

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/18/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/17/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>24724 SOUTH BUSINESS 52</b> <b>ALBEMARLE, NC 28001</b>		
(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) COMPLETION DATE	
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, observations, family and staff interviews, the facility failed to report to the local law enforcement within two hours of an allegation of abuse for 1 of 1 residents reviewed for abuse (Resident #1).</p> <p>Findings included:</p>	F 609	The administrator or director of nursing will contact local law enforcement to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property are reported	1/31/19	

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

TITLE

(X6) DATE

Electronically Signed

01/30/2019

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 609	<p>Continued From page 1</p> <p>Resident #1 was admitted to the facility 7/13/17 and readmitted on 10/1/18 with diagnoses that included history of left femur fracture, Atrial Fibrillation, Congestive Heart Failure and Alzheimer's dementia.</p> <p>The most recent Minimum Data Set (MDS) coded as a quarterly assessment and dated 11/15/18 assessed Resident #1 to have severe cognitive impairment with behaviors of physical aggression towards others and rejection of care. He required extensive to total assistance of one or more staff members for bed mobility, transfers, meals, and all Activities of Daily Living (ADL's). Resident #1 was always incontinent of bowel and bladder.</p> <p>A review was made of the 24-hour Initial Allegation Report that revealed the facility was made aware of an allegation of abuse 1/2/19 at 2:45pm. A staff member reported that a Nurse Assistant (NA) had pinched the resident's breast and pulled his pubic hair during care on several occasions, however the incident date was unknown. It was documented that the local law enforcement was notified 1/3/19 at 1:22pm.</p> <p>No concerns were identified with the 5-day working report.</p> <p>An interview was completed with the Administrator on 1/17/19 at 8:55am, who stated that she called the local law enforcement 1/3/19 and spoke with an officer. She explained that the officer did not come to the facility and had informed her that since the alleged perpetrator was no longer on the premises and the resident was not oriented and able to provide a statement, the family would have to call the Police if there</p>	F 609	<p>immediately, but not later than 2 hours after the allegation is made, if the event that causes the allegation involved abuse or result in serious bodily injury.</p> <p>The administrator or director of nursing will identify other residents allegations of abuse or events that result in serious bodily injury through the reporting of staff, residents, visitors or family members. These allegations will be reported by the administrator or director of nursing to local law enforcement within 2 hours of the allegation being made.</p> <p>All reports of alleged abuse or the allegation result in seriously bodily injury to the Director of Nursing or Administrator will continue to be reported immediately. The Director of Nursing or Administrator will contact the local law enforcement within 2 hrs. of the initial 24 hr report. The systematic change will be put in place that all reports will be reviewed and audited by the Medical Record Director to ensure compliance with the 2 hr. notification to the local law enforcement.</p> <p>The facility will monitor the corrective action through the facility's Quality Improvement Program monthly by reviewing the 2 hr notification to law enforcement audit. The audit will be presented by the Medical Record Director at the Quality Improvement Committee meeting monthly. The audit will continue until 3 months of compliance is sustained.</p>		

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F 609	Continued From page 2 were any further concerns.  On 1/17/19 at 11:20am, an interview was completed with the Administrator. She explained that she contacted the local law enforcement within 24 hours because she was gathering all the details and statements to provide to them. She added that if she had a specific date for the alleged abuse she would have notified the local law enforcement agency sooner.	F 609		