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	HAL080010	A. BUILDING: _____ B. WING _____	R 01/05/2023

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TRINITY OAKS CONTINUING CARE RETIREMENT COM	728 KLUMAC ROAD SALISBURY, NC 28144

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey from 01/04/23 to 01/05/23.	D 000		
D 161	10A NCAC 13F .0504(a & b) Competency Eval & Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task. (b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the performance of each personal care task. The licensed health professional shall validate that the staff person has the knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed on a resident. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and C) were competency validated for Licensed Health Professional Support (LHPS) tasks including performing clean dressing changes (C) and administering a rectal suppository (A).	D 161	D 161 | 10A NCAC 13F .0504 Competency Eval & Validation for LHPS Tasks. • RN will identify all LHPS tasks that are ordered for current residents. All current residents LHPS were reviewed, and tasks were updated as appropriate by the RN as of 1/26/2023 • Education for all LHPS tasks being performed in this ALF will be provided to current staff by RN within the next 60 days. Staff will be evaluated once training is complete and education will be documented. Completion date: 4/2/2023 • Education for all LHPS tasks appropriate for the ALF will be provided to all new staff by RN. Staff will be evaluated once training is complete and documented within 30 days of hire, or when orientation period is completed. • LHPS Competency Evals and Validation will be reviewed annually by the RN to ensure validation is documented for each staff member.	1-26-2023 4-2-2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jessica Callen RN — TITLE: Director of Resident Services — (X6) DATE: 1/27/23

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D 161	Continued From page 1 The findings are: 1. Review of Staff A's, Medication Aide (MA) personnel record revealed: -Staff A was hired in 01/29/18. -There was documentation of LHPS competency validations dated 08/23/18, 04/27/20, 05/19/21 and 10/22/21, with "NA" written in beside "Enema, suppositories and vaginal douches". -There was no documentation Staff A had been LHPS competency validated for the tasks of administering rectal suppositories. Review of residents' electronic Medication Administration Records (eMARs) for November and December 2022 and January 2023 revealed Staff A administered a rectal suppository to a resident 1 time in December 2022. Interview with Staff A on 01/05/23 at 9:45pm revealed: -She had worked at the facility since January 2018 as a personal care aide (PCA) and later also became a Medication Aide (MA). -The MAs were responsible for administering rectal suppositories and she had administered rectal suppositories since working at the facility. -She was instructed on administer suppositories by the nurse as her skills check off list and another MA training when she started working on the medication cart. Refer to interview with the Resident Care Coordinator (RCC) on 01/05/23 at 2:55pm. Refer to interview with the Administrator on 01/05/23 at 3:10pm. 2. Review of Staff C's, medication aide (MA)	D 161	• Should MD write order for specific treatment in which includes a LHPS task (ie: Specific wound care), RN will educate all appropriate staff when the order is received.	

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D 161	Continued From page 2 personnel record revealed: -Staff C was hired on 04/14/21. -There was documentation of a Licensed Health Professional Support (LHPS) competency validation dated 05/24/21 and 10/05/22 with "NA" written in beside clean dressing changes and suppositories. -There was no documentation Staff C had been LHPS competency validated for the tasks of performing clean dressing changes and administering rectal suppositories. Review of residents' electronic Medication Administration Records (eMARs) for November and December 2022 and January 2023 revealed Staff C performed clean dressing changes 14 times in November 2022, 11 times in December 2022 and 1 time in January 2023. Interview with a Staff C on 01/05/23 at 2:40pm revealed: -The MAs were responsible to perform dressing changes for residents. -She had changed residents' dressings since she worked at the facility. -She had wound care training for each resident's specific wound care but did not remember wound care training for her LHPS competency evaluation. -The provider gave the wound care order and then the RCC or Administrator would go with the MA to perform the first wound dressing change. -The first MA would tell the MAs on the next shift how to change the resident's dressing. Interview with a resident on 01/04/23 at 9:25pm revealed: -He had dressings on his feet that the staff or the hospice nurse changed usually once a day. -He did not feel good this morning and did not	D 161		

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D 161	Continued From page 3 have the MAs change the dressings. Interview with a second resident on 01/05/23 at 2:15pm revealed: -The "girls" who brought her medications were the ones who did her dressing change at night. -The MAs would clean her wound with saline, pat her leg dry, apply an ointment on a cotton swab then cover it with a dressing and apply the tubi-grip. -The MAs did her dressing change every evening and her wound seemed to be healing. Refer to interview with the Resident Care Coordinator (RCC) on 01/05/23 at 2:55pm. Refer to interview with the Administrator on 01/05/23 at 3:10pm. Interview with the RCC on 01/05/23 at 2:55pm revealed: -She was a Registered Nurse (RN) and was responsible to complete the staff LHPS competency evaluation. -Her training to complete LHPS competency evaluations included following the previous nurse who completed the LHPS task training for staff and the corporate nurse for a brief period. -She knew staff LHPS competency evaluations were to be completed upon hire or before they performed a required LHPS task. -She completed all staff LHPS competency evaluations, but did not include the tasks that have "NA" beside them because that indicated a task the facility did not offer or perform for residents. -She thought the only dressings that had to be included were those that required wound packing. -For all other wounds, she or the Administrator	D 161		

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D 161	Continued From page 4 would follow the provider who described how they wanted the dressing changes performed. - She or the Administrator would go with the MAs for the first dressing change of each resident that had a new dressing order and instruct them on how to complete the dressing change. -That first MA would then pass the details of the specific resident's dressing change to the MAs on the subsequent shifts. -The MAs were trained to administer suppositories in their MA training. Interview with the Administrator on 01/05/23 at 3:10pm revealed: -LHPS competency evaluations were to be completed upon hire and as needed by the RCC who was an RN. -She and the RCC misread the LHPS tasks required and thought only wounds that had to be packed needed to be marked on resident's LHPS evaluation. -She and the RCC would go with the provider and learn how individual dressings were to be performed. -She or the RCC would go with the MA for the resident's first dressing change to show them how it was to be completed and the MA passed the information on to the next shifts. -The MAs were instructed on administering suppositories in medication administration competency validation skills check off.	D 161		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or	D 280		

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D 280	Continued From page 5 physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed for 3 of 5 sampled residents (#1, #3 and #4) with LHPS tasks of a clean dressing change (#1 and #3), and administration of rectal suppositories (#4). The findings are: 1. Review of Resident #1's current FL2 dated 10/04/22 revealed: -Diagnoses included coronary artery disease, dementia and bipolar disorder. -There was an order to clean left leg wound with	D 280	D 280 | 10A NCAC 13F .0903 Licensed Health Professional Support • RN will identify all residents with LHPS tasks upon admission and when any changes occur that include an order for an LHPS task. • All current residents have been reviewed for current LHPS tasks appropriate for stay in this ALF. LHPS tasks have been evaluated and reviewed for all residents and brought up to date as of 1/26/2023 • Staff education will be provided to ensure that when new LHPS orders are received, RN is notified. Education was provided by the RN and was completed on 1/26/2023 • Each resident will be reviewed within 30 days of admission/readmission for LHPS tasks and eval will be completed within those 30 days. • Each resident chart will be evaluated the 1st week of each month to ensure all LHPS task have been reviewed and evaluated by the RN, and that staff has received proper education for task by RN.	1-26-2023 1-26-2023

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D 280	Continued From page 6 saline, apply Santyl (a debriding agent used to remove dead skin or tissue from wounds) to the wound using a cotton tipped applicator, cover with a non-adherent dressing and wrap with Kerlix (a gauze bandage roll) once daily. Review of the Licensed Health Professional Support (LHPS) evaluation for Resident #1 revealed Resident #1 did not have an LHPS evaluation or a Temporary LHPS Task Physician's Certification for review. Review of Resident #1's November 2022 electronic medication administration record (eMAR) revealed: -There was an entry to clean wound to left leg with saline, apply Santyl, then cover with a non-stick pad once daily scheduled at 8:00pm. - There was documentation the wound care order was completed daily from 11/01/22 through 11/30/22. Review of Resident #1's physician order dated 12/02/22 revealed there was an order to clean left leg wound with saline, pat dry, apply skin prep to the area around the wound, apply Santyl to the wound, cover with gauze, wrap with Kerlix, and secure with tubi-grip size C daily. Review of Resident #1's physician order dated 12/09/22 revealed there was an order to clean left leg wound with saline, pat dry, apply skin prep to the area around the wound, apply Santyl to the wound, cover with gauze, wrap with Kerlix, and secure with tubi-grip size F daily. Review of Resident #1's December 2022 eMAR revealed: -There was an entry to clean wound to left leg with saline, apply Santyl, then cover with a	D 280		

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D 280	Continued From page 7 non-stick pad once daily scheduled at 8:00pm. -There was documentation the wound care order was completed 12/01/22 and 12/02/22. -There was an entry to clean left leg wound with saline, pat dry, apply skin prep to the area around the wound, apply Santyl to the wound, cover with gauze, wrap with Kerlix, and secure with tubi-grip size C scheduled daily at 8:00pm. -There was documentation the wound care order was completed daily from 12/02/22 to 12/08/22. -There was an entry to clean left leg wound with saline, pat dry, apply skin prep to the area around the wound, apply Santyl to the wound, cover with gauze, wrap with Kerlix, and secure with tubi-grip size F scheduled daily at 8:00pm. -There was documentation the wound care order was completed daily from 12/09/22 to 12/31/22. Review of Resident #1's January 2023 eMAR revealed: -There was an entry to clean left leg wound with saline, pat dry, apply skin prep to the area around the wound, apply Santyl to the wound, cover with gauze, wrap with Kerlix, and secure with tubi-grip size F scheduled daily at 8:00pm. -There was documentation the wound care order was completed daily from 01/01/23 through 01/03/23. Observation of Resident #1 on 01/04/23 at 4:15pm revealed: -She was sitting on a chair in her room dressed in day clothes. -She had a clean dressing to her left shin that was visible underneath a cut piece of tubi-grip holding it in place. Interview with a medication aide (MA) on 01/05/23 at 9:40am revealed: -The MAs changed Resident #1's left leg dressing	D 280		

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D 280	Continued From page 8 every evening and applied Santyl to the wound. -If a resident required wound care or dressing changes, either the Resident Care Coordinator (RCC) or the Administrator would teach the MAs how to do it. Interview with a second MA on 01/05/23 at 10:00am revealed: -The MAs were responsible for completing Resident #1's dressing change including the application of Santyl and she had performed this task before. -Resident #1's primary care provider (PCP) would come and assess her wound, write an order for wound care, then either the RCC or the Administrator would teach the MAs that shift how to do the wound care. -The MAs who were taught by the RCC or Administrator were responsible for passing the information along to the following shift. Interview with Resident #1 on 01/05/23 at 2:15pm revealed: -The "girls" who brought her medications were the ones who did her dressing change at night. -The MAs would clean her wound with saline, pat her leg dry, apply an ointment on a cotton swab then cover it with a dressing and apply the tubi-grip. -The MAs did her dressing change every evening and it seemed to be healing. Interview with a third MA on 01/05/23 at 2:40pm revealed: -The MAs were responsible for Resident #1's dressing change and application of Santyl to the wound. -She was taught how to do dressing changes when she completed her MA training at the facility.	D 280		

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D 280	Continued From page 9 -If a dressing change order was modified by the PCP, either the RCC or the Administrator would teach the MAs how to complete the new dressing change order. Interview with the RCC on 01/05/23 at 3:00pm revealed: -She was a Registered Nurse (RN) and was responsible for completing the LHPS evaluations on the residents. -Resident #1 did not have an LHPS evaluation completed for her dressing changes. -She was under the impression that only pressure or packed wounds required an LHPS evaluation. -Resident #1's PCP provided demonstration and training both the RCC and the MAs on how to complete her dressing change and application of Santyl. -The MAs were responsible for completing Resident #1's left leg wound dressing change once daily including the application of Santyl. -She had not received any formal training on what was expected for completing LHPS evaluations, she had just trained with the nurse who preceded her in that role. Interview with the Administrator on 01/05/23 at 3:15pm revealed: -The RCC was a nurse and was responsible for identifying LHPS tasks the residents had and completing LHPS evaluations as they became due. -She was not aware of what training the RCC had upon hire to that position for completing LHPS evaluations. -The MAs had been completing Resident #1's dressing changes as they were taught that skill with their MA training course. -If there was a change to a residents' wound care/dressing change order, either herself or the	D 280	**Summary of education provided:** Education provided to Jessica Beck, RN, by Jill Nothstine, RN, Director of Policies and Procedures, on January 26, 2023. The following regulations regarding LHPS, including the list of all tasks that require ongoing evaluation and staff training/competency, were reviewed. Highlighted areas were noted in the POC, however, all areas on the list were addressed. It is recommended to keep a copy of the list as a reference to ensure no LHPS tasks are missed. See attached Education Record.	1-26-2023

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D 280	Continued From page 10 RCC would train the MAs on how to complete the new order. 2. Review of Resident #4's current FL2 dated 08/09/22 revealed: -Diagnoses included atrial fibrillation, osteoporosis and history of melanoma of the skin. -There was an order for bisacodyl (a laxative medication used to treat constipation) 10mg, insert one suppository rectally every 24 hours as needed for constipation. Review of Resident #4's Licensed Health Professional Support (LHPS) evaluation dated 09/19/22 revealed: -The LHPS evaluation was completed by the Resident Care Coordinator (RCC). -Resident #4 did not have suppositories selected as a LHPS task she was receiving. Review of Resident #4's November 2022 electronic medication administration record (eMAR) revealed: -There was an entry for bisacodyl suppository 10mg, insert one suppository rectally every 24 hours as needed for constipation. -There was documentation bisacodyl suppository was administered on 11/06/22 and 11/26/22. Review of Resident #4's December 2022 eMAR revealed: -There was an entry for bisacodyl suppository 10mg, insert one suppository rectally every 24 hours as needed for constipation. -There was documentation bisacodyl suppository was administered on 12/15/22, 12/24/22 and 12/29/22. Interview with a medication aide (MA) on 01/05/23 at 10:00am revealed:	D 280		

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D 280	Continued From page 11 -The MAs were responsible for administering rectal suppositories to Resident #4 and she had performed this task before. -She was taught how to administer suppositories in her MA training when she was hired and with one of the MAs when she was in orientation on the medication cart. Interview with a second MA on 01/05/23 at 2:50pm revealed: -She had administered a suppository to Resident #4 before. -She was trained on administering suppositories in her MA training class. Interview with Resident #4 on 01/05/23 at 3:50pm revealed: -The MAs were the staff who administered her suppositories when she needed them. -She did not have concerns with how the MAs administered her suppository. Interview with the Resident Care Coordinator (RCC) on 01/05/23 at 3:00pm revealed: -She was a Registered Nurse (RN) and was responsible for completing the LHPS evaluations on the residents. -She had not received any formal training on what was expected for completing LHPS evaluations, she had just trained with the nurse who preceded her in that role. -The MAs were responsible for administering Resident #4's rectal suppositories as needed as ordered upon resident request. -She had completed Resident #4's LHPS evaluation dated 09/19/22 and that was her most recent LHPS evaluation. -She had overlooked checking suppository as a task Resident #4 was receiving.	D 280		

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D 280	Continued From page 12 Interview with the Administrator on 01/05/23 at 3:15pm revealed: -The RCC was a nurse and was responsible for identifying LHPS tasks the residents had and completing LHPS evaluations as they became due. -She was not aware of what training the RCC had upon hire to that position for completing LHPS evaluations. -She was not aware that Resident #4 did not have rectal suppositories included in her LHPS evaluation. -The MAs were all trained in administration of rectal suppositories in their MA skills training course. 3. Review of Resident #3's current FL2 dated 08/18/22 revealed diagnoses included congestive heart failure, coronary artery disease, atrial fibrillation and stage 2 chronic kidney disease. Review of Resident #3's hospice physician's orders dated 08/23/22 revealed: -There was an order for collagenase ointment (a debriding agent) 250 unit/gram, apply to right and left heels topically one time a day. -There was an order for wound care for the facility to per cleanse left and right bottom heels daily and PRN soiled/dislodged with normal saline, pat dry, apply collagenase to eschar, cover with foam dressing and wrap in gauze. Review of Resident #3's Licensed Health Professional Support (LHPS) evaluations revealed: -There were LHPS evaluations dated 08/24/22 and 11/28/22 which included the task of administering oxygen. -There were no other marked tasks included on Resident #3's LHPS evaluation.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080010	A. BUILDING: B. WING	R 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY OAKS CONTINUING CARE RETIREMENT COM	728 KLUMAC ROAD SALISBURY, NC 28144

(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) COMPLETE DATE
D 280	Continued From page 13 Observation of Resident #3's room on 01/05/23 at 11:00am revealed: -The medication aide (MA) removed the old foam dressing to Resident #3's right heel and left heel exposing eschar which was 1 centimeter round and 2.5 centimeters by 3 centimeters respectively. -The MA cleansed both heels with normal saline and patted dry, then applied collagenase ointment to both heels and replaced the foam dressings and wrapped both heel dressings with gauze. Review of Resident #3's electronic Medication Administration Record (eMAR) for November and December 2022, and January 2023 revealed: -There was an entry for collagenase ointment 250unit/gram, Apply to right and left heels topically one time a day for wound. Clean wound with sterile saline and sterile gauze. Apply small amount of collagenase to dark areas of eschar. Cover with foam dressing and wrap with rolled gauze. -The MAs documented daily dressing changes to Resident #3's left and right heels for 7:00am from 11/01/22 through 01/04/23 at 7:00 am. Interview with Resident #3 on 01/04/23 at 9:25pm revealed: -He had dressings on his feet that the staff or the hospice nurse changed usually once a day. -He did not feel good this morning and did not have the MAs change the dressings. Interview with an MA on 01/05/23 at 9:45am revealed: -She worked first shift (6:30am-3:00pm) and often changed Resident #3's heel dressings and applied collagenase ointment and documented them on the eMAR.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080010	A. BUILDING: _____ B. WING _____	R 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 280	Continued From page 14 -His dressing changes included an ointment, foam dressing and then she wrapped his heels with gauze wrap. Interview with a second MA on 01/05/23 at 2:50pm revealed: -She worked mostly second shift (2:30pm-11:00pm), but occasionally worked first shift (6:30am-3:00pm). -She changed Resident #3's wound dressing and applied collagenase ointment and documented it on the eMAR. Interview with the Resident Care Coordinator (RCC) on 01/05/23 at 2:55pm revealed: -She was a Registered Nurse (RN) and was responsible to complete the residents' LHPS task evaluation. -Her training in completing residents' LHPS evaluations included following the previous nurse who completed the LHPS task list for residents and the corporate nurse for a brief period. -She knew residents' LHPS evaluations were to be completed quarterly. -She completed Resident #3's LHPS evaluation on 08/24/22 and 11/28/22 but did not include clean dressing changes on his LHPS. -She did not think Resident #3's dressing needed to be marked on the LHPS as a task because she thought the only dressings that had to be included were those that required wound packing. -For all other wounds, she or the Administrator would follow the provider who described how they want the dressing performed for individual residents. -She or the Administrator would go with the MAs for the first dressing change of each resident that had a new dressing order and instruct them on how to complete the dressing change and apply the collagenase ointment.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 280	Continued From page 15 -That first MA would then pass the details of the specific resident's dressing change to the MAs on the subsequent shifts. Interview with the Administrator on 01/05/23 at 3:10pm revealed: -Resident's LHPS evaluations were to be completed quarterly by the RCC who was an RN. -She expected all the resident's LHPS tasks to be checked when they required that task. -She and the RCC misread the LHPS task required and thought only wounds that had to be packed needed to be marked on resident's LHPS evaluation. -She and the RCC would go with the provider and learn how individual dressings were to be performed. -She or the RCC would go with the MA for the resident's first dressing change to show them how it was to be completed. -The first MA would pass the information on to the next shifts.	D 280		

Teammate Education Record

TOPIC: LHPS Tasks

Summary of education provided: Education provided to Jessica Beck, RN, by Jill Nothstine, RN, Director of Policies and Procedures, on January 26, 2023.

The following regulations regarding LHPS, including the list of all tasks that require ongoing evaluation and staff training/competency, were reviewed. Highlighted areas were noted in the POC, however, all areas on the list were addressed. It is recommended to keep a copy of the list as a reference to ensure no LHPS tasks are missed.

10A NCAC 13F .0903 LICENSED HEALTH PROFESSIONAL SUPPORT

(a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks:

(1) applying and removing ace bandages, ted hose, binders, and braces and splints;
(2) feeding techniques for residents with swallowing problems;
(3) bowel or bladder training programs to regain continence;
(4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;
(5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;
(6) chest physiotherapy or postural drainage;
(7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;
(8) collecting and testing of fingerstick blood samples;
(9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage);
(10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater;
(11) inhalation medication by machine;
(12) forcing and restricting fluids;
(13) maintaining accurate intake and output data;
(14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established);
(15) medication administration through injection;
Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin.
(16) oxygen administration and monitoring;
(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;
(18) oral suctioning;
(19) care of well-established tracheostomy, not to include indo-tracheal suctioning;
(20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule);
(21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);
(22) application of prescribed heat therapy;
(23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;
(24) ambulation using assistive devices that requires physical assistance;
(25) range of motion exercises;
(26) any other prescribed physical or occupational therapy;
(27) transferring semi-ambulatory or non-ambulatory residents; or
(28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36.

(b) The appropriate licensed health professional, as required in Paragraph (a) of this Rule, is:

(1) a registered nurse licensed
(2) an occupational therapist
(3) a respiratory care practitioner licensed
(4) a registered nurse licensed under G.S. 90, Article 9, for tasks that can be performed by a nurse aide II according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36;

(c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:

(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;
(2) evaluating the resident's progress to care being provided;
(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and
(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.

(d) The facility shall assure action is taken in response to the licensed health professional review and documented, and that the physician or appropriate health professional is informed of the recommendations when necessary.

10A NCAC 13F .0504 COMPETENCY EVALUATION AND VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS

(a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task.
(b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the performance of each personal care task. The licensed health professional shall validate that the staff person has the knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed on a resident.
(c) Evaluation and validation of competency shall be performed by the following licensed health professionals in accordance with his or her North Carolina occupational licensing laws:

(1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks specified in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter;
(2) In lieu of a registered nurse, a licensed respiratory care practitioner may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (a)(11), (a)(16), (a)(18), (a)(19), and (a)(21) of Rule .0903 of this Subchapter;
(3) In lieu of a registered nurse, a licensed pharmacist may validate the competency of staff who perform the personal care tasks specified in Subparagraph (a)(8) and (a)(11) of Rule .0903 of this Subchapter. An immunizing pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter; and
(4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (a)(27) of Rule .0903 of this Subchapter.

(d) If a physician certifies that care can be provided to a resident in an adult care home on a temporary basis in accordance with G.S. 131D-2.2(a), the facility shall ensure that the staff performing the care task(s) authorized by the physician are competent to perform the task(s) in accordance with Paragraphs (b) and (c) of this Rule. For the purpose of this Rule, "temporary basis" means a length of time as determined by the resident's physician to meet the care needs of the resident and prevent the resident's relocation from the adult care home.

My signature confirms that I have participated in the training described above and have been given the opportunity to ask questions.

Signature: Jessica Bellamy *Date:* 1/20/2023

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

Electronic Mail

January 17, 2023

Mr. Ted W. Goins, Jr., Executive Officer
Lutheran Retirement Center-Salisbury, Inc., Licensee
Trinity Oaks Continuing Care Retirement Community
728 Klumac Rd.
Salisbury, NC 28144

Email address: jmartin@trinityoaks.net; tgoins@lscarolinas.net

Re: Annual and Follow-up Survey completed January 5, 2023 (ASPEN Event ID: 1OWE11)

Facility: **Trinity Oaks Continuing Care Retirement Community**
Licensure Number: **HAL-080-010**
County: **Rowan**

Dear Mr. Goins:

Thank you for the cooperation and courtesy extended during the survey completed January 5, 2023 by staff with the Adult Care Licensure Section.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey

team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to dispute cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **February 7, 2023.** An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **February 7, 2023.** You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at 828-774-6024. Questions regarding submission of staff training to be considered in lieu of some or all of a penalty should be directed to DHSR.AdultCare.QualityandCompliance@dhhs.nc.gov. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

Sheryl Goin

Sheryl Goin, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies

cc: Ms. Katina Simmons, Supervisor, Rowan County Department of Social Services
Ms. JoAnn Martin, Administrator (w/enclosures)
Ms. Bridget Rackley, Branch Manager, Central Region, Adult Care Licensure Section
Ms. Carolyn Harrison, Team Supervisor, Central Region, Adult Care Licensure Section
Victor Orija, State LTC Ombudsman, Division of Aging and Adult Services
Star Rating, Adult Care Licensure Section
Quality and Compliance Unit, Adult Care Licensure Section
Facility File