**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>345153</td>
<td>B. WING</td>
<td>01/21/2015</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

TRINITY OAKS

**STREET ADDRESS, CITY, STATE, ZIP CODE**

820 KLUMAC ROAD
SALISBURY, NC 28144

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 025</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 025</td>
<td></td>
<td></td>
<td></td>
<td>1/29/15</td>
</tr>
</tbody>
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**INITIAL COMMENTS**

A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. In the exit conference all deficiencies noted were discussed with administration.

Stories: one
Construction Type II (211)
Constructed: 1974
Fully Sprinkled - Yes
At time of survey the:
Certified Beds: Medicare/Medicaid - 115
Census - 112
Certified Beds: Medicaid only - 115
Census - 112

The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:

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

[Signature]

**DATE**

02/13/2015

Electronically Signed

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.
A. New penetration sealant was applied by maintenance staff in the penetration referenced in the smoke rated wall above the cross corridor doors near the staff dining room leading to the A wing on 1/29/2015.

B. All smoke rated walls with penetrations have the potential to leak smoke if not properly sealed; therefore, all rated walls with penetrations were inspected above the ceiling by maintenance staff on 1/29/2015 and found to be in compliance.

C. An annual smoke rated inspection has been added to the maintenance checklist. Additionally, we will inspect smoke rated walls after any construction is done where smoke rated walls are penetrated.

D. Campus Director of maintenance will audit the checklist annually and will conduct random checks of smoke rated walls.

K 029

NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1
This STANDARD is not met as evidenced by:

42 CFR 483.70 (a)

Based on observations, on January 21, 2015 at approximately 10:00 AM onward, the following deficiencies were noted:

The facility has a build up of dust and lint in the upper portion of the combustion chamber of the gas fired dryers in the laundry department making higher risk of fire in the laundry.

Ref: 2000 NFPA 101 Section 19.3.5.4

A. The area above and behind dryers was thoroughly cleaned on 1/26/2015. All parts were removed from the area and the entire area was blown down with compressed air and loose lint swept up and removed.

B. The laundry room is the only area in the building with this type of construction and the only area where lint build up would be a hazard.

C. This item was on the preventative maintenance list to be accomplished once every 3 weeks; we have increased frequency to once every 2 weeks.

D. The area will be inspected by the Laundry Manager and/or Campus Maintenance Director once a month for a year.