

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl010-057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/16/2024
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NAME OF PROVIDER OR SUPPLIER THE TRINITY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1117 OLD FAYETTEVILLE ROAD LELAND, NC 28451
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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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 16, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner, free from offensive odor. The findings are:</p> <p>Observations on 2/15/24 between 1:00pm and 1:30 pm revealed:</p> <ul style="list-style-type: none"> - The siding over the front stoop eaves was detached, exposing openings above both sides of the front entry door. - Dust was visible, adhered to the textured ceiling above the dining table ceiling fan. - The kitchen sink faucet was loose from the counter top. - Stains and buildup were visible on the top of the microwave over the stove top. - The kitchen cabinets extending over the stove and microwave were separating from the ceiling. 	V 736		

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

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - An unidentified pungent odor was present upon entry into the rooms of client #1 and client #3. - The wall paper in bathroom #2 was peeling around the door and window. <p>Interview on 2/16/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She would ensure repairs were completed. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		