

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 1D B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2015
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NAME OF PROVIDER OR SUPPLIER TRINITY OAKS CONTINUING CARE RETIREME	STREET ADDRESS, CITY, STATE, ZIP CODE 728 KLUMAC ROAD SALISBURY, NC 28144
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(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
C 000	<p>Initial Comments</p> <p>This report is of a Biennial Construction Survey done by Bob Getchell on September 23, 2015.</p> <p>This facility was first licensed as a Home for the Aged serving (20) ambulatory residents on February 19, 1993. Therefore the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code Section 409 Group "I" Institutional.</p> <p>Deficiencies were noted which will require a plan of correction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey.</p> <p>Findings include: The following reports were not available at the time of the survey: a) Sanitation report for the building,</p>	C 111		
C 155	<p>Floors-Non-skid, in Good Repair</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p>	C 155		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 155	<p>Continued From page 1</p> <p>(i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the floors were not maintained in a safe manner. This could cause a tripping hazard.</p> <p>Findings include: The Mop Room has broken floor tile.</p>	C 155		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building plumbing equipment was not maintained to keep the facility safe. This would potentially affect the community if the equipment failed to prevent potentially contaminated water into the potable water supply.</p> <p>Findings include: a. According to the Sprinkler Report from the 7-29-15 inspection, the Backflow Preventer test</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>failed.</p> <p>b. The following Exit doors did not release upon alarm: (1) D Hall Exit door, and (2) Dining Room Exit door. NOTE: Both doors did release upon activation of the maglock override switch</p> <p>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include: a. The attic smoke barrier wall over room 254 has an unsealed penetration by 3/4 EMT pipe. b. The Med Room has unprotected penetrations in the wall. c. There are unprotected penetrations above the Nurse Call panel at the Nurse Station.</p> <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>3. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include: The following doors have issues: a) Dining Room door won't close and latch, b) Kitchennette door on corridor will not close and latch,</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>c) Room 260 door has a kickdown. (Removed on site), d) Activity Room door held open with a wedge, e) Kitchennette door has a kickdown</p> <p>4. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would affect all residents by potentially siphoning waste water into the potable water system.</p> <p>Findings include: The spray hose on the shower in Room 250 has no vacuum breaker.</p>	C 189		