

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/27/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345153</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/21/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY OAKS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>820 KLUMAC ROAD SALISBURY, NC 28144</b>	
(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) COMPLETION DATE
K 000	INITIAL COMMENTS  A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 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	K 000		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025		1/29/15

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

TITLE

(X6) DATE

Electronically Signed

02/13/2015

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.

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K 025	Continued From page 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 unsealed penetrations in the rated wall above the cross corridor doors near the staff dining leading to the "A" wing.  The deficiency would not allow this particular wall to resist the passage of smoke.  This deficiency affected 1 of approximately 10 smoke walls  Ref: 2000 NFPA 101 Section 19.3.6.2	K 025	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 SS=E	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	K 029		1/26/15	

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K 029	Continued From page 2  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	K 029	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.		