

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025
--	---	--	---

NAME OF PROVIDER OR SUPPLIER Trinity Place	STREET ADDRESS, CITY, STATE, ZIP CODE 24724 South Business 52 , Albemarle, North Carolina, 28001
--	--

(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
--------------------	--	---------------	---	----------------------

E0000	Initial Comments An unannounced recertification survey was conducted 11/17/2025 to 11/20/2025. The facility was found in compliance with the requirement CFR483.73, Emergency Preparedness. Event ID # 1DB816-H1.	E0000		12/08/2025
F0000	INITIAL COMMENTS A recertification survey was conducted 11/17/2025 to 11/20/2025. Event ID# 1DB816-H1.	F0000		12/08/2025
F0628 SS = B	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and	F0628	Citation: F0628 – §483.15(c)(3)-(6): The facility failed to provide a written bed hold notice to the resident and their representative at the time of transfer to the hospital for 2 of 2 residents reviewed for hospitalization (Resident #23 and Resident #73). This is not in compliance with the requirement that residents and their representatives receive written notification of bed-hold policies and duration at the time of transfer. Resident #23 and Resident #73 no longer reside in the facility. Resident #23 was discharged 12/2/25 and Resident #73 was discharged on 8/31/25. All residents have the potential to be affected by the deficient practice. On 12/10/25 review was conducted by the business office manager of all residents transferred to the hospital in the past 30 days to determine if any other residents or their representatives did not receive a bed hold notice. On 12/10/25, one additional resident was identified as not receiving a bed hole notice. A written bed hold notice was provided at the time of review by the business office manager to the resident's representative. On 12/12/25 the transfer checklist was updated by the staff development coordinator to include a mandatory step for providing the bed hold notice. On 12/10/25, all licensed nurses and the admissions director were re-educated on LSC's policy "bed hold-notice" which outlines the requirement to provide a written bed hold notice to residents and their representatives at the time of transfer to the hospital as well as the updated transfer checklist. Education was provided by the staff development coordinator and nurse manager. Any licensed	12/12/2025

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Trinity Place			STREET ADDRESS, CITY, STATE, ZIP CODE 24724 South Business 52 , Albemarle, North Carolina, 28001	
(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
F0628 SS = B	<p>Continued from page 1 effective transition of care.</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p>	F0628	<p>Continued from page 1 nurse not educated by 12/12/25 will be required to complete education prior to working their next scheduled shift. Effective 12/8/25 a copy of the signed bed hold notice will be placed in the resident's medical record by the medical records director.</p> <p>Effective 12/12/25, the director of nursing or designee will audit all resident transfers weekly for 8 weeks to ensure bed hold notices are provided and documented. Results of audits will be reviewed in the facility's monthly Quality Assurance and Performance Improvement (QAPI) meetings by the director of nursing. If non-compliance is identified, immediate corrective action and re-education will be implemented by the director of nursing. After 8 weeks, if 100% compliance is achieved, audits will continue on 10 residents per month for an additional 4 months. If compliance not achieved, weekly audits will continue until compliance is achieved for two weeks.</p> <p>Responsible Parties</p> <p>Director of Nursing</p> <p>Administrator</p> <p>The community will be in compliance by: December 12, 2025</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Trinity Place			STREET ADDRESS, CITY, STATE, ZIP CODE 24724 South Business 52 , Albemarle, North Carolina, 28001	
(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
F0628 SS = B	<p>Continued from page 2</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written</p>	F0628		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Trinity Place			STREET ADDRESS, CITY, STATE, ZIP CODE 24724 South Business 52 , Albemarle, North Carolina, 28001	
(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
F0628 SS = B	<p>Continued from page 3 notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the</p>	F0628		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Trinity Place			STREET ADDRESS, CITY, STATE, ZIP CODE 24724 South Business 52 , Albemarle, North Carolina, 28001	
(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
F0628 SS = B	<p>Continued from page 4 time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to provide a bed hold notice to the resident and their representative when transferred to the hospital for 2 of 2 residents reviewed for hospitalization (Resident #23 and Resident #73).</p> <p>The findings included:</p> <p>1. Resident #23 was admitted to the facility 11/18/23 with diagnoses including diabetes and heart failure.</p> <p>The quarterly Minimum Data Set assessment dated 11/6/25 assessed Resident #23 to be severely cognitively impaired.</p> <p>A. Review of the medical record for Resident #23 revealed a nursing note that documented on 8/13/25 she experienced a change in condition, and she was sent to the hospital for evaluation and treatment.</p> <p>Review of the medical record for Resident #23 revealed no evidence a bed hold notice had been provided to Resident #23 or her representative.</p> <p>A nursing note dated 8/16/25 documented Resident #23 returned to the facility after admission to the hospital for treatment of gastrointestinal bleeding.</p> <p>B. Review of the medical record for Resident #23 revealed a nursing note dated 9/23/25 that documented on 9/23/25 she experienced a change in condition, and she was sent to the hospital for evaluation and treatment.</p> <p>Review of the medical record for Resident #23 revealed no evidence a bed hold notice had been provided to Resident #23 or her representative.</p> <p>A nursing note documented Resident #23 was readmitted to the facility on 9/26/25 from the hospital for treatment of acute kidney failure and a urinary tract infection.</p> <p>An interview was conducted with Nurse #1 on 11/20/25 at</p>	F0628		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Trinity Place			STREET ADDRESS, CITY, STATE, ZIP CODE 24724 South Business 52 , Albemarle, North Carolina, 28001	
(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
F0628 SS = B	<p>Continued from page 5 10:22 AM. Nurse #1 reported she was the charge nurse for the unit, and she reported she assisted with printing materials for a resident when they were sent to the hospital. Nurse #1 explained she did not send a bed hold notice with the residents when they were transferred to the hospital because that was the Admission Coordinator's responsibility.</p> <p>The Admission Coordinator was interviewed on 11/20/25 at 11:31 AM. The Admission Coordinator reported she did not send a bed hold notice with residents when they were transferred to the hospital. The Admission Coordinator explained that if the facility had a shortage of beds and they needed a bed while a resident was in the hospital, she would call and discuss with the resident representative, but the facility did not charge to hold a bed when a resident was hospitalized.</p> <p>An interview was conducted with the Administrator on 11/20/25 at 2:11 PM. The Administrator reported that a bed hold notice should be provided to all residents and their representatives when the resident is hospitalized.</p> <p>2. Resident #73 was admitted to the facility on 8/25/25 with diagnoses including heart disease and atrial fibrillation.</p> <p>The admission Brief Interview for Mental Status completed on 8/26/25 assessed Resident #73 to be moderately cognitively impaired.</p> <p>A nursing note dated 8/31/25 documented Resident #73 was transferred to the hospital for evaluation and treatment after a change in condition.</p> <p>Review of the medical record for Resident #73 revealed no evidence a bed hold notice had been provided to Resident #73 or his representative.</p> <p>An interview was conducted with Nurse #1 on 11/20/25 at 10:22 AM. Nurse #1 reported she was the charge nurse for the unit, and she reported she assisted with printing materials for a resident when they were sent to the hospital. Nurse #1 explained she did not send a bed hold notice with the residents when they were transferred to the hospital because that was the Admission Coordinator's responsibility.</p> <p>The Admission Coordinator was interviewed on 11/20/25 at 11:31 AM. The Admission Coordinator reported she did not send a bed hold notice with residents when they were transferred to the hospital. The Admission Coordinator explained that if the facility had a</p>	F0628		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Trinity Place			STREET ADDRESS, CITY, STATE, ZIP CODE 24724 South Business 52 , Albemarle, North Carolina, 28001	
(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
F0628 SS = B	Continued from page 6 shortage of beds and they needed a bed while a resident was in the hospital, she would call and discuss with the resident representative, but the facility did not charge to hold a bed when a resident was hospitalized. An interview was conducted with the Administrator on 11/20/25 at 2:11 PM. The Administrator reported that a bed hold notice should be provided to all residents and their representatives when the resident is hospitalized.	F0628		