

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/08/2023
NAME OF PROVIDER OR SUPPLIER TRINITY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 24724 SOUTH BUSINESS 52 ALBEMARLE, NC 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	
E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey was conducted on 06/05/23 through 06/08/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #24IQ11. INITIAL COMMENTS	F 000			
F 761 SS=E	A recertification and complaint investigation survey was conducted from 06/05/23 through 06/08/23. Event ID# 24IQ11. The following intake was investigated: NC00190415. 1 of the 1 complaint allegation did not result in deficiency. Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for	F 761	6/23/23		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/16/2023

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.

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F 761	<p>Continued From page 1</p> <p>storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, staff interviews and review of the manufacturers guidelines the facility failed to discard an expired multi dose oral inhaler, and expired nebulizer solutions, and record an opened date on a nebulizer solution on 2 of 3 medication carts and failed to discard an expired influenza vaccine and nebulizer solution in 1 of 2 medication rooms reviewed for medication storage.</p> <p>Findings included.</p> <p>Review of the manufactures guidelines revealed Trelegy multi dose oral inhalers should be discarded 6 weeks after opening. Ipratropium Bromide 0.2% nebulizer solution and Levalbuterol 1.25 milligram (mg) nebulizer solution should be discarded 2 weeks after opening the foil pouch.</p> <p>An observation of the "B" hall medication cart on 06/08/23 at 10:00 AM revealed a Trelegy oral inhaler with an opened date of 03/27/23. The label on the inhaler instructed to discard 6 weeks after opening. Ipratropium Bromide 0.2% nebulizer solution was observed in an opened foil pouch with no opened date.</p> <p>During an interview with Medications Aide #1 on 06/08/23 at 10:00 AM she stated expiration dates should be checked prior to administering the</p>	F 761	<p>Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because it is required by the provision of federal and state law to maintain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date(s) indicated.</p> <p>The Corrective Action will be accomplished for residents found to have been affected by the deficient practice with removing the Trelegy Multi dose oral inhaler that was expired from the B hall medication cart by the licensed nurse and discarded on 6/8/2023</p> <p>The Ipratropium Bromide 0.2% nebulizer solution with an open date of 3-20-2023 and Levalbuteral 1.25mg nebulizer solution with an open date of 5/7/2023 were both removed from C hall mediation</p>		

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F 761	<p>Continued From page 2</p> <p>medications. She stated she was not aware the Trelegy oral inhaler, or the Ipratropium Bromide nebulizer solution were expired because she had not administered those medications. She stated the nurses were responsible for checking the medication carts for expired medications.</p> <p>An observation of the "C" hall medication cart on 06/08/23 at 10:30 AM revealed an Ipratropium Bromide 0.2% nebulizer solution with an opened date of 03/20/23. Levalbuterol 1.25 mg nebulizer solution with an opened date of 05/07/23. The instructions on the foil pouch of the Ipratropium Bromide nebulizer solution and the Levalbuterol nebulizer solution read to discard 2 weeks after opening.</p> <p>During an interview with Nurse #1 on 06/08/23 at 10:30 AM she stated she was not aware the Ipratropium Bromide or the Levalbuterol solution was expired. She stated Medication Aide #2 was working on the medication cart today and Nurse #1 had not checked the cart yet for expired medications. She stated the nurse, or the medication aides were responsible for checking expiration dates prior to administering the medications. She stated the night shift nurses also checked the medication carts on Friday nights for expired medications. She stated it was an oversight.</p> <p>An observation of the B/C hall medication storage room on 06/08/23 at 10:45 AM revealed Levalbuterol 1.25 mg nebulizer solution in a foil pouch with an opened date of 05/15/23. Ipratropium Bromide 0.2% nebulizer solution was observed with no opened date. The instructions on the foil pouch of the Ipratropium Bromide solution and the Levalbuterol solution read to</p>	F 761	<p>cart by the licensed nurse and discarded 6/8/2023</p> <p>The Levalbuterol 1.25mg nebulizer solution in a foil pouch with an open date of 5-15-2023 and the Ipratropium Bromide 0.2% nebulizer solution observed with no open date in the B/C Hall medication storage room was removed and discarded by the license nurse. The opened vial of influenza vaccine with an expiration date of 5/25/23 was removed and discarded by the license nurse on 6/8/2023.</p> <p>The facility will identify other residents having the potential to be affected by the same deficient practice by having all residents medications on medication cart and in medication storage audited by consultant pharmacist on 6-15-2023. The consultant pharmacist audited for proper storage areas of medications, expiration dates and proper labeling of medications. The pharmacist also audited for dates medications were opened to ensure a discard date was labeled on the medication packaging.</p> <p>All expired medications were removed by the consultant pharmacist and given to the Director of Nursing to properly discard.</p> <p>Measures put in place for systematic changes to ensure the deficient practice will not recur will have all licensed nurses and medication aides in-serviced by the Staff Development Coordinator/ Assistant Director of Nursing by June 23, 2023.</p>		

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F 761	<p>Continued From page 3</p> <p>discard 2 weeks after opening.</p> <p>An observation of the B/C hall medication storage room refrigerator on 06/08/23 at 10:45 AM revealed an opened vial of Influenza vaccine with an expiration date of 05/25/23.</p> <p>During an interview on 06/08/23 at 1:00 PM the Director of Nursing stated the nurses and medication aides should be checking the carts for expired medications. She stated they had a process in place to check for expired medications which included checking the medication expiration date prior to administration, night shift checked all carts once a week on Friday, and the Consultant Pharmacist also checked for expired medications monthly. She stated the expired medications should not have been on the medication cart or in the medication storage rooms. She stated education would be provided to nursing staff.</p>	F 761	<p>Education will include medication storage, expiration dating requirements including: refrigerated medications, proper storage of medications after opening, dating of medication refrigerated after opening, labeling of medications when open and expiration dates, and additional notations. A list of medications- storage requirements/ expiration date requirements was provided by Lutheran Service Carolinas Pharmacist and reviewed by licensed nurses/ medication aides by the Staff Development Coordinator/ Assistant Director of Nursing. A copy of the labeling and expiration documents reviewed by the Staff Development Coordinator/ Assistant Director of Nursing will be placed on each medication cart and in each medication room for reference. Licensed nurses are to contact Lutheran Service Carolinas Pharmacist if unsure of storage requirements/ expiration dates/ labeling. Nurses / Medication Aides are also aware to review medication expiration dates prior to medication administration. Medication carts and medication rooms are audited weekly by third shift licensed nurses to monitor proper storage of medications and expiration date requirements and labeling of medications with date opened/date expired. Medications that have expired or not labeled properly will be discarded.</p> <p>Medication carts and medication rooms will be audited by the Director of Nursing/Assistant Director of Nursing/ Staff Development Coordinator weekly to</p>		

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F 761	Continued From page 4	F 761	<p>monitor storage of medications and expiration dating requirements and labeling to ensure deficient practice does not recur. The start date of audit will begin 6/21/2023.</p> <p>The facility plans to monitor its performance to make sure the solutions are sustained by having the Director of Nursing / Staff Development Coordinator weekly to monitor for proper storage of medications, expirations dating requirements and labeling of date opened/ expired based on manufacturers' recommendations. The inspection will be done weekly times 4 weeks, then biweekly times 2 months, then monthly until 3 months of compliance is sustained. The start date of audit will begin 6/21/23.</p> <p>Audit findings will be reported to the QAPI committee by the Director of Nursing/ Assistant Director of Nursing or Staff Development Coordinator monthly until 3 months of compliance is sustained.</p>		