

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 05/01/2025
NAME OF PROVIDER OR SUPPLIER TRINITY VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 HENDERSONVILLE ROAD ARDEN, NC 28704		
(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 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 05/01/25.	D 000			
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure mealtime table service in the assisted living dining room included non-disposable beverage containers and room trays included non-disposable beverage containers, knife, fork, and spoon. The findings are: 1. Observation of the lunch meal and beverage service on 05/01/24 from 11:36am to 12:30pm revealed: -The meal consisted of choice of pork schnitzel or beef short ribs, choice of two accompaniment items including boiled cabbage, creamed corn, roasted root vegetables, or whipped potatoes, house salad, bread, and apple crisp.	D 286			

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/01/2025
NAME OF PROVIDER OR SUPPLIER TRINITY VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 2533 HENDERSONVILLE ROAD ARDEN, NC 28704		
(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 286	Continued From page 1 -There were eleven residents who were served in the dining room during the meal. -The residents were served cold beverages in plastic disposable cups and hot beverages were served in disposable styrofoam cups. Interview with the Dining Room Manager on 05/01/25 at 12:17pm revealed: -The residents were supposed to receive beverages at meals in non-disposable glasses and cups. -The dietary aide prepared the lunch meal beverages today and had used plastic and styrofoam cups instead of non-disposable glasses and cups. -She did not know why the dietary aide served the beverages in disposable plastic and styrofoam cups. -They routinely served beverages in the dining room at meals in non-disposable glasses and cups. -They had an adequate supply clean non-disposable glasses and cups available in the dining room for resident use at meal times. Interview with a Dietary Aide on 05/01/25 at 12:20pm revealed: -They had an adequate supply clean non-disposable glasses and cups available in the dining room for resident use at meal times. -She prepared and served the beverages in disposable cups because the disposable cups were larger in volume and held more beverage. -The residents liked having larger servings of their beverages. Interview with the Resident Care Coordinator (RCC) on 05/01/25 at 12:33pm revealed: -Non-disposable glasses and cups were supposed to be used in the dining room.	D 286		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 05/01/2025
NAME OF PROVIDER OR SUPPLIER TRINITY VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 HENDERSONVILLE ROAD ARDEN, NC 28704		
(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 286	Continued From page 2 -She thought staff were using non-disposable glasses and cups in the dining room. Interview with the Dining Director on 05/01/25 at 2:15pm revealed: -They had been serving beverages to the assisted living (AL) residents in disposable cups for about six months. -Some of the residents wanted their beverages in the plastic cups so they could take beverages to their rooms. -The disposable plastic beverage cups were light weight and 9 ounces in volume. -The non-disposable glasses were 6 ounces in volume and made of heavy glass making them harder for the AL residents to lift and hold. -Styrofoam cups were used for hot beverages to increase resident safety. -The styrofoam cups had lids to prevent spills and possible burns. Interview with the Administrator on 05/01/25 at 2:45pm revealed: -He did not know staff were serving beverages to the residents in the dining room in disposable cups. -Utilizing disposable beverage cups was not "the standard" and the staff should be using non-disposable glasses and cups. 2. Observation in a resident room during the initial tour on 05/01/25 at 8:40am revealed: -The resident was eating breakfast in his room. -The resident was drinking coffee from a styrofoam cup with a lid. Review of the facility's lunch regular diet menu for 05/01/25 revealed house salad, a choice of pork schnitzel or beef short ribs, a choice of two accompaniment items including boiled cabbage,	D 286			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 05/01/2025
NAME OF PROVIDER OR SUPPLIER TRINITY VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 HENDERSONVILLE ROAD ARDEN, NC 28704		
(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 286	Continued From page 3 creamed corn, roasted root vegetables, or whipped potatoes, bread, and apple crisp for dessert. Observation outside the assisted living (AL) dining room on 05/01/25 at 12:03pm revealed: -A personal care aide (PCA) was leaving the dining room with a meal tray for a resident who chose to eat in their room. -The tray contents included coffee in a styrofoam cup with lid and a plastic knife, fork, and spoon. Interview with the Resident Care Coordinator (RCC) on 05/01/25 at 12:33pm revealed: -Beverages were provided in disposable cups to residents who requested meals in their rooms. -High quality plastic eating utensils were provided on the meal trays for residents who ate in their rooms. Interview with the Dining Director on 05/01/25 at 2:15pm revealed: -Plastic eating utensils and disposable beverage cups were utilized on meal trays delivered to residents who chose to eat in their rooms. -Glass beverage cups were not used for room meal trays due to fear residents might break a glass and get cut. -Styrofoam cups with lids were used to serve hot beverages to reduce the risk of burns and spills. Interview with the Administrator on 05/01/25 at 2:45pm revealed: -He was aware residents who requested to eat in their rooms were provided meal trays with upgraded disposable eating utensils and disposable beverage cups with lids. -The styrofoam cups with lids for hot beverages helped to reduce spills and increase resident safety.	D 286			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 05/01/2025
NAME OF PROVIDER OR SUPPLIER TRINITY VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 HENDERSONVILLE ROAD ARDEN, NC 28704		
(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 286	Continued From page 4 -The styrofoam cups also helped to keep hot beverages hot for a longer period of time. -The use of disposables on room trays would be "corrected."	D 286			