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 _____	R 06/18/2025

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

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on June 18, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to develop and implement written policies for delegation of management authority. The findings are: Review on 6/17/25 of the facility's records revealed no delegation of management authority policy available for review. Interview on 6/17/25 with the Operations Manager and observation on 6/17/25 between 10:30 am - 2:30 pm revealed: -No clients or staff at the facility. -Telephone calls to all staff in attempt to began the survey process. -There was no staff available to began the survey process. -The Operations made stated she was in a neighboring local town on a community outing with the Qualified Professional (QP), clients and clients from their day program. -Everyone rode together in the same vehicle and she needed time to return back to the day program. -She would contact the Direct Care Staff for availability. -Clients and staff were at the day program and would be short staff if any staff left. -A visit to the day program at 2:05 pm revealed no one at the day program. Interview on 6/18/25 the QP stated: -The Delegation would be the Operations Manager, then the QP followed by the direct care staff. -They were on an community outing.	V 105		

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V 105	Continued From page 3 -The facility was looking to hire additional staff.	V 105		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by:	V 112		

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V 112	Continued From page 4 Based on record reviews and interviews the facility failed to develop and implement goals and strategies to address the needs of 1 of 2 clients (#2). The findings are: Review on 6/18/25 of client #2's record revealed: -Admitted 3/24/09. -Diagnoses of Mild Intellectual Disability, Bipolar and Depression. Review on 6/18/25 of client #2's treatment plan dated 6/1/25 revealed: -Goals for self care, maintaining employment and socialization. -No strategies for any of the client #2's identified goals. Written interview on 6/17/25 client #2 stated: -She had goals related to bed wetting. Interview on 6/18/25 the Qualified Professional stated: -There were goals and strategies for client #2 related to hygiene. -The documentation should had been in client #2's record.	V 112		
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 safe, clean, attractive	V 736		

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V 736	Continued From page 5 manner and free from offensive odor. The findings are: Observation on 6/18/25 at approximately 10:15am a tour of the facility revealed: -A pungent odor of urine throughout the facility. -The hallway bathroom broken blind slates at the bathroom window. -Client #2's bed was covered in a large blue plastic tarp. -Client #2's onsite bathroom had 1 of 2 large vanity lights not working. The toilet was making noise like water was running and an empty bowl under the toilet water line. -The garage doors panels appeared to be off track. Interview on 6/18/25 the Operation Manager stated: -The facility was working to find a solution for the odor. -She would ensure maintenance concerns were addressed. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 736		