

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 07/31/2024
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>40425</p> <p>Based on interview and nursing schedule review, the facility failed to provide a Registered Nurse (RN) for eight consecutive hours a day, seven days a week.</p> <p>This had the potential to adversely affect all of the residents' quality of life and quality of care.</p> <p>Findings:</p> <p>A review of the Payroll Based Journal (PBJ, an electronic system for facilities to submit staffing information) for Fiscal Year Quarter 1, 10/01/24-12/21/24, indicated the facility had no RN on duty for; 10/02/24, 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/08/24, 10/13/24, 10/14/24, 10/15/24, 10/20/24, 10/21/24, 10/22/24, 10/27/24, 10/28/24, 10/29/24, 11/03/24, 11/4/24, 11/05/24, 11/10/24, 11/11/24, 11/12/24, 11/17/24, 11/18/24, 11/19/24, 11/24/24, 11/25/24, 12/01/24, 12/02/24, 12/03/24, 12/09/24, 12/10/24, 12/15/24, 12/16/24, 12/17/24, 12/22/24, 12/23/24, 12/24/24, 12/29/24, 12/30/24, and 12/31/24.</p> <p>A review of the PBJ for Fiscal Year Quarter 2 for 2024, (01/1/24-03/31/24), indicated the facility had no RN on duty for; 01/05/24, 01/06/24, 01/07/24, 01/14/24, 01/20/24, 01/21/24, 01/27/24, 01/28/24, 02/09/24, 02/10/24, 02/18/24, 02/19/24, 02/20/24, 02/21/24, 02/22/24, 02/24/24, 02/29/24, 03/01/24, 03/02/24, 03/03/24, 03/08/24, 03/10/24, 03/15/24, 03/16/24, 03/17/24, 03/19/24, 03/20/24, 03/21/24, 03/22/24, 03/10/24, 03/15/24, 03/16/24, 03/17/24, 03/19/24, 03/20/24, 03/21/24, 03/22/24, 03/24/24, 03/25/24, 03/29/24, 03/30/24, and 03/31/24.</p> <p>A review of the PBJ for Fiscal Year Quarter 4 for 2024, (07/1/23-09/30/23), indicated the facility had no RN on duty for; 07/01/23, 07/08/23, 07/09/23, 07/15/23, 07/16/23, 07/22/23, 07/29/23, 07/30/23, 08/05/23, 08/06/23, 08/13/23, 08/24/23, 08/25/23, 08/26/23, 08/31/23, 09/04/23, 09/08/23, 09/09/23, 09/11/23, and 09/29/23.</p> <p>During an interview on 7/29/24 at 9:30 am, with Chief Executive Officer (CEO) A, CEO A confirmed there was not an RN dedicated to oversee resident care for eight-hours a day, 7 days a week.</p> <p>During an interview on 7/30/24 at 11:52 am, with Chief Nursing Officer (CNO) C, CNO C confirmed there was not an RN dedicated to oversee resident care for eight-hours a day, 7 days a week.</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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