

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey with an onsite visit on 02/24/21 and a desk review survey on 02/25/21 - 02/26/21 and 03/01/21 and a telephone exit on 03/01/21.	{D 000}		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the electronic medication administration records were accurate for 1 of 3 residents sampled (#3) related to documentation for a medication used to treat nerve pain.	D 367		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1			STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 367	<p>Continued From page 1</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated 11/04/20 revealed diagnoses included pain in left ankle and joints of left foot, pain disorder with related psychological factors, dysphagia, difficulty walking, cognitive communication deficit, and type 2 diabetes mellitus without complications.</p> <p>Review of a physician's order dated 12/16/20 for Resident #3 revealed:</p> <ul style="list-style-type: none"> -There was an order to discontinue Gabapentin 600mg one tablet three times a day. (Gabapentin is an anticonvulsant and may also be used to treat nerve pain.) -There was an order to start Gabapentin 600mg one tablet four times a day. <p>Review of the pharmacy dispensing records for Resident #3's Gabapentin 600mg revealed:</p> <ul style="list-style-type: none"> -On 12/09/20, there were 90 tablets of Gabapentin 600mg dispensed. -On 12/16/20, there were 112 tablets of Gabapentin 600mg dispensed. -On 01/11/21, there were 142 tablets of Gabapentin 600mg dispensed. <p>Observation of medications on hand for Resident #3 on 02/24/21 at 4:43pm revealed there were 83 of 142 Gabapentin 600mg tablets dispensed on 01/11/21.</p> <p>Review of Resident #3's December 2020 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for Gabapentin 600mg one tablet three times a day; the start date was 11/12/20 and the stop date was 12/16/20. -Gabapentin 600mg was documented as administered three times a day from 	D 367			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 2</p> <p>12/01/20-12/16/20.</p> <p>-There was a second entry for Gabapentin 600mg one tablet four times a day and the start date was 12/16/20.</p> <p>-Gabapentin 600mg was documented as administered four times a day from 12/17/20-12/31/20.</p> <p>Review of Resident #3's January 2021 eMAR revealed:</p> <p>-There was an entry for Gabapentin 600mg one tablet three times a day scheduled at 7:00am, 1:00pm and 7:00pm; the start date was 11/18/20 and the stop date was 01/06/21.</p> <p>-There was a second entry for Gabapentin 600mg one tablet four times a day scheduled at 7:00am, 11:00am, 3:00pm and 7:00pm; the start date was 12/16/20.</p> <p>-There was duplicate documentation for the administration of Gabapentin for these two entries on the eMAR from 01/02/21 - 01/06/21.</p> <p>-On 01/02/21, five doses of Gabapentin 600mg were documented as administered: two doses at 7:00am, one dose at 11:00am, one dose at 1:00pm, and one dose at 7:00pm.</p> <p>-On 01/02/21, the scheduled 3:00pm dose of Gabapentin 600mg was documented as "Withheld per doctor/registered nurse orders" and noted "Order changed."</p> <p>-On 01/02/21, the scheduled 7:00pm dose of Gabapentin 600mg was documented as resident refused.</p> <p>-On 01/03/21, seven doses of Gabapentin 600mg were documented as administered: two doses at 7:00am, one dose at 11:00am, one dose at 1:00pm, one dose at 3:00pm, and two doses at 7:00pm.</p> <p>-On 01/04/21, six doses of Gabapentin 600mg were documented as administered: two doses at 7:00am, one dose at 11:00am, one dose at</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1			STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 367	<p>Continued From page 3</p> <p>1:00pm, one dose at 3:00pm, and one dose at 7:00pm.</p> <p>-On 01/04/21, the scheduled 7:00pm dose of Gabapentin 600mg was documented as resident refused.</p> <p>-On 01/05/21, six doses of Gabapentin 600mg were documented as administered: two doses at 7:00am, one dose at 11:00am, one dose at 1:00pm, one dose at 3:00pm, and one dose at 7:00pm.</p> <p>-On 01/05/21, the scheduled 7:00pm dose of Gabapentin 600mg was documented as resident refused and "Dr. order needs to be changed."</p> <p>-On 01/06/21, the scheduled 7:00am dose of Gabapentin 600mg was documented as "Physically unable to take" and "duplicate order."</p> <p>Telephone interview with a medication aide (MA) on 03/01/21 at 2:40pm revealed:</p> <p>-She recalled Resident #3 had a duplicate entry for Gabapentin 600mg on the January 2021 eMAR.</p> <p>-She notified the Resident Care Director (RCD) of the duplicate entry and the RCD was supposed to check the orders and discontinue the previous Gabapentin 600mg order on the eMAR.</p> <p>-She did not administer the duplicate doses of Gabapentin 600mg and was unsure how many days the duplicate Gabapentin 600mg entries appeared on the January 2021 eMAR.</p> <p>-She was not sure why the January 2021 eMAR showed that she administered Gabapentin 600mg at 7:00am on different occasions and that must have been a mistake.</p> <p>-She did not remember signing the January 2021 eMAR for the 7:00am dose of Gabapentin 600mg; the night shift MA usually administered medications scheduled at 7:00am.</p> <p>-It was the responsibility of the RCD and the pharmacy to enter medication orders into the</p>	D 367			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1			STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 367	<p>Continued From page 4</p> <p>eMAR system.</p> <p>-The MAs did not have access to enter medication orders into the eMAR system.</p> <p>Telephone interview with the RCD on 03/01/21 at 4:19pm revealed:</p> <p>-She was aware of the duplicated entry for Gabapentin 600mg on Resident #3's January 2021 eMAR.</p> <p>-She was made aware of the duplicated entry on multiple occasions by the MAs.</p> <p>-She discontinued the order in December 2020 and multiple times in January 2021, however the order reappeared on the January 2021 eMAR after being discontinued.</p> <p>-She advised the MAs to document on the eMAR "Physically unable to take" on the incorrect duplicate entry for Gabapentin.</p> <p>-These instructions were passed along to other MAs during their change of shift report.</p> <p>-The documentation on the January 2021 eMAR for Gabapentin 600mg was inaccurate documentation and not a medication administration error.</p> <p>-Resident #3 knew her medications and would ask questions if something was not right.</p> <p>Telephone interview with Resident #3's primary care provider (PCP) on 03/01/21 at 3:11pm revealed:</p> <p>-He was not aware of the duplicated entry for Gabapentin 600mg on Resident #3's January 2021 eMAR.</p> <p>-The facility staff reported no changes in Resident #3's mental status or a decline in her condition.</p> <p>-He did not suspect Resident #3 received Gabapentin 600mg seven times in a day because there were no changes in her mental status noted.</p>	D 367			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 5 Telephone interview with Resident #3 on 03/01/21 at 4:12pm revealed: -She was aware of all her medications and the times each medication was to be administered. -She received Gabapentin 600mg for leg pain and had not received this medication more than four times in a day.	D 367		
{D 392}	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure readily retrievable records that accurately reconciled the disposition and administration of controlled substances for 2 of 3 residents sampled (#2, #3) including one resident receiving medication for anxiety and agitation (#2); and one resident receiving pain medication and medication for insomnia (#3). The findings are: 1. Review of Resident #3's current FL-2 dated 11/04/20 revealed diagnoses included pain in left ankle and joints of left foot, pain disorder with related psychological factors, dysphagia, difficulty walking, cognitive communication deficit, and type 2 diabetes mellitus without complications.	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 392}	<p>Continued From page 6</p> <p>a. Review of a physician's order dated 12/16/20 for Resident #3 revealed there was an order to discontinue current Ambien regimen and start Ambien 10mg one tablet at bedtime. (Ambien is a controlled medication used to treat insomnia.)</p> <p>Observation of Resident #3's medications on hand on 02/24/21 at 10:30am revealed there were 24 of 28 Ambien 10mg tablets dispensed on 02/14/21.</p> <p>Review of Resident #3's December 2020 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for Ambien 10mg one tablet at bedtime with a scheduled administration time of 9:00pm. -One Ambien 10mg tablet was documented as administered once a day at bedtime from 12/17/20 - 12/31/20, for a total of 15 doses. <p>Review of Resident #3's January 2021 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for Ambien 10mg one tablet at bedtime with a scheduled administration time of 9:00pm. -One Ambien 10mg tablet was documented as administered once a day at bedtime from 01/01/21-01/31/21 except for 01/16/21 and 01/17/21. -On 01/16/21, the scheduled 9:00pm dose of Ambien was documented as "Out of the facility." -On 01/17/21, the scheduled 9:00pm dose of Ambien was documented as "Out of the facility." -There was a total of 29 doses of Ambien 10mg documented as administered. <p>Review of Resident #3's February 2021 eMAR revealed:</p>	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 392}	<p>Continued From page 7</p> <p>-There was an entry for Ambien 10mg one tablet at bedtime with a scheduled administration time of 9:00pm.</p> <p>-Ambien was documented as administered from 02/01/21 - 02/23/21 for a total of 23 doses.</p> <p>Observation of Resident #3's medications on hand on 02/24/21 at 10:33am revealed there were 24 of 28 Ambien 10mg tablets dispensed on 02/14/21.</p> <p>Review of Resident #3's controlled substance (CS) log for Ambien 10mg received on 12/16/20 revealed:</p> <p>-There were 30 Ambien 10mg tablets dispensed on 12/16/20.</p> <p>-Ambien was documented using this CS log from 12/17/20 - 01/18/21.</p> <p>-Two doses of Ambien were documented as administered on the CS log for 12/18/20 but only one dose was documented on the eMAR.</p> <p>-On 12/18/20 at 6:38pm, it was documented that one tablet was administered and 28 tablets remained.</p> <p>-There was a second entry dated 12/18/20 at 6:08pm that one tablet was administered and 27 tablets remained.</p> <p>-There was no documentation of Ambien being administered on 12/19/20 on the CS log but it was documented as administered on 12/19/20 on the eMAR.</p> <p>-On 12/20/20 at 7:23pm, it was documented on the CS log that one tablet was administered and 26 tablets remained.</p> <p>-There was a total of 15 doses of Ambien documented as administered on the CS log from 12/17/20 - 12/31/20.</p> <p>-There was a total of 14 doses of Ambien documented as administered on the CS log from 01/01/21 - 01/18/21.</p>	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 392}	<p>Continued From page 8</p> <p>Review of Resident #3's CS log for Ambien 10mg dispensed on 01/08/21 revealed: -Ambien was documented using this CS log from 01/13/21 - 02/15/21. -There was a total of 30 Ambien 10mg tablets dispensed on 01/08/21. -There was a total of 15 doses of Ambien documented as administered from 01/13/21 - 01/31/21. -There was a total of 15 doses of Ambien documented as administered from 02/01/21 - 02/15/21.</p> <p>Review of Resident #3's CS log for Ambien 10mg received on 02/11/21 revealed: -There was a total of 28 Ambien 10mg tablets dispensed on 02/11/21. -The first entry was incomplete because it was undated and staff documented one tablet was administered at 7:02pm and 27 tablets remained. -The last entry was documented as administered on 02/23/21 at 10:32pm and 24 tablets remained.</p> <p>Telephone interview with a medication aide (MA) on 03/01/21 at 2:02pm revealed: -There was an entry on Resident #3's CS Log for Ambien 10mg where she signed her name without a date. -This was an "over sight."</p> <p>Refer to telephone interview with a medication aide (MA) on 03/01/21 at 1:40pm.</p> <p>Refer to telephone interview with a second MA on 03/01/21 at 2:02pm.</p> <p>Refer to telephone interview with a third MA on 03/01/21 at 2:40pm.</p>	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 392}	<p>Continued From page 9</p> <p>Refer to telephone interview with the Resident Care Director (RCD) on 03/01/21 at 4:19pm.</p> <p>Refer to telephone interview with the Administrator on 03/01/21 at 4:59pm.</p> <p>b. Review of Resident #3's physician's orders revealed:</p> <ul style="list-style-type: none"> -There was an order dated 12/16/20 to start Percocet 5-325mg one tablet four times a day. (Percocet is a controlled medication used to treat moderate to severe pain). -There was an order dated 02/10/21 to discontinue current Percocet 5-325mg regimen and start Percocet 5-325mg one tablet four times a day as needed for leg pain. <p>Review of Resident #3's December 2020 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for Percocet 5-325mg one tablet four times a day with administration times scheduled for 7:00am, 11:00am, 3:00pm, and 7:00pm. -Percocet was documented as administered from 12/17/20 at 7:00am - 12/31/20 at 7:00pm. -There was a total of 59 doses of Percocet 5-325mg documented as administered on the December 2020 eMAR. <p>Review Resident #3's January 2021 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for Percocet 5-325mg one tablet four times a day with administration times scheduled for 7:00am, 11:00am, 3:00pm, and 7:00pm. -There was an entry for Percocet 5-325mg one tablet every six hours as needed for pain and was ordered on 01/18/21 and discontinued on 01/20/21. 	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 392}	<p>Continued From page 10</p> <p>-Percocet was documented as administered on 01/01/21 - 01/15/21 at 7:00am, 11:00am, 3:00pm, and 7:00pm.</p> <p>-Percocet was documented as not administered from 01/16/21 at 11:00am - 01/18/21 at 11:00am due to resident being out of the facility.</p> <p>-There was a total of 64 doses of Percocet 5-325mg documented as administered on the January 2021 eMAR.</p> <p>Review of Resident #3's February 2021 eMAR revealed:</p> <p>-There was an entry for Percocet 5-325mg one tablet four times a day as needed for pain.</p> <p>-Percocet was documented as administered on 02/14/21 at 5:28pm for feet and leg pain.</p> <p>-There was a total of 54 doses of Percocet 5-325mg documented as administered on the February 2021 eMAR.</p> <p>Observation of Resident #3's medications on hand on 02/24/21 at 10:30am revealed:</p> <p>-There was a card with 5 of 60 Percocet 5-325mg tablets dispensed on 01/31/21.</p> <p>-There was a second card with 60 of 60 Percocet 5-325mg tablets dispensed on 01/13/21.</p> <p>-There was a card with 60 of 60 Percocet 5-325mg tablets dispensed on 02/10/21.</p> <p>-There was a second card with 57 of 60 Percocet 5-325mg tablets dispensed on 02/10/21.</p> <p>-There was a total of 182 Percocet 5-325mg tablets on hand.</p> <p>Review of Resident #3's CS log for Percocet 5-325mg received 12/16/20 revealed:</p> <p>-There was a total of 30 Percocet 5-325mg tablets dispensed on 12/16/20.</p> <p>-Percocet was documented as administered using this CS log from 12/17/20 - 01/15/21.</p> <p>-The administration of Percocet was not</p>	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 392}	<p>Continued From page 11</p> <p>documented in chronological order on 01/12/21: The first entry was 6:34am, the second entry was 11:32am, the third entry was 7:11pm and the fourth entry was 3:38pm. -There was a balance of 0 on 01/15/21 for this supply of Percocet.</p> <p>Review of Resident #3's CS log for card 1 of 2 for Percocet 5-325mg dispensed on 01/13/21 revealed none of the tablets in this card had been administered leaving a balance of 60 tablets.</p> <p>Review of Resident #3's CS log for card 2 of 2 for Percocet 5-325mg with 60 tablets dispensed on 01/13/21 revealed: -Documentation for this card of Percocet started with the first dose administered on 01/16/21. -The last Percocet tablet documented on this CS log was on 02/24/21, leaving a balance of 5 tablets.</p> <p>Review of Resident #3's CS log for card 1 of 2 for Percocet 5-325mg dispensed on 02/10/21 revealed none of the tablets in this card had been administered leaving a balance of 60 tablets.</p> <p>Review of Resident #3's CS log for card 2 of 2 for Percocet 5-325mg dispensed 02/10/21 revealed: -The first entry was dated 02/14/21 at 5:28pm and one tablet was documented administered with 59 tablets remaining. -The signature of the medication aide (MA) who administered it was not documented. -The last entry was dated 02/16/21 at 7:10pm and one tablet was documented administered with 57 tablets remaining.</p> <p>Review of Resident #3's CS logs, eMARs, and medications on hand revealed: -The controlled substance count on the CS logs</p>	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 392}	<p>Continued From page 12</p> <p>matched the quantity on hand.</p> <p>-The documentation on the CS logs was incomplete for an entry without the MA's signature.</p> <p>-The documentation on the CS logs was not documented in chronological order on 01/12/21 and would not have accurately reflected the amount on hand if not documented at the time of administration.</p> <p>Refer to telephone interview with a medication aide (MA) on 03/01/21 at 1:40pm.</p> <p>Refer to telephone interview with a second MA on 03/01/21 at 2:02pm.</p> <p>Refer to telephone interview with a third MA on 03/01/21 at 2:40pm.</p> <p>Refer to telephone interview with the Resident Care Director (RCD) on 03/01/21 at 4:19pm.</p> <p>Refer to telephone interview with the Administrator on 03/01/21 at 4:59pm.</p> <p>2. Review of Resident #2's current FL-2 dated 10/06/20 revealed:</p> <p>-Diagnoses included debility, constipation, arthralgia, anemia, chronic obstructive pulmonary disease, hypertension, focal seizures, restless leg syndrome, falls, aortic valve stenosis, asthma, pulmonary edema, hypothyroidism, muscle spasm, and upper gastrointestinal hemorrhage.</p> <p>-There was an order for Clonazepam 0.5mg 1 tablet once daily as needed for anxiety. (Clonazepam is a controlled medication used to treat anxiety and agitation.)</p> <p>Observation of Resident #2's medications on hand on 02/24/21 at 4:51pm revealed:</p>	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1			STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{D 392}	<p>Continued From page 13</p> <p>-There was one bubble card of Clonazepam 0.5mg tablets dispensed on 09/02/20.</p> <p>-There were 27 of 30 Clonazepam 0.5mg tablets remaining.</p> <p>Review of Resident #2's February 2021 electronic medication administration record (eMAR) revealed:</p> <p>-There was an entry for Clonazepam 0.5mg 1 tablet once daily as needed for anxiety.</p> <p>-There was no Clonazepam 0.5mg documented as administered in February 2021.</p> <p>Review of Resident #2's controlled substance (CS) log for Clonazepam revealed:</p> <p>-The CS log was for the 30 Clonazepam 0.5mg tablets dispensed on 09/02/20.</p> <p>-There was one tablet documented as administered on 09/27/20 at 6:03pm, leaving a balance of 29 tablets.</p> <p>-The second row had a date of 02/24/21 and a time of 6:57pm but the time was marked through and 1 tablet was documented as the dose and the Resident Care Director (RCD) and a medication aide (MA) had signed in the administered by column.</p> <p>-The comment section on the second row was blank and there was a balance of 28 tablets documented.</p> <p>-The third row had a date of 02/24/21, no time documented, and 1 tablet was documented as the dose and the RCD and a MA had signed in the administered by column.</p> <p>-The comment section on the third row was blank and there was a balance of 27 tablets documented.</p> <p>-The CS log did not match the eMAR as 2 doses of Clonazepam were documented as administered on the CS log but none was documented as administered on the February</p>	{D 392}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 392}	<p>Continued From page 14</p> <p>2021 eMAR.</p> <p>Telephone interview with the RCD on 03/01/21 at 4:19pm revealed:</p> <ul style="list-style-type: none"> -If a medication was wasted, the MAs were supposed to document it was wasted and the reason in the comment section. -The two doses of Clonazepam for Resident #2 were wasted by her and another MA on 02/24/21 because the back of the bubble card was torn in two places. -She forgot to document "wasted" and the reason as "bubble torn" on the two wasted doses on 02/24/21 for Resident #2. -She went back and documented it wasted later, but could not recall when. <p>Telephone interview with a MA on 03/01/21 at 2:02pm revealed:</p> <ul style="list-style-type: none"> -If a controlled medication was wasted, the MAs were supposed to document "wasted" and the reason on the CS log. -The MAs had to sign when a medication was wasted and they had to get a witness to sign on the CS log also. -Sometimes they had to waste a medication because the bubble card may not be sealed properly or may be torn so they would waste the medication in that bubble because it was contaminated. -She was the witness on 02/24/21 when the RCD wasted 2 of Resident #2's Clonazepam 0.5mg tablets because the bubbles were torn. -They should have documented those two doses were wasted and the reason on the CS log. <p>Telephone interview with a second MA on 03/01/21 at 1:40pm revealed if a controlled medication was wasted, she put it in the sharpe's container with a witness, and she documented</p>	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 392}	<p>Continued From page 15</p> <p>"wasted" on the CS log.</p> <p>Telephone interview with a third MA on 03/01/21 at 2:40pm revealed: -If a controlled medication was wasted, they had to document "wasted" and the reason it was wasted, along with a witness' signature. -A controlled medication may be wasted if it was dropped, a resident refused, or if the bubble pack was torn or a tablet had fallen out of the pack.</p> <p>Refer to telephone interview with a medication aide (MA) on 03/01/21 at 1:40pm.</p> <p>Refer to telephone interview with a second MA on 03/01/21 at 2:02pm.</p> <p>Refer to telephone interview with a third MA on 03/01/21 at 2:40pm.</p> <p>Refer to telephone interview with the Resident Care Director (RCD) on 03/01/21 at 4:19pm.</p> <p>Refer to telephone interview with the Administrator on 03/01/21 at 4:59pm.</p> <p>_____ Telephone interview with a medication aide (MA) on 03/01/21 at 1:40pm revealed: -She usually documented the date and time, how many, the amount remaining, and her signature on the CS log. -She signed off on the CS log and the eMAR once she had observed a resident take their controlled medication. -The MAs did a CS count at each shift change and had no problems with the CS count not matching.</p> <p>Telephone interview with a second MA on 03/01/21 at 2:02pm revealed:</p>	{D 392}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1			STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{D 392}	<p>Continued From page 16</p> <ul style="list-style-type: none"> -She documented on the CS log and the resident's eMAR when she administered a controlled medication. -For the CS logs, the MAs were supposed to document the amount administered, the time and date, their signature, and the total remaining. -The MAs did CS shift counts each time the MAs changed shifts. -The shift counts always matched when she worked. <p>Telephone interview with a third MA on 03/01/21 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -She documented on the CS log and the resident's eMAR when she administered a controlled medication. -The MAs were supposed to document the date and time, how many, the remaining balance, and their signature on the CS logs. -The MAs did a CS shift count at the end of each shift and she had not identified any issues with the controlled medication counts not matching. <p>Telephone interview with the Resident Care Director (RCD) on 03/01/21 at 4:19pm revealed:</p> <ul style="list-style-type: none"> -The MAs were supposed to document the administration of a controlled medication on both the eMAR and the CS log. -The MAs were supposed to document what they gave, the date and time, the amount administered, the amount remaining, and their signature on the CS log. -The documentation on the CS log should be complete. -She thought the MAs may have forgotten to complete documentation on the CS log at times because the MA may have been called to help with a resident. -The MAs should check behind themselves to make sure documentation was complete on the 	{D 392}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1			STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{D 392}	Continued From page 17 CS logs and matched the eMARs. -She usually checked the CS logs weekly and marked them with a highlighter once she had checked them. -She only checked to make sure the CS counts matched the balance on the CS logs. -She did not check the CS logs for accuracy or completeness. Telephone interview with the Administrator on 03/01/21 at 4:59pm revealed: -The RCD was responsible for overseeing all aspects of medications, including the CS logs. -The RCD was monitoring the CS logs and counting the controlled medications to make sure they matched. -He expected the MAs to fill out the CS logs completely.	{D 392}			
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to adult care home medication aides training and competency evaluation requirements. The findings are:	{D912}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D912}	Continued From page 18 Based on interviews and record reviews, the facility failed to ensure 3 of 3 staff sampled (A, B, C) who administered medications had completed the medication administration clinical skills validation checklist prior to administering medications (A, B, C); had completed the state-approved 5-hour and 10-hour medication aide training courses as required (B,C); and passed the written medication aide exam in the required timeframe (B). [Refer to Tag D935, G.S. 131D-4.5B(b) Adult Care Home Medication Aides Training and Competency Evaluation Requirements (Unabated Type B Violation)].	{D912}		
{D935}	G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 19</p> <p>exists.</p> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on interviews and record reviews, the facility failed to ensure 3 of 3 staff sampled (A, B, C) who administered medications had completed the medication administration clinical skills validation checklist prior to administering medications (A, B, C); had completed the state-approved 5-hour and 10-hour medication aide training courses as required (B,C); and passed the written medication aide exam in the required timeframe (B).</p> <p>The findings are:</p> <p>Review of the Instructions for Completing the</p>	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 20</p> <p>Medication Administration Clinical Skills Checklist revealed:</p> <ul style="list-style-type: none"> -Unlicensed staff who administer medications and supervisors of staff responsible for administering medications in adult care homes must have a registered pharmacist or registered nurse validate the staff's competency for tasks or skills that will be performed in the facility prior to the unlicensed staff administering medications. -Sections 1 through 14 must be completed for each unlicensed staff person unless otherwise indicated on the checklist. -For Sections 2 through 13, the employee is to be observed actually performing the task or skill or at least be able to verbalize and demonstrate competency to perform the task or skill. <p>Review of the Course Description and Instructions for the state approved 5-hour, 10-hour, and 15-hour medication aide training courses revealed:</p> <ul style="list-style-type: none"> -The courses required classroom instruction and skills requirements. -Demonstration of skills must be performed by a qualified instructor. -Guided student practice was a vital component of the skill acquisition and was best done right after skills demonstration. -The skills check offs were to be performed after demonstration and student guided practice had taken place. -Individuals were expected to pass the skills sets check offs with 100% competency demonstrated. <p>1. Review of Staff B's personnel record revealed:</p> <ul style="list-style-type: none"> -Staff B was hired on 08/31/20 as a medication aide (MA) and personal care aide (PCA). -Staff B had an incomplete medication administration clinical skills validation checklist signed and dated 09/15/20 by the facility's 	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 21</p> <p>previously contracted registered nurse (RN).</p> <p>-Sections 4 was documented with "0" and had not been completed on the medication clinical skills validation checklist for Staff B.</p> <p>-Section 10 D - E and Section 14B were blank and had not been completed on the medication clinical skills validation checklist for Staff B.</p> <p>-The task for Section 4 included medications prepared in advance in accordance with the regulations.</p> <p>-The tasks for Section 10D - 10E (Documentation of Medication Administration) included recorded information on other facility forms as required and wrote a note in the resident's record when indicated.</p> <p>-The task for Section 14B was received orientation to the facility's policy and procedures for medication administration.</p> <p>-There was no documentation Staff B had completed these tasks or whether she needed additional training for these tasks.</p> <p>-Staff B had a certificate dated 09/04/20 for "Medication Administration 5 Hour Series (Not for North Carolina Med Aides)".</p> <p>-Staff B had a certificate signed and dated 11/16/20 for the state approved 10-hour training course.</p> <p>-The 5-hour and the 10-hour certificates were signed by the facility's previously contracted RN.</p> <p>-Staff B passed the MA written exam on 12/04/20, more than 60 days beyond the hire date.</p> <p>Review of residents' December 2020 - February 2021 electronic medication administration records (eMARs) revealed:</p> <p>-Staff B administered medications on 18 of 31 days from 12/01/20 - 12/31/20.</p> <p>-Staff B administered medications on 16 of 31 days from 01/01/21 - 01/31/21.</p> <p>-Staff B administered medications on 16 of 25</p>	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 22</p> <p>days from 02/01/21 - 02/25/21.</p> <p>-Staff B made an error by documenting duplicate administration of Gabapentin for a resident on 01/03/21 at 7:00pm.</p> <p>Review of a resident's controlled substance logs for February 2021 revealed Staff B failed to document her signature on the CS log for administration of Percocet 5-325mg on 02/14/21.</p> <p>Telephone interview with Staff B on 03/01/21 at 1:40pm revealed:</p> <p>-The facility's previous RN observed her during a medication pass when she administered oral medications and a topical cream.</p> <p>-The RN did not observe her perform some tasks such as administration of insulin, eye drops, inhalers and liquid medications but the nurse went over them verbally.</p> <p>-She did not know if the nurse had completed all areas on the medication administration clinical skills checklist.</p> <p>-She could not recall if the nurse went over preparing medications in advance or telephone orders.</p> <p>-She was not able to provide answers to questions related to telephone orders when asked.</p> <p>-She thought she had received a copy of the facility's medication policies and procedures when hired.</p> <p>-She did online 5-hour and 10-hour medication training courses and printed a certificate at the end of the online course.</p> <p>-There was no hands-on training or completion of skills sets with the 5-hour and 10-hour training courses that she did online.</p> <p>-She took and passed the medication aide written exam in December 2020.</p> <p>-She continued to administer medications prior to</p>	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 23</p> <p>passing the medication exam in December 2020.</p> <p>Telephone interview with the Resident Care Director (RCD) on 02/25/21 at 3:44pm revealed:</p> <ul style="list-style-type: none"> -The facility used online training for the 5-hour, 10-hour, or 15-hour medication aide training courses. -The MAs completed the course online and a certificate was printed. -She was not aware of the requirement for return demonstration and passing of clinical skills sets for the training courses. <p>A second telephone interview with the RCD on 03/01/21 at 11:14am revealed:</p> <ul style="list-style-type: none"> -She contacted the facility's previously contracted RN on 02/26/21 about the incomplete medication clinical skills checklists and 5-hour/10-hour training courses for Staff B and sent a copy to the RN. -The RN told the RCD that she did not originally fill in all of the sections on the checklist because she did not think Staff B was responsible for doing those tasks. -The RN told the RCD that she did not do the clinical skills sets for Staff B's 5-hour and 10-hour medication aide course trainings because the courses were online. -The RN told the RCD that she had never completed the clinical skills sets for the 5-hour and 10-hour courses. -The only checklist the previous RN did for the MAs she trained was the medication administration clinical skills checklist. -She had the facility's currently contracted RN to come to the facility over the weekend (02/27/21) and complete the skills sets for the 5-hour/10-hour training courses for Staff B. <p>Review of Staff B's medications administration</p>	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 24</p> <p>clinical skills checklist received on 03/01/21 revealed:</p> <ul style="list-style-type: none"> -The facility's previously contracted RN had handwritten some additional information on the checklist dated 09/15/20. -Documentation for Section 4 had "N/A" with no date or initials by the RN. -Documentation for Section 10D had "per facility" and Section 10E had "N/A" with no date or initials by the RN. -Documentation for Section 14B had "per facility" with no date or initials by the RN. <p>Attempted telephone interview with the facility's previously contracted RN on 03/01/21 at 12:29pm was unsuccessful.</p> <p>A third telephone interview with the RCD on 03/01/21 at 5:32pm revealed:</p> <ul style="list-style-type: none"> -She usually did not allow a MA to administer medications beyond the required timeframe if they had not passed the written medication aide exam. -She did not pull Staff B from administering medications prior to passing the exam on 12/04/20 because she thought the required timeframe was 90 days at that time instead of 60 days. <p>Refer to telephone interview with the Administrator on 03/01/21 at 4:59pm.</p> <p>2. Review of Staff C's personnel record revealed:</p> <ul style="list-style-type: none"> -Staff C was hired on 05/04/20 as a medication aide (MA) and supervisor. -Staff C had an incomplete medication administration clinical skills validation checklist dated 06/22/20. -The instructor's name, signature, title, and date were left blank on the last page of the checklist. 	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 25</p> <ul style="list-style-type: none"> -Sections 4, Section 10 D - E, and Section 14B were blank and had not been completed on the medication clinical skills validation checklist for Staff B. -The task for Section 4 included medications prepared in advance in accordance with the regulations. -The tasks for Section 10D - 10E (Documentation of Medication Administration) included recorded information on other facility forms as required and wrote a note in the resident's record when indicated. -The task for Section 14B was received orientation to the facility's policy and procedures for medication administration. -There was no documentation Staff C had completed these tasks or whether she needed additional training for these tasks. -Staff C had a state approved 5-hour medication aide training course electronically dated 09/16/20 but no signature of the trainer. -Staff C had a state approved 10-hour medication aide training course electronically dated 09/20/20 but no signature of the trainer. -Staff C passed the MA written exam on 01/14/20. <p>Review of residents' December 2020 - February 2021 electronic medication administration records (eMARs) revealed:</p> <ul style="list-style-type: none"> -Staff C administered medications on 12 of 31 days from 12/01/20 - 12/31/20, including 12/02/20 and 12/03/20 prior to passing the written exam within the required timeframe. -Staff C administered medications on 9 of 31 days from 01/01/21 - 01/31/21. -Staff C administered medications on 6 of 25 days from 02/01/21 - 02/25/21. -Staff C made an error by documenting duplicate administration of Gabapentin for a resident on 12/05/20 at 7:00am. 	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 26</p> <p>Telephone interview with Staff C on 03/01/21 at 2:28pm revealed:</p> <ul style="list-style-type: none"> -She had a medication clinical skills checklist done by the facility's previous registered nurse (RN) in June 2020. -The RN also reviewed a few MARs with her so it was a mixture of observations and verbal discussion. -She thought she received a copy of the facility's medication policies and procedures when she was hired. -She completed a 5-hour and 10-hour medication training course when she was employed by a previous facility. -She did the 5-hour and 10-hour medication training courses through an online class and there were some classroom demonstrations and observations during the class. -She did not know why the 5-hour and 10-hour certificates were not signed by the nurse from the previous facility. <p>Telephone interview with the Resident Care Director (RCD) on 03/01/21 at 11:14am revealed:</p> <ul style="list-style-type: none"> -She contacted the facility's previously contracted RN on 02/26/21 about the incomplete medication clinical skills checklist for Staff C and she sent a copy to the RN. -The RN told her she did not originally fill in all of the sections on the checklist because she did not think Staff C was responsible for doing those tasks. -She contacted Staff C's previous facility on 02/26/21 but the facility would not provide any further documentation regarding Staff C's 5-hour or 10 hour medication aide training course. -She had the facility's currently contracted RN to do the 5-hour and 10-hour training including the skills set with Staff C on 02/27/21. 	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 27</p> <p>Review of Staff C's medications administration clinical skills checklist received on 03/01/21 revealed:</p> <ul style="list-style-type: none"> -The facility's previously contracted RN had handwritten some additional information on the checklist dated 06/22/20. -Documentation for Section 4, Section 10D - 10E, and Section 14B were still blank with no information to indicate if staff received training or needed more training in these areas.. -The RN had signed and dated the form 06/22/20. <p>Attempted telephone interview with the facility's previously contracted registered nurse (RN) on 03/01/21 at 12:29pm was unsuccessful.</p> <p>Refer to telephone interview with the Administrator on 03/01/21 at 4:59pm.</p> <p>3. Review of Staff A's personnel record revealed:</p> <ul style="list-style-type: none"> -Staff A was hired on 02/01/21 as a medication aide (MA) and Activities Coordinator. -Staff A completed the 5-hour and 10-hour state approved medication aide training courses on 04/23/19. -Staff A had an incomplete medication administration clinical skills validation checklist signed and dated 02/05/21 by the facility's currently contracted registered nurse (RN). -Sections 2C and 2D were marked as "N/A" (not applicable) had not been completed on the medication clinical skills validation checklist for Staff A. -The tasks for Section 2C and 2D (Medication Orders) included telephone orders, admission and readmission orders, and the FL-2. <p>Review of residents' February 2021 electronic</p>	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1			STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{D935}	<p>Continued From page 28</p> <p>medication administration records (eMARs) revealed Staff A administered medications on 02/20/21 and 02/23/21.</p> <p>Review of a resident's controlled substance logs for February 2021 revealed Staff A failed to document the date on 02/20/21 for administration of Ambien 10mg on the CS log.</p> <p>Telephone interview with the Resident Care Director (RCD) on 02/25/21 at 3:44pm revealed: -She was not aware Staff A's medication clinical skills checklist was incomplete. -She would have the facility's RN to complete the checklist.</p> <p>Telephone interview with Staff A on 03/01/21 at 2:02pm revealed: -She started working at the facility on 02/05/21. -Her main role was doing activities with the residents but she also worked as a MA when needed. -She trained with the RCD on the medication cart for a couple of days after she started working at the facility. -She started administering medications after she was "checked off" by the facility's nurse. -The facility's nurse "shadowed" and observed her during a medication pass and they discussed medication administration tasks. -The facility's nurse also came to the facility this past weekend on Saturday, 02/27/21, and they discussed and reviewed tasks such as verbal orders on 02/27/21. -If she took a verbal order, she was supposed to write it down and repeat everything back to the person giving the order. -She was supposed to document the date and the time and then pass the verbal order to the RCD. -She did not know the verbal order had to be</p>	{D935}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	<p>Continued From page 29</p> <p>countersigned or the timeframe the provider was required to sign the verbal order.</p> <p>-The RCD usually processed orders from the FL-2 when a resident was admitted.</p> <p>-She had not run into a situation when the RCD was not there when a resident was admitted.</p> <p>-If the resident was admitted and the RCD was not at the facility, she would call the RCD to see what to do about processing the resident's orders on the FL-2.</p> <p>Telephone interview with the facility's current contracted RN on 03/01/21 at 12:32pm revealed:</p> <p>-She did the medication administration clinical skills checklist for Staff A on 02/05/21.</p> <p>-She put "N/A" in Section 2C-2D because she thought only the RCD dealt with telephone orders and the orders on the FL-2s.</p> <p>-She went back to the facility over the weekend (02/27/21), and verbally reviewed those areas with Staff A and added those tasks as validated on the clinical skills checklist.</p> <p>Refer to telephone interview with the Administrator on 03/01/21 at 4:59pm.</p> <p>Telephone interview with the Administrator on 03/01/21 at 4:59pm revealed:</p> <p>-The RCD was responsible for overseeing the MAs and making sure all MAs met the qualifications to administer medications and documentation was on file.</p> <p>-He only looked at MA qualifications if there was a question he needed to help with.</p> <p>The facility failed to ensure 3 of 3 medication aides (MAs) sampled met the qualifications to administer medications to the 12 residents residing in the facility. Three of the MAs had incomplete medication administration clinical</p>	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/01/2021
NAME OF PROVIDER OR SUPPLIER TRINITY RETIREMENT VILLAS # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH LUMBER STREET NASHVILLE, NC 27856		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D935}	Continued From page 30 skills checklists. Two of the MAs had not successfully completed the 5-hour and 10-hour state approved MA training courses due to the training being completed online and not including the return demonstration and passing of the clinical skills sets required to be done hands on by the trainer. One of the MAs did not pass the written MA exam within 60 days of hire and continued to administer medications beyond the 60 day timeframe. The facility's continued failure to assure MAs met training requirements prior to the administration of medications resulted in inaccurate medication administration records and increased the risk for medication errors which was detrimental to the health, safety, and welfare of the residents and constitutes an Unabated Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/26/21 for this violation.	{D935}		