

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 11/20/2025
NAME OF PROVIDER OR SUPPLIER Trinity Place		STREET ADDRESS, CITY, STATE, ZIP CODE 24724 South Business 52 Albemarle, NC 28001	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (continued on next page)

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.

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

TITLE

(X6) DATE

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<p>F 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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).The findings included: 1. Resident #23 was admitted to the facility 11/18/23 with diagnoses including diabetes and heart failure. The quarterly Minimum Data Set assessment dated [DATE] assessed Resident #23 to be severely cognitively impaired. 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. Review of the medical record for Resident #23 revealed no evidence a bed hold notice had been provided to Resident #23 or her representative. A nursing note dated 8/16/25 documented Resident #23 returned to the facility after admission to the hospital for treatment of gastrointestinal bleeding. 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. Review of the medical record for Resident #23 revealed no evidence a bed hold notice had been provided to Resident #23 or her representative.A nursing note documented Resident #23 was readmitted to the facility on [DATE] from the hospital for treatment of acute kidney failure and a urinary tract infection.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. 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 .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 . 2. Resident #73 was admitted to the facility on [DATE] with diagnoses including heart disease and atrial fibrillation. The admission Brief Interview for Mental Status completed on 8/26/25 assessed Resident #73 to be moderately cognitively impaired. A nursing note dated 8/31/25 documented Resident #73 was transferred to the hospital for evaluation and treatment after a change in condition. Review of the medical record for Resident #73 revealed no evidence a bed hold notice had been provided to Resident #73 or his representative. 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. 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 .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>		