

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365979	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Trinity Community at Fairborn		STREET ADDRESS, CITY, STATE, ZIP CODE 789 Stoneybrook Trail Fairborn, OH 45324	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident interview, staff interviews, and facility policy review, the facility failed to maintain communication for dialysis services and failed to ensure post-dialysis assessments were completed. This affected Resident #62, the only resident at the facility who received dialysis services. The facility census was 84. Findings include: Review of the medical record revealed Resident #62 was admitted to the facility on [DATE]. Diagnoses included chronic obstructive pulmonary disease, type II diabetes, chronic combined congestive heart failure, end stage renal disease, unspecified dementia, and unspecified anxiety. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact, had no behaviors, did not reject care, and did not wander. Review of the care plan dated 07/01/24 revealed Resident #62 had renal insufficiency related to stage IV chronic kidney disease. Interventions included hemodialysis every Monday, Wednesday, and Friday at a community based dialysis center. Arrival time was 11:00 A.M. with chair time at 11:30 A.M. Pick up from dialysis was at 3:15 P.M. Resident #62's transportation was scheduled for every Monday, Wednesday, and Friday at 10:37 A.M. and 3:15 P.M. each appointment time. Review of the medical record revealed Resident #62 had one communication from the dialysis center dated 03/05/25 which listed laboratory results from 02/07/25 to 03/05/25. During an interview on 07/31/25 at 12:40 P.M. the Director of Nursing (DON) stated the facility sent copies of the pre-dialysis assessment with the resident to the dialysis appointment. The papers had a section for the dialysis center to fill out and return, but they never did. The DON verified the only evidence of communication the facility had was a document regarding laboratory results dated [DATE]. During an interview on 07/31/25 at 12:52 P.M. Registered Nurse (RN) #105 verified the medical record had no documentation of nurses following up with dialysis center for treatment reports. During an interview on 07/31/25 at 4:10 P.M. Resident #62 stated the facility did not always send papers with him to dialysis and the dialysis center never sent papers back to the facility with him. The resident stated he was unaware of how the facility communicated with the dialysis center. Review of the medical record revealed Resident #62 had physician orders to complete pre- and post-dialysis evaluations under the assessment tab before and after each dialysis appointment. Review of the medical record revealed Resident #62 had no pre-dialysis or post dialysis assessments completed on 07/09/25. During an interview on 07/31/25 RN #105 verified there were no pre- or post-dialysis assessments completed on 07/09/25, and there was no nursing note regarding transportation issues that day. Review of the facility policy titled Hemodialysis dated 07/2015 revealed staff completed Hemodialysis Communication Form and sent the form with the resident to dialysis. Upon returning to the facility, nurses reviewed the notes from the dialysis service. If notes were absent upon the resident's return, the nurse called the dialysis center for report. The facility assessed weight and vital signs before treatments and assessed vital signs and access site after dialysis treatments. This deficiency represents noncompliance investigated under Compliant Number 2564248.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365979
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident interviews, staff interviews, an interview with the pest control provider, review of pest control invoices, and review of facility policy, the facility failed to maintain an effective pest control program. This affected three (Residents #62, #70, and #71) of six residents sampled for pest control and had the potential to affect all 21 residents living on the 400-Hall. The facility census was 84. Findings include: 1. Review of the medical record revealed Resident #62 was admitted to the facility on [DATE]. Diagnoses included chronic obstructive pulmonary disease, type II diabetes, chronic combined congestive heart failure, end stage renal disease, unspecified dementia, and unspecified anxiety. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact, had no behaviors, did not reject care, and did not wander. 2. Review of the medical record revealed Resident #70 was admitted to the facility on [DATE]. Diagnoses included hemiparesis and hemiplegia following cerebral infarction, morbid obesity, chronic combined congestive heart failure, major depressive disorder, and stage II chronic kidney disease. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact, had no behaviors, did not reject care, and did not wander. 3. Review of the medical record revealed Resident #71 was admitted to the facility on [DATE]. Diagnoses included Alzheimer's disease, unspecified anxiety disorder, unspecified depression, stage II chronic kidney disease, generalized weakness, and repeated falls. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #71 had severely impaired cognition, did not reject care, had occasional self-directed behaviors, and wandered occasionally. Observation on 03/31/25 at 11:04 A.M. revealed Resident #70 was seated in her wheelchair at bedside watching television (T.V.) There were two small, winged insects flying near her head. There were two bags of apples on the top shelf of a cabinet located against the wall directly in front of the resident with five large black flies swarming around the fruit. During an interview on 07/31/25 at 11:04 A.M. Resident #70 stated she had gnats and flies in her room all the time, but she never saw the facility spray for pests. During an interview on 07/31/25 at 11:06 A.M. Medication Aide #125 verified Resident #71 had multiple winged insects in her room flying near her head and near stored fruit. The aide stated Residents #70 and #71 both kept fruit in their room that attracted pests. During an interview on 07/31/25 at 11:21 A.M. Director of Environmental Services (EVS) #95 stated they deep-cleaned Resident #70's room daily and sent letters to families asking them not to bring excessive amounts of perishable foods. The director stated they had routine pest control services monthly and additionally as needed. During a telephone interview on 07/31/25 at 1:56 P.M. Pest Control Technician #150 stated the pest control company did not spray for gnats or flies as this was not allowed in skilled nursing facilities, and stated these pests indicated either a water or sanitation problem. The pest company offered blue-light devices that were hung on the walls to attract and trap/kill flying insects. The company could order these, but the facility would need an electrician to install them. During an observation on 07/31/25 at 4:10 P.M. Resident #62 was observed to lay in bed supine with eyes open. Two winged insects were observed flying around the resident's head. During the concurrent interview, Resident #62 swatted repeatedly at the flying insects. Additional observation in the room revealed a small, winged insect crawling on the toilet seat. During an interview on 07/31/25 at 4:12 P.M. Resident #62 stated there were frequently flies in his room and they drove him crazy. During an interview on 07/31/25 at 4:15 P.M. Medication Aide #125 verified Resident #62 had flying insects in his room and bathroom. Observation on 07/31/25 at 4:18 P.M. revealed greater than twenty winged insects were seen in Resident #70 and #71's shared room flying around bags of apples, and crawling on the ceiling, walls, and privacy curtain. Resident #70 was not in the room. Resident #71 was standing at bedside with walker swatting at winged insects as they neared her face. During an interview on 07/31/25 at 4:18 P.M. Resident #71 indicated there were flying insects in her room all the time. During an interview on 07/31/25 at 4:20 P.M. Certified Nursing Assistant (CNA) #120 verified there were more than 20 flying insects in Resident #70 and #71's shared room. CNA #120 stated she had made numerous complaints to management about the flies on 400-Hall, but nothing was done. CNA #120 stated at times she brought an electric flyswatter to work to kill as many as she could, but the flies and gnats were always back the next time she worked. Review of pest control invoices dated 05/01/25, 05/27/25, 06/03/25, and 07/01/25 revealed the pest control company treated the facility for mice, ants, and cockroaches. Review of policy titled Pest Control not dated, revealed the facility maintained an on-going pest control program to ensure that the</p>		