PRINTED: 05/10/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345152	B. WING _				C / <b>23/2024</b>
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE  1265 21 STREET NE  HICKORY, NC 28601			25/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	3	F	000			
F 600 SS=G	from 04/22/24 throug GZEM11. The follow investigated NC0021 (1) of 2 allegations re Free from Abuse and	11470 and NC00215399. One esulted in a deficiency.	Fé	800			
	Exploitation The resident has the neglect, misappropriand exploitation as dincludes but is not lincorporal punishment	om Abuse, Neglect, and right to be free from abuse, ation of resident property, lefined in this subpart. This nited to freedom from , involuntary seclusion and nical restraint not required to nedical symptoms.					
	physical abuse, corp involuntary seclusion This REQUIREMEN' by: Based on record rev interviews, the facility right to be free from a reviewed for abuse, struck Resident #1 in	se verbal, mental, sexual, or oral punishment, or n; T is not met as evidenced view and resident and staff y failed to protect resident's abuse for 1 of 3 residents when Nurse Aide (NA) #1 in the shoulder two times with incontinence care, resulting g.			Past noncompliance: no plan of correction required.		
	Resident #1 admitted	d to the facility on 12/05/23 ncluded hemiplegia and					
AROBATORY	NIPECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	DE '		TITI F		(X6) DATE

Electronically Signed 05/07/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
		345152	B. WING _			C <b>04/23/2024</b>	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1265 21 STREET NE HICKORY, NC 28601	1	0412012024	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 600	hemiparesis followir mood disturbance.  Review of Resident Set assessment dat be cognitively impai of care, or instances was coded as havin behaviors directed to behaviors not direct occurring 1-3 days or Resident #1 was coof bowel and bladde others for toilet hyging She needed extensithe left and right.  Review of Resident on 11/01/23, reveale "Level 2 Preadmissis Review with behavior #1] has a history of spitting, grabbing, a towards staff in her  Review of facility proposition facility f	#1's quarterly Minimum Data ed 12/05/23 revealed her to red without delirium, rejection of wandering. Resident #1 g physical and verbal owards others and other ed towards others as during the lookback period. ded as frequently incontinent er and was dependent on ene and personal hygiene. The verbal towards with rolling to #1's care plan, last updated ed the following care area: on Screening and Resident press which included [Resident yelling, hitting, slapping, and uses bad language	F 6				

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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CIT	ΓΥ, STATE, ZIP CODE		-
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TIXIIVIT I	VILLAGE			HICKORY, NC 2860	01		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CC	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	following: "Today ard to help me change [I her being sick and d proceeded to gather needed for her to be both went to a side of back and forth. [NA: padding under [Resi [Resident #1] smack smacked her hand be first". [Resident #1] 'You consider the sentitled". I sa [Resident #1] begins #1] starts to yell at [I stop" and "be quiet" and tries to spit on her "you want to spit again and NA #1 "sr #1], you cannot do to begins to tell me how how she has had to tolerate this kind of be At this point [Reside holding my arm. I telleft the room after cland who to tell."  An interview with NA O4/22/24 at 5:18 PM that incident with Rereported she had as her in providing inconshe reported they eresident #1 of their	written statement revealed the bund 4:00 PM I asked [NA #1] Resident #1] in bed. Due to leciding not to get up. We the materials that were changed, after doing so we of her bed so we could roll her #1] began to grab the ident #1], on my side. It do that, and [NA #1] back and yelled "you hit me yelled back and began to sob. It do that, that isn't right". It istand this type of behavior, id "nothing". As I am cleaning use she is rolled now, is to cry louder and yell. [NA Resident #1] telling her to ". [Resident #1] gets upset ther [NA #1]. [NA #1] says to the type of a person she is and deal with a lot so [she] can't behavior from [Resident #1]. Int #1] is bawling her eyes out, all her "It's ok senora". Then I beaning up to figure out how the sident #1 and NA #1. She ked NA #1 to go and assist intinence care to Resident #1. Intered the room, notified	F	500			

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		345152	B. WING				23/2024
NAME OF P	ROVIDER OR SUPPLIER	•	•		STREET ADDRESS, CITY, STATE, ZIP CODE	•	
TRINITY V	/ILLAGE				1265 21 STREET NE		
	71227 (02			ŀ	HICKORY, NC 28601		
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F 600	NA #2 reported as N #1 on her side, Residyelling, and swatted #1 then "popped" Reshoulder with an oper to stop. NA #2 reportime that she could not attempted to spit on stated at that point, N again, either on the shoulder. NA #2 stated she could not do that she would "not deal of She stated at that point, and immediately reported completion of incontict and immediately reported the interactic Resident #1. NA #2 rewas sent home almore ported the interactic Resident #1 was not reported Resident #1 following the interaction why she did not stop became aggressive as stopped after the firs #1.  Review of NA #1's working working with [NA #2] change, she hit me in face. I witnessed several witnessed several witnessed several stopped several severa	on the right side of the bed. A #1 began to turn Resident dent #1 became angry, at NA #1. She reported NA sident #1 back on her left on hand and told Resident #1 ted she told NA #1 at that of do that and to stop. NA ontinued and Resident #1 NA #1 multiple times. She NA #1 "popped" Resident #1 side of her face or left ted she again told NA #1 that that with that kind of behavior". She observed Resident with that kind of behavior with that kind of behavior she and NA #1 left at the nence care and she went orted it to her hall nurse exported she believed NA #1 st immediately after she	F	600			

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F 600	on the same hall who was not Resident #1 continued, stating the aide (NA #2) had gor provide incontinence very familiar with Re a history of "bullying often "punch, spit, ar provided her care. NA #2 entered Residexplained to her who provide and when shright side, Resident # stated she asked Re "please stop, don't decame frustrated ai #1 with her open har stated Resident #1 thand she reacted by "left shoulder again. why she was did that what she was doing; me". NA #1 reported and did not make an bruising, or other mareported "I never had day" and stated she should not have read when she and NA #2 #2 would have to repshe knew she would #1 was insistent that on her left shoulder a	at 1 via telephone on a revealed she was working the Resident #1 resided but a sasigned nurse aide. She at she and another nurse the into Resident #1's room to a care. She reported she was sident #1 and stated she had a tother nurse aides and would and hit" the nurse aides that the last and the last #1 stated when she and the last #1's room, they at care they planned to the rolled Resident #1 onto her a tother had an another the last and the last #1 multiple times to the last and she that had an another the last and she told her "you saw hitting, spitting, and kicking the stated NA #2 asked her that she told her "you saw hitting, spitting, and kicking the strikes were not hard by sounds, leave redness, arks on Resident #1. She dost my cool before that knew after the fact that she cated that way. NA #1 stated the left the room, she knew NA she only struck Resident #1 and that she did not use any	F 6				
	#1 was insistent that on her left shoulder a force. NA #1 did ver	she only struck Resident #1					

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F 600	and that Resident #' a nurse aide would 'NA #1 reported she actions were abusive did not just stop the NA #1 reported if the back, Resident #1 w way and both she ar to "just get it done." why I was so frustra dementia hall severa usually so very patie good." I don't think no apology to that resorry I surprised the was abusive in natur was planning on qui interaction was traur she was approached Assistant Administrate to go home. NA #1 pending an investigaterminated.  Multiple attempts to on 04/22/24 and 04/Nurse #1 never returned in private. She reseen [NA #1] had do immediately reported who immediately specific who immediately specific with the second in the second	her surprised Resident #1 I probably did not believe that stand up to her behavior". did not feel as though her e and when asked why she care and come back later, be would have left and come rould have acted the same and NA #2 though they needed NA #1 stated "I don't know ted that day. I worked on the all months with no issues, I'm ent and treat the residents what I did was wrong, I make esident for what I did, I'm other NA." I don't think it re, if they didn't lay me off, I ting because the whole matizing." NA #1 reported dialmost immediately by the stated she was suspended	F	600				

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NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	
				1	265 21 STREET NE		
TRINITY V	ILLAGE			ŀ	HICKORY, NC 28601		
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F 600	Continued From page	e 6	F	600			
		of the incident revealed she					
	was approached by N						
		ed that NA #1 had struck					
		ring incontinence care. The					
		she went and spoke with NA					
	#2 who recounted the	e incident to her. The					
	Administrator stated	she then immediately went					
	to NA #1 and informe						
	sent her home. The						
		) minutes passed between					
		d NA #1 being sent home.					
	_	ned a unit manager to escort					
		ng to ensure she had no					
		h other residents. The					
		she then notified the Director					
		n a full investigation into the orted her investigation					
		to the statements that					
		was tearful following the					
		d up substantiating the					
		quently terminated the					
		She stated immediately					
		rse #1 completed skin					
		1 and all other cognitively					
		hile cognitively intact					
	residents were interv	iewed with no concerns					
	noted. She also repo	rted assigning abuse,					
	neglect, and exploita	tion training to all her staff					
		eted before their next shift,					
		garding employee burnout.				ſ	
		ated when she went to				ſ	
		1 shortly after being informed				ſ	
	,	vas observed to be in her				ſ	
		tably and did not appear to				ſ	
		d when she questioned				ĺ	
		nt #1 could only respond with				ĺ	
	•	eported someone had been				ĺ	
		unable to tell her where she				ĺ	

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F 600	She also stated a skir no injury, redness, or The Administrator sta Resident #1 being en they reached out to R who stated they did n they could send to the Resident #1 so she redirector who followed Administrator reporter investigation, NA #1 of that she struck Reside felt that NA #2 had interest with the should not be Administrator reporter on abuse policies and hire and then on an a Administrator also reporter incident in their que which included audits on-going, current more An interview with Res 04/23/24 at 2:17 PM. room, dressed, and se facility provided trans #1's primary language reported that she was received, the staff we she felt safe at the fact recollection of the incomplant:	fearful during questioning. In check was performed with swelling being observed. It the with the statement of notional after the incident, resident #1's psych provider of currently have a provider of a facility to speak with eached out to the medical up a day or two later. The dat the time of the only ever reported to them ent #1 once and that she tervened when she told NA striking the resident. The dathat all staff were trained deprocedures at the time of nnual basis. The ported the facility had placed utility assurance program of staff interactions and nitoring.  Sident #1 was completed on Resident #1 was in her itting in her wheelchair. A lator was used as Resident #1 was used as Resident #1 shappy with the care she re "very respectful" and that cility. Resident #1 had no	F	600			

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				1265	21 STREET NE		
TRINITY	/ILLAGE			HICH	KORY, NC 28601		
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F 600	A. What are we gaffected? Immediate skin cheinjuries performed it was reported to the Administrator, DON Adult Protective Sedepartment. Accussuspended pending Accused NA was at facility or the facility NA was terminated completed. 2-hour a completed on 12/29 by the provider on 0 medication to decrehowever RR refuse Alleged Abuse Incidhall nurse on 12/29 four different emplowith residents to enwere appropriate. Fand added intervente approach resident care on 12/29/23.  B. Who is going to Hall nurse performed and completed the abuse on 12/29/23.  B. Who is going to Hall nurse performed and completed the abuse on 12/29/23.  Teport on 12/29/23.  Teport on 12/29/23.  Teport on 12/29/23.  Temort on 12/29/23.  Temort on 12/29/23.  Temort on 12/29/23.	ck, physical assessment for by nurse #1. Abuse Allegation resident's family (RR), I, Provider, the Admin Office, rvices, and the local police and NA was immediately investigation results. It is property until further notice. Once the investigation was abuse reporting to state behaviors received to allow the new medication. Hent report was completed by 1/23. Administrator observed yee interactions on 12/29/23 sure that staff interactions reviewed resident's care plantion for staff to leave and the when she is combative with 1/2 assessment on resident incident report for alleged Nurse notified Administrator ompleted 2-hour abuse sent in on 12/29/23. Nursing provider on call on 12/29/23. ed resident's family (RR) and Hall nurse completed incident	F	600			

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F 600	12/30/23. Administr resident's care plan interventions.  C. How will the cocommunicated to stommunicated to stommunicated to stommunicated in the suspended immedia intervened and ther supervisor. She reconstraining as all staff.  D. Is action clearly planned? Documented in statin involved. Resident is and appropriate new 12/29/23.  2. How will correct for those residents affected?  A. How will we ideal the at risk.  B. After identifying going to do for them at risk.  B. After identifying going to do for them the all nurse performal residents that act day that were unabed 12/29/23. No furthey felt safe and if staff member being them. All other residents residents residents.	was substantiated on ator and DON reviewed and added appropriate  rrective action be aff? d. The NA involved was ately and then terminated. NA reported immediately to eived same education and documented and care ements and in with the NA #1's care plan was reviewed w interventions added on  etive action be accomplished having the potential to be entify other residents at risk? facility have the potential to be	F 6			

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F 600	immediately. That aud Central Nurse Manag different employees' it times per week for 4 interactions are approstanted immediately reand Caregiver burnout 12/29/23 for all staff it educated prior to wor extra Relias courses. Development Coordin January related to Ab.  C. Are we taking crechart and on the care N/A. Nothing new required plans for residents at 3. What measures ensure that the deficit A. What system(s) adapt/change/implemfrom reoccurring?  Abuse Investigating a materials from Luther includes information owith a wallet card with staff burnout added to remain part of oriental Reporting has always however more focus added effective 12/30 completed on LSC Poland Reporting for Sei	Audit Form for Allegation was started dit will be completed by her who will observe 4 nteractions with residents 3 weeks to ensure that staff opriate. Staff education hegarding Abuse, Intervening heat the facility and all staff will be heat the sasigned by the Staff heator for the month of heat and Caregiver burnout.  Heat for interventions in the heat plan?  Heat to be added to care her risk.  Heat will be put into place to heat practice will not occur?  Heat will we heat to keep the problem  Heat Reporting education heat and Reporting education heat and Services University that heat caregiver burnout along he signs and symptoms of heat facility orientation and will heat the heat of heat and will heat on caregiver burnout will be	F 600		

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F 600	be educated prior to Development Coorcourses on Abuse Fiburnout to all staff for B. How will we edsystem changes to "Printed Staff Ed Abuse Investigation Services and Luther information on care two new Relias coulagenda." Provided Staff Imessaging system PCC Bulletin Board importance of recognimportance of recognimportance of reportimmediately to supe LSC Policy on Abust which includes inter" Added addition facility orientation rehow to recognize an supervisor when cat Wallet card will also employees during fasymptoms of staff besultantial. How does the fiperformance to make sustained?  A. Are we evaluat Yes. Administrator in audits 12/29/2023.	Ind staff intervening, staff will their next working shift. Staff dinator assigned Relias Reporting and on Caregiver or the month of January.  Inducate communicate any the staff?  Inducation on LSC Policy of and Reporting for Senior and Services University giver burnout as well as the reses assigned to January  Education on WHATSAPP to nursing department, and on to all departments on inizing caregiver burnout and ing away" when frustrated, ting potential abuse ervisor, and being familiar with the Investigation and Reporting vening.  all education materials to elated to caregiver burnout, and importance of reporting to regiver burnout is suspected. The provided to all new accility orientation that contains	F 6			

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F 600	residents 3 times per that staff interactions 12/29/23.  B. Are we performing the corrective action/implemented and are Yes. Observation of the residents has been so monthly x3 beginning February and March Q2,Q3, and Q4 in 20 end 12/31/2024.  C. Are we sharing a QAPI meetings? Yes. All POCs are shough a performance date: Jan The facility's correction 04/23/24. Review monitoring tools reversidented a 24 hour upon notification of the their investigation. To written statements from the statements from th	week for 4 weeks to ensure are appropriate starting  Ing regular audits to ensure system/change is being working?  Imployee's interactions with tarted and will continue g immediately and continuing 2024, and then quarterly for 24. These observations will  Industriated in QAPI. The next eduled for February 1, 2024.  Inuary 3, 2024  Inuary 3, 2024  Inve action plan was validated and 5 working day report the incident and completion of the investigation revealed of mall parties involved, a ten for NA #1, education with staff in the facility, skin is with alert and oriented monitoring tools for ongoing the issue was resolved. The fimposed corrective action site through staff interviews the compliance date of ed.		600				
F 607 SS=D	Develop/Implement A	buse/Neglect Policies	F	607				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		345152	B. WING _			C <b>04/23/2024</b>
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1265 21 STREET NE HICKORY, NC 28601	<b>'</b>	04/20/2024
(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 CORR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 607	implement written p §483.12(b)(1) Prohi neglect, and exploit misappropriation of §483.12(b)(2) Estab to investigate any st §483.12(b)(3) Includ paragraph §483.95, §483.12(b)(4) Estab QAPI program requ §483.12(b)(5) Ensur occurring in federall facilities in accordar Act. The policies ar but are not limited to §483.12(b)(5)(ii) Po	)-(5)(ii)(iii) lity must develop and olicies and procedures that: bit and prevent abuse, ation of residents and resident property, lish policies and procedures uch allegations, and de training as required at	F 6	1		
	retaliation, as define (2) of the Act. This REQUIREMEN by: Based on observati resident interviews to resident from furthe witnessed NA #1 str became combative	rohibiting and preventing and at section 1150B(d)(1) and IT is not met as evidenced ons, record reviews, staff and the facility failed to protect a rabuse when Nurse Aide #2 riking Resident #1 when she during care and did not he incident to her supervisors		Past noncompliance: no plan of correction required.	of	

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F 607	second time, resulting of 3 residents review. The findings included A review of the facil Investigation and Relast revised on 01/2 staff, regardless of vision also considered a "physical abuse is depinching, kicking, et controlling behavior which is used as a repeat behavior through suspanking, slapping to object." The facility included identifying, abusive situations.  Review of facility pring 12/29/23 revealed as	A #1 striking Resident #1 a ng in Resident #1 crying for 1 wed for abuse.	F	507		
	Nurse Aide (NA) #1 indicated that anoth assisting NA #1 with to Resident #1 where aggressive towards #1 striking Resident Per the facility's investment of the way of NA #2.  Review of NA #2's way following: "Today are to help me change	The initial 24-hour report er nurse aide (NA #2) was a providing incontinence care in Resident #1 became the staff which resulted in NA #1 in the left should twice. estigation, NA #1 was ided pending the investigation. Installments from NA #1 and evritten statement revealed the ound 4:00PM I asked [NA #1] Resident #1] in bed. Due to deciding not to get up. We				

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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1265 21 STREET NE HICKORY, NC 28601		412312024	
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F 607	needed for her to be both went to a side of back and forth. [NA # padding under [Reside [Resident #1] smacked smacked her hand bath first". [Resident #1] "You can she replied, "I can't she is entitled". I said [Resident #1], because [Resident #1] begins #1] starts to yell at [Resident #1] starts to yell at [Resident #1] starts to yell at [Resident #1] starts to spit on her "you want to spit again and NA #1 "sm #1], you cannot do the begins to tell me how how she has had to contolerate this kind of bhow she had	the materials that were changed, after doing so we for her bed so we could roll her fall began to grab the dent #1], on my side.  Ident #1], on my side.  Ident #1], on my side.  Ident #1] with the delled back and began to sob.  In the do that, that isn't right".  It and this type of behavior, do "nothing". As I am cleaning see she is rolled now, to cry louder and yell. [NA tesident #1] telling her to [Resident #1] telling her to [Resident #1] tries to spit lacks" her face. I said, "[NA at, that is not right". She on ice of a person she is and deal with a lot so [she] can't ehavior from [Resident #1].  In the thin is bawling her eyes out, her "It's ok senora". Then I caning up to figure out how the sident #1 and NA #1. She are the the the the the the the the room, notified the sident #1.  It will be a so we could roll her will be a so we could represent the sident #1.  It will be a so we could roll her will be a so we can be sident #1.  It will be a so we could roll her will be a so we can be sident #1.  It will be a so we could roll her will be a so we can be sident #1.  It will be a so we could roll her will be a so we can be sident #1.  It will be a so we could roll her will be a so we can be sident #1.  It will be a so we could roll her will be a so we can b	F 6				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		345152	B. WING				23/2024	
NAME OF P	ROVIDER OR SUPPLIER	•		1265	ET ADDRESS, CITY, STATE, ZIP CODE 21 STREET NE KORY, NC 28601	,		
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F 607	shoulder with an ope to stop. NA #2 reporting that she could right with a she could right with a she would right of the she would right with a she w	esident #1 back on her left en hand and told Resident #1 rted she told NA #1 at that not do that and to stop. NA continued and Resident #1 NA #1 multiple times. She NA #1 "popped" Resident #1 side of her face or left ted she again told NA #1 that it, and NA #1 responded that with that kind of behavior". Soint, she observed Resident bld Resident #1 "it was ok". she and NA #1 left at the inence care and she went orted it to her hall nurse eported she believed NA #1 sost immediately after she ion. NA #2 indicated it physically injured but 1 was emotionally upset tion. NA #2 did not clarify of the care when Resident #1 or why the care was not stime NA #1 struck Resident #1 or why the care was not stime NA #1 struck Resident #1 read: "I was on you also hall. While I was I helping [Resident #1] to multiple times and spit on my weral times she did it to other oment I hit her arm back. Buildn't, but somehow that	F	607				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345152	B. WING _			04/	23/2024	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
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IKINIII V	TRINITY VILLAGE			HIG	CKORY, NC 28601			
(X4) ID	ID SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
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F 607	Continued From page		F 6	507				
		re Resident #1 resided but						
	was not Resident #1's	s assigned nurse aide. She						
		t she and another nurse						
	aide (NA #2) had gon	e into Resident #1's room to						
		care. She reported she was						
	_	sident #1 and stated she had						
		other nurse aides and would						
		d hit" the nurse aides that						
	-	A #1 stated when she and						
	NA #2 entered Reside							
		t care they planned to						
	·	e rolled Resident #1 onto her						
		1 began to kick her. NA #1						
		sident #1 multiple times to						
		this" but admitted she						
		d ended up hitting Resident						
		d on her left shoulder. She						
		en began to spit in her face						
		copping" Resident #1 on the						
	_	She stated NA #2 asked her						
		nat and she told her "you saw						
	_	hitting, spitting, and kicking						
		her strikes were not hard						
		sounds, leave redness,						
		ks on Resident #1. She						
		lost my cool before that						
		knew after the fact that she ted that way. NA #1 stated						
		left the room, she knew NA						
		ort the incident and stated						
	T	have to report it as well. NA						
		she only struck Resident #1						
		nd that she did not use any				ĺ		
		fy that Resident #1 did begin				ĺ		
		teraction and stated she				ĺ		
	, ,	er surprised Resident #1						
		probably did not believe that						
		stand up to her behavior".						
		id not feel as though her						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 1265 21 STREET NE HICKORY, NC 28601		4/25/2024	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 607	did not just stop the NA #1 reported if the back, Resident #1 w way and both she ar to "just get it done." why I was so frustrat worked on the deme no issues, I'm usually the residents good." wrong, I make no ap what I did, I'm sorry don't think it was abulay me off, I was plar whole interaction wa reported she was ap by the Assistant Adm needed to go home. suspended pending ultimately terminated Multiple attempts to on 04/22/24 and 04/2 Nurse #1 never return Review of Nurse #1's 12/29/23 revealed the charting room when me in private. She reseen [NA #1] had do immediately reported who immediately spot An interview with the time of the incident or revealed she felt that procedures were foll #2 intervened when	e and when asked why she care and come back later, by would have left and come bould have acted the same and NA #2 though they needed NA #1 stated "I don't know led that day. She stated I antia hall several months with any so very patient and treat I don't think what I did was cology to that resident for a surprised the other NA." I lasive in nature, If they didn't aning on quitting because the straumatizing." NA #1 proached almost immediately aninistrator and was told she NA #1 stated she was an investigation and	F 60	07			

AND DUAN OF CORRECTION IDENTIFICATION NUMBER.		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	, ,	(X3) DATE SURVEY COMPLETED	
		345152	B. WING _			C <b>04/23/2024</b>
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1265 21 STREET NE HICKORY, NC 28601	<u>'</u>	0.1120/2024
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F 607	Continued From pag	e 19	F 6	607		
	The Director of Nursi the incident, the facil policies and procedu included intervention	en she became frustrated. ng reported ibn response to ity educated all staff on the res for abuse prohibition that . Administrator on 04/22/24 at				
	2:18 PM, who was se Administrator the day was approached by I that NA #2 had allego	erving as the Assistant of the incident revealed she Nurse #1 who informed her ed that NA #1 had struck ring incontinence care. The				
	#2 who recounted the Administrator stated to NA #1 and informe	she went and spoke with NA e incident to her. The she then immediately went d her of the allegations and Administrator stated she				
	her being notified and She stated she assig NA #1 from the buildi	minutes passed between  NA #1 being sent home.  ned a unit manager to escort  ng to ensure she had no  h other residents. The				
	Administrator stated of Nursing and began allegations. She rep	she then notified the Director  a full investigation into the orted her investigation  to the statements that				
	interaction, she ende allegation and subse employment of NA#	was tearful following the d up substantiating the quently terminated the 1. She stated immediately				
	checks of Resident # impaired residents, w residents were interv	rse #1 completed skin 1 and all other cognitively hile cognitively intact iewed with no concerns rted assigning abuse,				
	neglect, and exploita that had to be compl along with training re	tion training abuse, tion training to all her staff eted before their next shift, garding employee burnout.  It is abuse, the staff et al. abuse, the staff et al. abuse the staff et al. abuse the staff et al. abuse, the st				

NAME OF PROVIDER OR SUPPLIER  1362 1 STREET ADDRESS, CITY, STATE, ZIP CODE  1362 1 STREET NOTE, CARROLL OR SUPPLIER  1363 1 STREET NOTE, CARROLL OR SUPPLIER  1363 1 STREET NOTE, CARROLL OR SUPPLIER  1364 1 STREET NOTE, CARROLL OR SUPPLIER  1365 1 STREET, NOTE, CARROLL OR SUP	OLIVILIY	O I OI ( IVIL DIO) (I LL A	MEDIO ND CEITHICE				CIVID 11C	. 0000 0001
NAME OF PROVIDER OR SUPPLIER  TRINITY VILLAGE  SUMMANY STATEMENT OF DEPCIENCES TAG  (EACH DEPCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FRETIX TAG  Continued From page 20 Interview Resident #1 shortly after being informed of the incident, she was observed to be in her room, resiling conflorably and did not appear to be upset. She slated when she questioned Resident #1, Resident #1 could only respond with yes/no answers but reported someone had been mean to her but was unable to tell her where she was hit. The Administrator stated with the statement of Resident #1 being emotional after the incident, they reached out to Resident #1 spsych provider who stated they did not currently have a provider they could send to the facility to speak with Resident #1 and then out currently have a provider they could send to the facility to speak with Resident #1 and then out currently have a provider they could send to the facility to speak with Resident #1 and then out currently have a provider they could send to the facility to speak with Resident #1 and then on an annual basis. The Administrator reported that all staff were trained on abuse policies and procedures at the time of hine and then on an annual basis. The Administrator reported that all staff were trained on abuse policies and procedures at the time of hine and then on an annual basis. The Administrator reported that all staff were trained on abuse policies and procedures at the time of hine and then on an annual basis. The Administrator reported that all staff were trained on abuse policies and procedures at the time of hine and then on an annual basis. The Administrator reported that all staff were trained on abuse policies and procedures at the time of hine and then on an annual basis. The Administrator reported that all staff were trained on abuse policies and procedures at the time of hine and then on an annual basis. The Administrator reported that all staff were trained on a buse policies and procedures at the time of hine	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		1, ,	` ′			1, ,	
TRINITY VILLAGE    SIMMARY STATEMENT OF DEPICIENCIES   126 3 1 STREET NET NET VILLAGE   162 3 1 STREET NET VILLAGE   162					_		(	c
TRINITY VILLAGE    Day   To   PREFIX   CACH DEFICIENCY MUST SEE PRECEDED BY FULL   FREFIX TAG   PROVIDER'S IPLAN OF CORRECTION   FREFIX TAG   PROVIDER'S IPLAN OF CORRECTION SHOULD BE   CROSS-REFERENCED TO THE APPROPRIATE   DAYE   CREDILLATORY OR LISC IDENTIFYING INFORMATION)   FREFIX TAG   PROVIDER'S IPLAN OF CORRECTION CRADE CORRECTION SHOULD BE   CROSS-REFERENCED TO THE APPROPRIATE   DAYE   CREDILLATORY OR LISC IDENTIFYING INFORMATION)   FREFIX TAG   PROVIDER'S IPLAN OF CORRECTION CRADE CRADE CROSS-REFERENCED TO THE APPROPRIATE   DAYE   CREDILLATORY OR LISC IDENTIFYING INFORMATION)   FREFIX TAG   PROVIDER'S IPLAN OF CORRECTION CRADE			345152	B. WING			04/	23/2024
TRINITY VILLAGE    MICKORY, NC 28601   MICKORY, NC 28601	NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
Name	TRINITY V	ILLAGE						
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  FROM COntinued From page 20 interview Resident #1 shortly after being informed of the incident, she was observed to be in her room, resting comfortably and did not appear to be upset. She stated when she questioned Resident #1 resident #1 could only respon with yes/no answers but reported someone had been mean to her but was unable to tell her where she was hit. The Administrator stated Resident #1 did not appear teafful or fearful during questioning. She also stated a skin check was performed with no injury, redness, or swelling being observed. The Administrator stated with the statement of Resident #1 being emotional after the incident, they reached out to Resident #1 spexyl provider who stated they did not currently have a provider they could send to the facility to speak with Resident #1 one and that she felt that NA*P only ever reported to them that she struck Resident #1 one and that she felt that NA*P and intervened when she told NA #1 she should not be striking the resident. The Administrator reported that time of the investigation, NA #1 only ever reported she felt that NA*D administrator reported that all staff were trained on abuse policies and procedures at the time of hire and then on an annual basis. The Administrator reported that callity had placed the incident in their quality assurance program which included audits of staff interactions and on-going, current monitoring.  The facility provided the following corrective action plan:  1. Corrective action for residents found to be affected:					H	IICKORY, NC 28601		
interview Resident #1 shortly after being informed of the incident, she was observed to be in her room, resting confortably and did not appear to be upset. She stated when she questioned Resident #1, Resident #1 could only respond with yes/no answers but reported someone had been mean to her but was unable to tell her where she was hit. The Administrator stated Resident #1 did not appear tearful or fearful during questioning. She also stated a skin check was performed with no injury, redness, or swelling being observed.  The Administrator stated with the statement of Resident #1 being emotional after the incident, they reached out to Resident #1* speych provider who stated they did not currently have a provider they could send to the facility to speak with Resident #4 so she reached out to the medical director who followed up a day or two later. The Administrator reported at the time of the investigation, NA #1 only ever reported to them that she struck Resident #1 none and that she felt that NA #2 had intervened when she told NA #1 she should not be striking the resident. The Administrator also reported she felt that NAThe Administrator also reported she felt that NAThe Administrator also reported staff were trained on abuse policies and procedures at the time of hire and then on an annual basis. The Administrator also reported the facility had placed the incident in their quality assurance program which included audits of staff interactions and on-going, current monitoring.  The facility provided the following corrective action plan:  1. Corrective action for residents found to be affected:	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
A. What are we going to do for the resident	F 607	interview Resident #1 of the incident, she w room, resting comfort be upset. She stated Resident #1, Resident yes/no answers but remean to her but was was hit. The Administ not appear tearful or She also stated a skin no injury, redness, or The Administrator states Resident #1 being enthey reached out to Resident #1 so she redirector who followed Administrator reporte investigation, NA #1 of that she struck Resident #1 she should not be Administrator reporte on abuse policies and hire and then on an a Administrator also reporte incident in their que which included audits on-going, current more than the struck audits on-going audit	I shortly after being informed as observed to be in her tably and did not appear to when she questioned at #1 could only respond with eported someone had been unable to tell her where she strator stated Resident #1 did fearful during questioning. In check was performed with swelling being observed. It with the statement of notional after the incident, resident #1's psych provider to currently have a provider to currently have a provider to a facility to speak with eached out to the medical up a day or two later. The dat the time of the conly ever reported to them the tervened when she told NA striking the resident. The ported she felt that NAThe dath all staff were trained day procedures at the time of unnual basis. The ported the facility had placed utility assurance program to for residents found to be a for residents found to be	F	607			

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F 607	injuries performed by was reported to the r Administrator, DON, Adult Protective Service department. Accuse suspended pending in Accused NA was advicable facility or the facility's NA was terminated of completed. 2-hour alto completed on 12/29/2 by the provider on 04 medication to decreat however RR refused Alleged Abuse Incide hall nurse on 12/29/2 four different employ with residents to ensiver appropriate. Reand added intervention reapproach resident care on 12/29/23.  B. Who is going to Hall nurse performed and completed the in abuse on 12/29/23. and Administrator coreporting form and set Supervisor notified phadministrator notified p	k, physical assessment for a nurse #1. Abuse Allegation esident's family (RR), Provider, the Admin Office, nices, and the local police of NA was immediately investigation results. Vised to not return to the property until further notice. Ince the investigation was ouse reporting to state 23. Resident was assessed 1/02/24 and new order for see behaviors received to allow the new medication. Interport was completed by 1/23. Administrator observed the interactions on 12/29/23 oure that staff interactions eviewed resident's care plan for staff to leave and when she is combative with the doit?  I assessment on resident or incident report for alleged Nurse notified Administrator mpleted 2-hour abuse ent in on 12/29/23. Nursing rovider on call on 12/29/23. I resident's family (RR) and lall nurse completed incident Administrator met used NA and suspended her 19/23. DON and Administrator terminated her employment	F 60				

C
4/23/2024
7/20/2027
(X5) COMPLETION DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 607	staff member being member. All other reside no one had been measured in them. All other reside no one had been measured in the member being mediately. That auditions are appropriated in the members of	nean to them or rough with them to them or rough with thems stated they felt safe and an or rough with them. LSC and the Form for the Allegation was started dit will be completed by the result of the William of the W	F 6	07			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 607	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F	607			

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(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 CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	CTIVE ACTION SHOULD BE COMPLETIC DATE		
F 607	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	507			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345152	B. WING _			C	
NAME OF PROVIDER OR SUPPLIER  TRINITY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CO 1265 21 STREET NE HICKORY, NC 28601	DDE	04/23/2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 607	written statements fro termination notification sign-in sheets for all states and interviews residents, and finally monitoring to ensure completion of the self plan was verified on-st	ne investigation revealed om all parties involved, a on for NA #1, education with staff in the facility, skin is with alert and oriented monitoring tools for ongoing the issue was resolved. The imposed corrective action site through staff interviews he compliance date of	F6	507			