

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

PRINTED: 04/12/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345152	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - EXISTING AC UNIT(UNSEPARATED FROM NF UNIT) B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2016
NAME OF PROVIDER OR SUPPLIER TRINITY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1265 21 STREET NE HICKORY, NC 28601	
(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. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: Two Construction Type: III (211) Constructed: 2001 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 104 Census = 96	K 000		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and and staff interviews on 7/7/2016, at approximately 9:45 AM onward, the following deficiencies were noted: The facility failed to meet the requirement for	K 025	We will fill the existing penetration first with 5/8" fire rated sheet rock from both sides. Any spaces unable to be sealed with the sheet rock will then be filled with fire rated caulk. An inspection of all smoke partitions will	7/21/16

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

TITLE

(X6) DATE

Electronically Signed

07/18/2016

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 preventive maintenance for protecting smoke barriers. The specific items include: The facility has unsealed penetrations in the rated smoke barrier above the cross corridor doors near the Recreation room on the second floor at the steel beam. The smoke barrier is required to be filled with a material that is listed for that purpose and is capable of maintaining the smoke resistance of the smoke barrier. The deficiency affects two of approximately ten smoke zones . Ref: 2000 NFPA 101 Section 19.3.2.1, 8.4.1	K 025	be conducted to insure there are no other unsealed penetrations. Smoke barrier walls will be added to the Preventative Maintenance plan and inspected regularly to minimize the possibility of future occurrences.		
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1o-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and and staff interviews on 7/7/2016, at approximately 9:45 AM onward, the following deficiencies were noted: The facility failed to meet the requirement for preventive maintenance for protecting smoke barrier doors. The specific items include:	K 027	A new smoke door will be purchased and installed in accordance with the referenced codes. All wood smoke doors will be inspected to insure that similar degradation has not occurred. Future smoke door inspections per the	8/18/16	

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K 027	Continued From page 2 The facility has cross corridor smoke doors that do not close smoke tight. The cross corridor smoke doors near the Recreation room on the second floor has a gap on the upper left hand side of the door on the Recreation room side that does not allow the door to remain smoke tight when the doors are closed. The deficiency affects two of approximately ten smoke zones . Ref: 2000 NFPA 101 Section 19.3.7.6; 8.3.4.1	K 027	Preventative Maintenance plan will include the inspection of all hinge mounting plates.		