STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl010-057	A. BUILDING: _____ B. WING _____	09/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TRINITY HOME	1117 OLD FAYETTEVILLE ROAD LELAND, NC 28451

(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
V 000	INITIAL COMMENTS An annual survey was completed on September 17, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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V 291	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of three clients (#1). The findings are: Review on 09/17/19 of client #1's record revealed: - 46 year old female. - Admission date of 03/24/09. - Diagnoses of Mild Intellecutual Developmental Disability, Bipolar, Depression and Seizure Disorder. Review on 09/17/19 of a physician order for client #1 dated 05/23/19 revealed Albuterol (proair-treats exercise induced broncospasm) - inhale 2 puffs every 4 hours as needed for wheezing or shortness of breath. Review on 09/17/19 of client #1's July 2019 thru September 2019 Medication Administration Records revealed the following transcribed entry Proair - inhale 2 puffs every 4 hours as needed for wheezing or shortness of breath. Observation on 09/17/19 at approximately 12:05pm revealed: - Proair inhaler was stored at the facility. - The label for the Proair stated to administer 2 puffs as needed every 4 hours for wheezing or shortness of breath. - Client #1 was at a local day program. Interview on 09/17/19 the Operations Manager	V 291		

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V 291	Continued From page 2 stated: - Client #1 attended a local day program. - Client #1 did not have the Proair inhaler with her when she went into the community. - She understood client #1 needed to have the Proair inhaler with her while in the community in the event of wheezing or shortness of breath.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 09/17/19 from approximately 9:50am until 10:50am revealed: - Client #1's ceiling light in her bathroom did not have a globe. The wall area behind a dresser had a large unpainted white patched area. - Client #2's ceiling fan had 2 of 4 lights which did not work. A bedside table had a handle missing. The wall under the light switch had a streaks of a brown substance. - Client #3's bedroom had pieces of trash and debris scattered throughout carpeted surface. Clothes were stacked against the wall under a window. The ceiling fan had 1 of 4 light bulbs missing.	V 736		

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V 736	Continued From page 3 - The hallway bathroom had a rusty floor vent. - The dining room had the uncovered sub-floor plywood covering a portion of the area. - The area outside the back porch had 2 commodes and a recliner on the ground. A green tarp was stored beside the rear steps. Interview on 09/17/19 client #3 stated: - He was planning on storing his clothes. - e needed to clean up some areas of his room. Interview on 09/17/19 the Operations Manager stated: - The facility was still undergoing repairs after damage from a hurricane. - The commodes and the recliner was supposed to be picked up this weekend and thrown away. - Client #3 was a hoarder and staff would address the conditions of his room.	V 736		