<table>
<thead>
<tr>
<th>F 000</th>
<th>INITIAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The facility is in compliance with the requirements of 42 CFR Part 483, subpart B for Long Term Care Facilities (General Health Survey).</td>
</tr>
</tbody>
</table>

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.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

**LUTHERAN HOME AT TRINITY OAKS**

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

$20 SALES KILMORG RY, NC 28144

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 000</td>
<td>INITIAL COMMENTS</td>
<td>K 000</td>
<td>This 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. This facility has two different buildings. Building number 1 is Type 2 (222) protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K 062</td>
<td>CFR#: 42 CFR 483.70 (a)</td>
<td>K 062</td>
<td>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/5/2012 the facility has a quick response sprinkler head in the soiled utility room on the A-B wing that has paint overspray on the bulb.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K 072</td>
<td>CFR#: 42 CFR 483.70 (a)</td>
<td>K 072</td>
<td>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE**

**DATE:** 9/10/2012

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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 patient(s). (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.
<table>
<thead>
<tr>
<th>K 072 Continued From page 1 exits, access to, egress from, or visibility of exits. 7.1.10</th>
</tr>
</thead>
<tbody>
<tr>
<td>The STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/5/2012 it was determined that the facility had two janitor closets that opened into the corridor, these doors did not open 180 degrees flat to the corridor wall nor had a door closure installed to automatically keep the door closed after being opened. The locations are: Service hall janitors closet and the janitors closet on the administration hallway. CFR#: 42 CFR 483.70 (a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K 072</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facility removed the 6 inch handrails beside the janitors closet on the Administration hall and D wing janitor closet door. The doors are able to be opened 180 degree flat. On the service hall door, the door stop was removed which allows a 180 degree flat. Monthly safety rounds are conducted by the Safety Committee to ensure access to egress meet compliance and code. Those findings are reported to the safety committee and corrective action is taken when required.</td>
</tr>
<tr>
<td>9/6/12</td>
</tr>
</tbody>
</table>
**INITIAL COMMENTS**

This 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. This facility has two different buildings, Building number 2 is Type 2 (222) protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.

**NFPA 101 LIFE SAFETY CODE STANDARD**

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

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**LABORATORY DIRECTOR OR PROVIDER/Supplier Representative Signature**

[Signature]

9-22-12
### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** Lutheran Home at Trinity Oaks

**Street Address, City, State, Zip:** 820 Klamath Rd, Salisbury, NC 28144

**Identification Number:** 345153

**Date Survey Completed:** 09/05/2012

**ID Prefix TAG** | **Summary Statement of Deficiencies** (Each deficiency must be preceded by full regulatory or LSO identifying information) | **ID Prefix TAG** | **Provider's Plan of Correction** (Each corrective action should be cross-referenced to the appropriate deficiency) | **Completion Date**
--- | --- | --- | --- | ---
K018 Continued From page 1 | The facility installed a closing mechanism was installed which is an astragal on the upper half of the which connected to the lower half when closing. The door is able to be closed with one motion. | 9/10/12 |

**NOTE:** Dutch doors shall be permitted where they conform to 19.3.6.3.6. In addition, both the upper leaf and lower leaf shall be equipped with a latching device, and the meeting edges of the upper and lower leaves shall be equipped with an astragal, a rabbe, or a bevel. (NFPA 101 19.3.6.3.6)

**CFR#**: 42 CFR 483.70 (a)
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

LUTHERAN HOME AT TRINITY OAKS

**SUMMARY STATEMENT OF DEFICIENCIES**

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

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
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</tr>
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<tbody>
<tr>
<td>K 000 INITIAL COMMENTS</td>
<td></td>
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This 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. This facility has two different buildings. Building number 1 is Type 2 (222) protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.

**CFR#: 42 CFR 483.70 (a)**

NFPA 101 LIFE SAFETY CODE STANDARD

K 002 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

K 002 The sprinkler head in question was inspected and cleaned. Annual sprinkler inspections are conducted and required maintenance is performed. All other sprinkler heads were checked and meet code. Quarterly inspections are conducted by the Maintenance Department to ensure compliance.

K 072 MEANS OF EGRESS

Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE**

Dale D. Johnson 9/23/12 Administrator

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 60 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 often, an approved plan of correction is requisite to continued participation.
**K.072** Continued From page 1

exits, access to, egress from, or visibility of exits. 7.1.10

This STANDARD is not met as evidenced by:
Based on the observations and staff interview during the tour on 9/5/2012 it was determined that the facility had two janitor closets that opened into the corridor, these doors did not open 180 degrees flat to the corridor wall nor had a door closure installed to automatically keep the door closed after being opened.

The locations are: Service hall janitors closet and the janitors closet on the administration hallway.

CFR#: 42 CFR 483.70 (a)

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**K.072**

The facility removed the 6 inch handrails beside the janitors closet on the Administration hall and D wing janitor closet door. The doors are able to be opened 180 degree flat.

On the service hall door, the door stop was removed which allows a 180 degree flat.

Monthly safety rounds are conducted by the Safety Committee to ensure access to egress meet compliance and code. Those findings are reported to the safety committee and corrective action is taken when required.