STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045438	A. BUILDING _____ B. WING _____	**06/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TRINITY VILLAGE MEDICAL CENTER	**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)
F 0689 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 907) was substantiated, all or in part, with these finding: Based on observation, record review, and interview, the facility failed to ensure supervision was provided to prevent elopement for 1 (Resident #1) of 4 (Residents #1, #2, #3, #4) case mix residents who were at risk for elopement. The facility failed to follow manufacturer's guidelines for the departure alert system and failed to monitor the activation date of the signaling device to notify the facility when it was close to expiring. The facility failed to ensure all residents who were at risk for elopement had a departure alert bracelet in place and failed to ensure staff was knowledgeable on which residents were at risk for elopement. These failures resulted in Immediate Jeopardy which caused or could have caused serious harm, injury, or death to Resident #1 who exited the building unnoticed by staff due to the departure alert signaling device not working, and who stayed outside for approximately 36 minutes until the Director of Nursing happened to drive by and see her. These failures had the potential to affect 15 other residents in the facility who were at risk for elopement, according to a list provided by the Director of Nursing on [DATE] at 12:34 p.m. The Administrator was informed of the Immediate Jeopardy situation on [DATE] at 4:45 p.m. The findings are: 1. The facility policy titled Elopement provided by the Assistant Director of Nursing (ADON) on [DATE] at 10:42 a.m. documented, .Staff shall investigate and report all cases of missing residents . When a departing-individual returns to the facility, the Director of Nursing Services or Charge Nurse shall . Notify the attending physician . Notify the resident's legal representative of the incident . Complete and file Report of Incident / Accident . 2. Resident #1 had [DIAGNOSES REDACTED]. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] documented the resident was moderately impaired in daily decision-making skills according to a Staff Assessment of Mental Status (SAMS), required a wheelchair for mobility, and exhibited wandering behavior. a. An Elopement Risk assessment dated [DATE] documented, .Less than 5 (equals) Low risk for Elopement (address risk factors) . Between 5 to 10 (equals) High risk for Elopement (Initiate Standard Care Plan) . Total Score . 7 . b. A Nurse's Note dated [DATE] at 7:00 p.m. documented, .Agitated at intervals, attempting to go outdoors at intervals, requiring frequent redirection . c. A Nurse's Note dated [DATE] at 7:00 p.m. documented, .Resident noted propelling self in w/c (wheelchair) without difficulty . Cont (continues) to go to doors and tries to push door open . d. A Nurse's Note dated [DATE] at 7:00 p.m. documented, .Attempting to leave out exit doors multiple times requiring frequent redirection. Agitated at times. Calming after toileting and redirection . e. A Nurse's Note dated [DATE] at 7:00 p.m. documented, .Multiple attempts to leave out of exit doors this p.m. (evening / night) requiring frequent redirection. Agitated at times. Toileted and meal served. Calmed after receiving meal . f. A Nurse's Note dated [DATE] at 7:00 p.m. documented, .Multiple attempts to leave out (the) doors during beginning of shift requiring frequent redirection. Diversional activities not effective. Calmed in later part of shift after toileting and dressing for bed. No further agitated behavior noted . g. The Care Plan dated [DATE] documented, .Problem . Potential for exit-seeking behavior (Elopement) . Approach .Bracelet and secure environment . Eliminate / minimize opportunities to leave building . h. A Nurse's Note dated [DATE] at 11:00 a.m. documented, .Resident was trying to go out of facility. Family notified . i. A Nurse's Note dated [DATE] at 7:00 p.m. documented, .Resident up to w/c (wheelchair) propelling self about facility. Noted going to exit doors at Station 2 and redirected by staff. Will continue to monitor . j. A Nurse's Note dated [DATE] at 11:00 a.m. documented, .Resident tried to go out the front door unassisted. Would not let me bring her back in. Took resident for a stroll in the parking lot. Resident did not want to come in. Redirection given. Resident sitting up in the front eating snacks at this time. Will continue to monitor . k. A Nurse's Note dated [DATE] at 7:00 p.m. and signed by Licensed Practical Nurse (LPN) #2 documented, .Resident went out of F-Hall door unassisted. Resident allowed me to bring her back in. Resident given water. Redirection given. Resident at Station 1 eating supper. No s/s (signs / symptoms) of distress noted. Will continue to monitor . l. The Treatment Administration Record (TAR) dated [DATE] documented, .Wander Guard Bracelet Frequency . NUR (Nursing) . Every Shift . Check placement . 03:00 (3:00 a.m.) . 11:00 (11:00 a.m.) . 19:00 (7:00 p.m.) . The TAR contained licensed nursing staff signatures documented at 3:00 a.m. and 11:00 a.m. from [DATE] through 11:00 a.m. on [DATE] indicating the resident ' s Wander Guard bracelet was present. m. The TAR dated [DATE] documented, .Wander Guard Battery Frequency . Nur (Nursing) . daily night . Wander Guard battery to be checked nightly on ,[DATE] (11:00 p.m. to 7:00 a.m. shift) . (at) 03:00 (3:00 a.m.) . According to the documentation, licensed nursing staff signatures were present at 3:00 a.m. [DATE] through [DATE] indicating the resident ' s Wander Guard battery was checked and functional. n. On [DATE] at 9:58 a.m., the resident was sitting in a wheelchair by the Nurse's Station. A Wander Guard bracelet was on the resident ' s right ankle. The date on the side of the Wander Guard bracelet was [DATE]. The resident was close to a door and when the door opened, the Wander Guard alarmed. 3. Resident #2 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of [DATE] documented the resident scored 4 (,[DATE] indicates severe impairment) on a Brief Interview for Mental Status (BIMS), required limited assistance from one person for transfers, and did not exhibit wandering as a behavior. a. An Elopement Risk assessment dated [DATE] documented, .Less than 5 (equals) Low risk for Elopement (address risk factors) . Between 5 to 10 (equals) High risk for Elopement (Initiate Standard Care Plan) . Total Score . 5 . b. The Care Plan dated [DATE] documented, .Problem . Potential for exit seeking behavior (Elopement) . Be alert to verbal and non-verbal signs of resident wanting to leave the building . Wander Guard Bracelet in use . Checked Q (every) shift and PRN (as needed), and secure environment . Distraction / redirection for confused residents . c. The TAR dated [DATE] documented, .Wander Guard Bracelet . Frequency . NUR (Nursing) . Every Shift . Check placement . 03:00 (3:00 a.m.) .11:00 (11:00 a.m.) . 19:00 (7:00 p.m.) . Licensed Nursing Staff signatures were present at 3:00 a.m., 11:00 a.m. and 7:00 p.m. from [DATE] through 3:00 a.m. on [DATE] indicating the resident ' s Wander Guard bracelet was present. d. The TAR dated [DATE] documented, .Wander Guard Battery (Check) Frequency . Nur (Nursing) . Daily Night . Wander Guard battery to be checked nightly on ,[DATE] (11:00 p.m. to 7:00 a.m. shift) . 03:00 (3:00 a.m.) . According to the documentation, Licensed Nursing Staff signatures were present at 3:00 a.m. [DATE] through [DATE] indicating the resident ' s Wander Guard battery was checked and functional. e. On [DATE] at 3:27 p.m., Resident #2 was sitting in wheelchair in her room at the side of her bed. A Wander Guard bracelet was on the resident ' s left ankle. The ADON took the Wander Guard tester and held it against the bracelet. The tester display did not turn green, which would indicate the bracelet was functioning properly. The ADON attempted a second time and the tester did not turn green. The date on the side of the Wander Guard bracelet was [DATE]. The ADON assisted the resident in her wheelchair to the exit door at the end of the hallway. The ADON opened the door. The door did not alarm. The ADON assisted the resident back to her room. When exiting the resident's room, the ADON asked a nurse to bring her a new Wander Guard bracelet and a new bracelet was placed on the resident. 4. Resident #3 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of [DATE] documented the resident scored 12 (,[DATE] indicates moderately impaired) on a BIMS, was independent for locomotion off the unit, and did

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

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.

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F 0689 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 1) not exhibit wandering behavior. a. An Elopement Risk assessment dated [DATE] documented, .Less than 5 (equals) Low risk for Elopement (address risk factors) . Between 5 to 10 (equals) High risk for Elopement) . Total score . 7 . b. The Care Plan dated [DATE] documented, .Problem . Elopement Risk . Approaches . Involve resident in activities . Make sure resident is accompanied when leaving unit . Wander Guard . Check placement and function Q (every) shift . Wander Guard present to prevent exit from building . c. The TAR dated [DATE] documented, .Wander Guard Battery (check) Frequency . Nur (Nursing) . Daily Night . Wander Guard battery to be checked nightly on ,[DATE] (11:00 p.m. to 7:00 a.m. shift) . 03:00 (3:00 a.m.) . Licensed Nursing Staff signatures were present at 3:00 a.m. from [DATE] through [DATE] indicating the resident ' s battery was checked and functional. d. The TAR dated [DATE] documented, .Wander Guard Bracelet . Frequency . NUR (Nursing) . Every Shift . Check placement . 03:00 3:00 a.m.) . 11:00 (11:00 a.m.) . 19:00 (7:00 p.m.) . Licensed Nursing Staff signatures were present at 3:00 a.m., 11:00 a.m. and 7:00 p.m. from [DATE] through 3:00 a.m. on [DATE] indicating the resident ' s Wander Guard bracelet was present. e. On [DATE] at 3:30 p.m., the resident was sitting on the side of the bed. The ADON entered the resident's room with the Elopement Tester to test functionality of the Wander Guard bracelet. The ADON asked the resident where her bracelet was. The resident stated that she did not have a bracelet. The ADON checked the resident's ankles and wrists, but no bracelet was found. When exiting the resident's room, the ADON asked a Nurse at the Medication Cart to apply a Wander Guard bracelet to the resident. 5. On [DATE] at 10:00 a.m., the Maintenance Director was asked which door the resident eloped from. He stated, I didn't know there was an elopement. He was asked if he had been told to check the functioning of all the doors. He stated, No. He was asked to provide a copy of his documentation that showed where he did his routine door checks for the Departure Alert System. He stated, I don't have a log. I don't routinely check the functioning of the Wander Guard system. a. On [DATE] at 10:43 a.m., the Director of Nursing (DON) was asked where (Resident #1) was found when she eloped. She took the surveyor to the back of the building on the F Hall, next to the Therapy Room. She was asked how the resident got out of the building. She stated, The alarm did not sound. She was asked why it didn't sound. She stated, I checked her bracelet with the tester and the battery in the bracelet was dead. We immediately replaced it. She was asked how long the resident was outside. She stated, About 15 minutes. At this time, we went to watch the video footage of the resident leaving the building. It showed the resident exited the door next to the Therapy Room on [DATE] at 3:19 p.m. in her wheelchair. She propelled herself out of the camera view and was out of view for approximately 15 minutes. She eventually propelled herself back into view of the camera and was found by the Director of Nursing (DON) and Assistant Director of Nursing (ADON) at 3:55 p.m. The DON and ADON were in a car and were driving next door when they saw the resident outside, according to the DON. According to the video, the resident was outside unattended for approximately 36 minutes. b. On [DATE] at 12:00 p.m., the ADON was asked what type of Wander Guard bracelets the facility used. She stated, We use the 90-Day bracelets. When it is activated, it starts counting down, and at the end of that 90 days, it's done. It doesn't work anymore. She was asked if it had a battery inside it that could be changed. She stated, Not that I know of. She was asked if she had ever had one go dead before the 90 days was up. She stated, Not that I'm aware of, and I've been here about [AGE] years. She was asked if the facility had a log that documented when each bracelet was activated so they would know when it is at the end of the 90 days and needs to be replaced. She stated, There is no log. We can start keeping up with one now, but I can't produce a log that shows when a resident's bracelet was activated. She was asked since (Resident #1's) bracelet didn't work on [DATE] which allowed her to exit the building, if it was safe to say the bracelet had expired at some point. She stated, Probably. She was asked if the resident's bracelet was available for inspection. She stated, No. c. On [DATE] at 1:57 p.m., Certified Nursing Assistant (CNA) #1, who had been employed for 3 months, was documenting in the Kiosk. She was asked if she could show the surveyor the CNA Care Plan in the kiosk for (Resident #4) in order to see if the resident was at risk for elopement and wore a Wander Guard bracelet. She stated, I have only been here three months. I only know how to chart what I do for the residents. I do not know anything about the Care Plan. She was asked if she knew which residents were at risk for elopement. She stated, I do not understand what elopement means. She was asked if she could tell the surveyor which residents wore Wander Guard bracelets. She stated, I do not know. I did wonder what the bracelets were for, but no one has told me. d. On [DATE] at 2:00 p.m., CNA #2 was asked if she could show the surveyor the CNA Care Plan in the kiosk for (Resident #4) that would tell her if the resident was at risk for elopement and wore a Wander Guard bracelet. She stated, I know that it's in the kiosk, but I do not know where to find it. The CNA signed into the kiosk but was not able to find the resident's Care Plan. CNA #2 stated, The nurse gives us a Care List at the beginning of the shift that tells us all that information. The CNA had a Care List in her pocket which she shared with the surveyor. Elopement risk was not addressed on the Care List. She was asked how she knew which residents were at risk for elopement. She stated, There is a ' B ' in the Star Sign outside a resident's door. I also know if I see a bracelet on a resident's wrist or ankle. e. On [DATE] at 2:05 p.m., Licensed Practical Nurse (LPN) #1 was asked how CNAs knew which residents were at risk for elopement. She stated, I tell them. If a resident goes out of a door or has a bracelet, I let them know. I give each CNA a Care Sheet at the beginning of the shift. LPN #1 provided a Care Sheet for review. It did not address elopement. She was asked if elopement information could be found on the CNA Care Plan in the kiosk. She stated, Yes, but I do not know where to look on the computer. You will have to ask the Education Nurse. She could tell you. f. On [DATE] at 3:18 p.m., the DON was asked for a copy of the Incident Report for the elopement. She stated, An I/A (Incident / Accident) wasn't done. She was asked if the facility did a Reportable Incident Form. She stated, A Reportable? I can do one, but in all my years of working here, I have never been told that a Reportable has to be done for an elopement. She was asked what interventions were implemented to prevent reoccurrences after the elopement. She stated, We have kept her in line of sight and kept her engaged in activities. She was asked if any interventions were implemented for other residents in the building who were at risk for elopement. She stated, I took the tester and scanned their bracelets to make sure they were working. She was asked how she knew who to check. She stated, I checked the ones I could think of off the top of my head. She was asked if the facility had something like an Elopement Book that had all the residents who were at risk for elopement so the staff could see who was at risk. She stated, No. She was asked how the CNAs knew which residents were at risk. She stated, It is on the CNA Care Plan in the kiosk. g. On [DATE] at 1:50 p.m., the DON was asked what the letter B meant that was outside a resident's door. She stated, B bed. The bed by the door is ' A ' and by the window is ' B ' . h. On [DATE] at 3:49 p.m., LPN #2, who was on duty at the time of the elopement on [DATE], was asked if an Incident Report was completed. She stated, No ma'am. She was asked if the family or physician was notified of the elopement. She stated, No ma'am. They weren't notified by me. I was unaware to call the family. I've been a nurse for like a month. But now I know. I did do a behavior note. She was asked about the date that was printed on the Wander Guard bracelets and what the date meant. She stated, That's the date it's no longer any good. It needs to be replaced. She was asked who was responsible for checking that. She stated, They just put a new in-service out over the weekend. Up until then, the night shift nurse was responsible for checking those. i. On ,[DATE] at 3:58 p.m., LPN #3 was asked how she checked the resident's Wander Guard bracelets. She stated, Sometime during the night if I have the machine, I go around and check them. If it shows green, they're good, and if it shows yellow, that tells me they're going dead. She was asked if she remembered checking (Resident #1's) bracelet the night before she eloped. She stated, I don't remember. I mean, I'm sorry. From week-to-week I can't remember. Sometimes I do miss some. That may be because I don't have the machine, or something has happened where I forget about them. 6. The manufacturer's guidelines for the Wander Guard Signaling Device provided by the Assistant Director of Nursing (ADON) on [DATE] at 12:00 p.m. documented, .Before using the Wander Guard system, read and follow these instructions carefully . Failure to do so could result in injury or death to a person in your care . 90-Day Device . Date Stamped . Shows the 'activate by' date . The stamped date indicates the LAST date the device can be activated to permit approximately 90-Days of use . Note . The date on the back of the device This is the last day the device can be activated to provide approximately 90-Days of useful life . Record the date in the resident's records . Testing your Wander Guard System Correctly . Testing Doors . Test your Wander Guard Systems at least weekly on each shift with all surrounding power devices turned on . Record results in your maintenance records . 7. The Immediate Jeopardy was removed, and the scope / severity lowered to E when the facility implemented the following Plan of Removal on [DATE] at 6:00 p.m.: a. .Effective date . [DATE] . Completion date . [DATE] . The above listed residents were checked to ensure that they have orders to check placement every shift and battery checked every day on night shift. Any negative findings were immediately corrected . Completed by DON . b. . Effective date . [DATE] . Completion date . [DATE] . All of the above listed residents ' bracelets have been checked to ensure that they were within date and not expired . Any bracelets that were out of date were immediately changed . Completed by (RN Supervisor) . c. .Effective date . [DATE] . Completion date . [DATE] . Elopement Risk Assessment is being completed on all residents to ensure that all residents that require a Wander Guard bracelet have one in place . Completed by . (MDS / Care Plan Coordinator) . d. .Effective date . [DATE] . Maintenance will check Wander

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F 0689 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 2) Guard Alert System on all doors weekly and after each elopement attempt . Initial check completed [DATE] . Ongoing process . Completed by . (Maintenance Director) . e. .Effective [DATE] . DON / Designee will check 2 random residents 3 times weekly for 8 weeks checking for bracelet placement, proper operation . Any negative findings are to be corrected immediately . All findings will be reported to QAA (Quality Assessment and Assurance) weekly for review . f. .Effective [DATE] . Completion date . [DATE] (Cue Shift Representative) added to the Wander Guard order the following questions . Did resident require a new bracelet? .Yes or No . If answer is ' Yes ' , the following questions will follow . Date bracelet placed and date of activation on the device . g. .Effective [DATE] . ADON (Assistant Director of Nursing) will have Excel spread sheet with Resident Name, Room Number, Activation Date by Stamped on Wander Guard, Date Put in Use, Nurse Signing Out Wander Guard, Date Listed for 90 Days from Placement for Re-check and / or Replacement . Completion date . Ongoing . h. . Effective [DATE] . All staff will be in-serviced on use of Wander Guard System (Bracelets, Activation, Manufacturing Guidelines) . Staff will be in-serviced prior to their next shift . Any staff not present will be in-serviced prior to their providing care on the floor . Completed by . (Medical Records Supervisor) . i. . All negative findings will be forwarded to the QA&A (Quality Assessment and Assurance) Committee .