

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555907	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/24/2026
NAME OF PROVIDER OR SUPPLIER  Trinity Hospital Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  60 Easter Ave Weaverville, CA 96093	

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)
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review, and policy review the facility failed to ensure that one of three residents sampled (Resident 1) did not receive unnecessary medications (any drug prescribed or taken that does not provide a clear, valid medical benefit to the person it was given to) when he was given a combination of three medications (Benadryl also known as diphenhydramine [an over-the-counter allergy medication that causes drowsiness], Haldol also known as haloperidol [a strong antipsychotic medication used to treat severe behavioral problems], and Ativan also known as lorazepam [a medication used to treat anxiety disorders and which causes drowsiness]). This failure could have resulted in negative outcomes for Resident 1 such as respiratory depression, falls, fractures, confusion and excessive drowsiness. Findings: Review of the Journal of the American Geriatrics Society (a nationally recognized professional resource for geriatric healthcare [the medical specialty that focuses on the health and care of people over the age of 65]) article titled American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults dated March 29, 2023 indicated a list of medications that are best avoided by older adults in most circumstances. and The criteria are intended to be applied to adults 65 years or older. Benadryl, Ativan, and Haldol are all listed in the Beers Criteria. Haldol was indicated as a medication that increased the risk of stroke (a medical emergency occurring when blood flow to part of the brain is blocked or a blood vessel in the brain bursts, causing brain cells to die within minutes) in the elderly. Ativan was indicated as a medication that increased the risk of falls and fractures (broken bones) in the elderly. Benadryl was indicated as a medication that increased the risk for confusion and falls in the elderly. Review of Epocrates, a widely used web-based tool for healthcare professionals to check drug interactions (a change in the way a drug acts in the body when taken with certain other drugs) indicated that the use of Ativan, Haldol, and Benadryl together should be avoided due to the risk of respiratory depression (decreased breathing), and psychomotor impairment (slowing of physical movements, speech, and thinking ability which can increase the risk for accidents such as falls.) Review of a facility policy titled, Psychotropic Medication Use, SNF (psychotropic medications are used for mood disorder and mental health) dated March 2017, indicated c. Pertinent non-pharmacological (non-medication) interventions must be attempted, unless contraindicated, and documented following the resolution of the acute psychiatric situation., 16. The staff will observe, document, and report to the Attending Physician (a medical doctor who has primary responsibility for the overall care of a patient in a healthcare facility) information regarding the effectiveness of any interventions, including psychotropic medications. and 18. The Physician shall respond appropriately by changing or stopping problematic doses or medications or clearly documenting (based on assessing the situation) why the benefits of the medication outweigh the risks or suspected or confirmed adverse consequences. Review of Resident 1's medical record indicated that he was [AGE] years old when he admitted to the facility on [DATE] with diagnoses which included depression. Review of Resident 1's Minimum Data Set (MDS is a federally mandated assessment tool that measures the health status in nursing home residents), dated 3/18/26 and completed by the Director of Staff Development (DSD) indicated a BIMS (Brief Interview for Mental Status-an (continued on next page)</p>

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) of 15 out of 15 indicating good decision making ability. Review of Resident 1's record titled, Order Summary Report dated 3/7/26 indicated that Haldol 5 milligrams (mg, a unit of measure) intramuscular (IM - injection into a muscle), Ativan 2 mg intramuscular, and diphenhydramine 50 mg intramuscular was ordered to be given at the same time on 3/7/26. During a concurrent interview and record review on 3/24/26 at 12:50 pm, with the Director of Nursing (DON) of Resident 1's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for the month of March 2026, the DON confirmed that Resident 1's MAR for March 2026 indicated that on 3/7/26, Resident 1 was given an intramuscular injection of diphenhydramine at 1:01 am, an intramuscular injection of Ativan at 1:01 am, and an intramuscular injection of Haldol at 1:02 am. The DON indicated that this is a combination of medications which are frequently used in the emergency room setting for severe agitation (a state of restlessness, tension, or nervous excitement, often resulting in pacing, fidgeting, or hostility) and called a B52. The DON acknowledged that in her 10 years as the DON of the skilled nursing facility (a facility for the elderly [individuals over the age of 65, experiencing decline in health and mobility] which is their home and where they receive medical care) she had never seen it used. Review of Resident 1's record titled Progress Note dated 3/7/26 at 2:01 am and written by Licensed Nurse (LN A), LN A wrote Resident continued screaming and yelling and blocked the entrance of the room by wheeling his wheelchair. Resident wheeled himself to nursing station and glared at nurse and other residents., and Called MD (medical doctor) and he came to facility to talk to resident. Orders provided and administered for agitation and effective. No further monitoring of Resident 1 after the administration of the three medications was recorded in his Progress Notes for the night. During a phone interview on 3/24/26 at 3:44 pm, with the facility's Pharmacist, when asked if Haldol, diphenhydramine, and Ativan should be given together, the Pharmacist indicated, Generally, we would want to avoid that. The Pharmacist indicated that this combination of medications should be avoided in the skilled nursing facility setting. When asked what the potential adverse outcomes of giving the three medications together could be, the Pharmacist indicated .sedation (the medical use of sedation drugs to induce a state of calm, relaxation, or sleepiness, reducing anxiety and discomfort during medical procedures) like side effects (unintended, consequences of a drug or treatment that can be harmful), mainly, over sedation (a state where a person receives a higher level of sedation than intended or required, resulting in excessive depression of the nervous system such as the drive to breathe.) Review of Resident 1's record titled, Progress Note dated 3/11/26, four days after Resident 1 was given the medication combination, and written by the Medical Director (MD) indicated that Resident 1 .was administered IM Benadryl, Haldol, and Ativan x1 that night and he has been fine ever since. During a phone interview with the MD on 3/24/26 at 2:22 pm, the MD indicated that Ativan, Haldol, and diphenhydramine (Benadryl) given together are standard for enforced sedation for people who are out of control. The MD confirmed that Resident 1 received this combination of medications while in the skilled nursing facility, and that it is not given often in skilled nursing. The MD indicated that he felt it was safe to have Resident 1 stay in the skilled nursing facility and have Licensed Nurse (LN) 1 monitor Resident 1, instead of sending Resident 1 to the emergency room in the other part of the facility. Review of a facility policy titled, Behavioral Assessment, Intervention and Monitoring, SNF undated indicated 9. Non-pharmacological approaches will be utilized to the extent possible to avoid or reduce the use of antipsychotic medications to manage behavioral symptoms. And 10. When medications are prescribed for behavioral symptoms, documentation will include: a rationale for use; c. Other approaches and interventions tried prior to the use of antipsychotic medications; h. Monitoring for efficacy and adverse consequences. During a concurrent interview and record review on 3/24/26 at 12:50 pm, with the DON, reviewed Resident 1's care plan and the DON acknowledged that there was no care plan created related to Resident 1's behavior monitoring for the use of Ativan, Haldol, or diphenhydramine. Review of a facility policy titled, Care Plans, Comprehensive (continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Person-Centered, SNF no date, indicated 12. Assessment of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change. And 13. The Interdisciplinary Team (IDT is an interdisciplinary team of health care providers who have knowledge of the resident and his or her needs who is involved in making decisions about the resident's care) must review and update the care plan: a. When there has been a significant change in the resident's condition; b. When the desired outcome is not met. During a concurrent interview and record reviews on 3/24/26 at 12:50 pm, the following records were reviewed and interviews conducted with the DON: a. Reviewed Resident 1's progress notes with the DON and the DON acknowledged that there was no documentation of Resident 1 having any behaviors in the days just before or after 3/7/26 and that there was no documentation of any non-pharmaceutical interventions taken before Resident 1 was administered the combination of Ativan, Haldol, and diphenhydramine. b. Reviewed Resident 1's progress notes with the DON and the DON acknowledged that there was no documentation of the IDT team meeting to discuss Resident 1 receiving Ativan, Haldol, and diphenhydramine. c. Reviewed Resident 1's record titled, Informed Consent for Treatment with Anti-Anxiety/Sedative/Hypnotic Medications dated 3/7/26 for Ativan (Lorazepam) with the DON and the DON acknowledged that the record indicated Diagnosis and/or signs and symptoms: Severe Agitation with no specific behaviors to be monitored mentioned in the document. d. Reviewed Resident 1's record titled Informed Consent for Treatment with Anti-Anxiety/Sedative/Hypnotic Medications dated 3/7/26 for Benadryl (Diphenhydramine) with the DON and the DON acknowledged that the record indicated Diagnosis and/or signs and symptoms: Severe Agitation with no specific behaviors to be monitored mentioned in the document. e. Reviewed Resident 1's record titled Informed Consent for Treatment with Anti-Anxiety/Sedative/Hypnotic Medications dated 3/7/26 for Haldol (Haloperidol) with the DON and the DON acknowledged that the record indicated Diagnosis and/or signs and symptoms: Severe Agitation with no specific behaviors to be monitored mentioned in the document. Review of a facility policy titled Informed Consent no date, indicated B. The information material shall include at least the following: 1. The reason for the treatment. 5. The reasonable alternative treatments and risks, and why the health professional is recommending this particular treatment. During an interview on 3/24/26 at 3:55 pm, with the DON, the DON acknowledged that a change in condition assessment (documentation completed in a patient's chart after an unexpected change in the patient's physical or mental state occurs, documentation includes; specific observations, the assessments of the patient performed, and any actions taken, completed to ensure a clear record for communication and follow-up) of Resident 1 was not completed following Resident 1's behaviors and the administration of Ativan, Haldol, and diphenhydramine together on 3/7/26. Review of a facility policy titled, Change in a Resident's Condition or Status, SNF dated March 2017, indicated 7. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental status. And 8. If a significant change in the resident's physical or mental condition occurs, a comprehensive assessment (a thorough evaluation that gathers detailed information about a patient's overall status to create a tailored plan of care) of the resident's condition will be conducted.</p>		