wearing gloves to provide care.</p> <p>On 07/16/2024 at 1:25 PM, Resident #277 was incontinent of bowel and bladder. The Surveyor observed CNA #5 provide incontinent care and roll the resident onto the right side. The Surveyor observed CNA #4 with the same gloves on she used to wipe feces and CNA #5 with the same gloves used to wipe urine, apply a clean brief and cover the resident. CNA #5 raised the head of the bed using the bed control and passed the resident a purse. CNA #4 placed a roll of trash bags in her uniform pocket with the same gloves used to provide incontinent care.</p> <p>On 07/16/2024 at 1:30 PM, the Surveyor asked CNA #5 if items are touched with dirty gloves what are you potentially doing? CNA #5 said, spreading germs.</p> <p>On 07/17/2024 at 1:03 PM, the Surveyor asked the Director of Nursing (DON) what should staff do between glove changes. The DON voiced staff should wash their hands between glove changes. The Surveyor asked if staff should touch the bed control, a resident's purse, and/or clean bed linen with dirty gloves. The DON voiced that staff was spreading infection when touching items with dirty gloves and it is nasty.</p> <p>On 07/17/2024 at 9:20 AM, a policy titled Perineal Care noted the purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observe the resident's skin condition.</p> <p>6. On 07/15/2024 at 10:32 AM, the right side of the D Hall linen cart was not fully covered; an employee was not in the area.</p> <p>On 07/15/2024 at 10:36 AM, Restorative Aide #9 and Restorative Aide #10 conducted a mechanical lift weight for Resident #26. Both Restorative Aides only wore gloves for personal protective equipment. Resident #26 had a catheter and an enteral feeding tube which both require enhanced barrier precautions for Resident #26's safety.</p> <p>On 07/16/2024 at 10:01 AM, Restorative Aide #9 only had gloves on as personal protective equipment while Range of Motion was provided for Resident #26.</p> <p>On 07/16/2024 at 10:24 AM, the right side of the C Hall clean linen cart was left uncovered without an employee in the area.</p> <p>On 07/16/2024 at 1:24 PM, the left side of the C Hall clean linen cart was left uncovered without an employee in the area.</p> <p>On 07/17/2024 at 2:18 PM, Certified Nursing Assistant (CNA) #16 confirmed clean linen carts should be closed all the way because something could get into the cart and that CNAs are responsible for the clean linen carts.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/17/2024 at 2:22 PM, CNA #14 confirmed there is a concern of clean linen carts not being completely closed of bacteria, germs, or residents, could get into the cart.</p> <p>On 07/17/2024 at 2:24 PM, Restorative Aide #10 confirmed the only personal protective equipment used were gloves. Restorative Aide #10 was unable to state why any other personal protective equipment should have been utilized.</p> <p>On 07/17/2024 at 2:27 PM, Restorative Aide #9 confirmed gloves should be worn when working with Resident #26. Restorative Aide #9 was unaware of any other personal protective equipment that was to be worn with Resident #26. Restorative Aide # could not explain what enhanced barrier precautions were.</p> <p>On 07/17/2024 at 2:30 PM, LPN #17 confirmed clean linen carts not kept closed could have bacteria and the germs end up on the clean linens. The concern is for patient safety to keep them from getting infections.</p> <p>On 07/18/2024 at 9:00 AM, the Director of Nursing (DON) confirmed the clean linen cart is to be covered at all times due to infection control concerns. The nurses and certified nursing assistants are responsible for the clean linen carts.</p> <p>On 07/18/2024 at 10:25 AM, the DON provided a policy titled, Departmental (Environmental Services) - Laundry and Linen which showed, The purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen . 7. Clean linen will remain hygienically clean (free of pathogens in sufficient number to cause human illness) through measures designed to protect it from environmental contamination, such as covering clean linen carts .</p>