

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>1D</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/23/2015</b>
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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**

(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><b>Initial Comments</b></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	<p><b>PLAN OF CORRECTION TAG # C 000</b></p> <p>All deficiencies determined during the survey were addressed immediately and corrective actions were taken as follows:</p> <p><b>PLAN OF CORRECTION TAG# C 111</b></p> <p>Sanitation grade is posted outside dining room and all reports are available for inspection. We will identify all areas that are to be inspected.</p>	9/23/15
C 111	<p><b>Must Have Current San. &amp; Fire Safety Reports</b></p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>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	<p><b>System Change</b></p> <p>We will ensure that all sanitation grades and reports are posted and available.</p> <p><b>Measures put in place to ensure solutions are sustained.</b></p> <p>Director of Community Relations and Maintenance Director will inspect reports monthly and ensure that they are readily available.</p>	
C 155	<p><b>Floors-Non-skid, in Good Repair</b></p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p>	C 155	<p><b>PLAN OF CORRECTION TAG# C 155</b></p> <p>Mop room floor tiles that were broken or cracked have been replaced. Director of</p>	10/16/15

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Michael D. Webb TITLE Executive Director, (X6) DATE 10/23/15  
Retirement Services

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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 165	<p>Community Relations and/ or Maintenance Director will inspect floors monthly to ensure that there are no tripping hazards.</p> <p><b>System Change</b></p> <p>Monthly inspection of all floors and also daily inspections by CNAs and maintenance employees to ensure compliance.</p> <p><b>Measures put in place to ensure solutions are sustained.</b></p>	
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.</p> <p>(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	<p>Monthly Preventative Maintenance Checklist for unsafe floors.</p> <p><b>PLAN OF CORRECTION TAG# C 189</b></p> <p><b>Backflow Preventer Valve</b></p> <p>Elite Fire System has been hired to correct the backflow preventer valve. Elite Fire System conducts quarterly inspections to find any deficiencies.</p> <p><b>System Change</b></p> <p>Any problems reported during quarterly inspections will be promptly corrected.</p> <p><b>Measures put in place to ensure solutions are sustained.</b></p>	<p>Scheduled to COMPLETED By 10/30/15</p>

Elite Fire Systems will monitor this system quarterly to ensure compliance.

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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:</p> <p>a. The attic smoke barrier wall over room 254 has an unsealed penetration by 3/4 EMT pipe.</p> <p>b. The Med Room has unprotected penetrations in the wall.</p> <p>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	<p><b>PLAN OF CORRECTION</b> <b>TAG# C 189</b></p> <p><b>D-Hall Exit Door and Dining Room Exit Door</b></p> <p>Lefler Alarm will repair the door release system on these doors. During monthly fire drills all doors will be monitored to ensure for proper closing.</p> <p><b>System Change</b></p> <p>If any doors found not closing correctly during fire drills, Lefler Alarm will be contacted to repair.</p> <p><b>Measures put in place to ensure solutions are sustained.</b></p> <p>All fire and smoke doors will be monitored to ensure compliance during monthly</p> <p><b>PLAN OF CORRECTION</b> <b>TAG# C 189</b></p> <p><b>Smoke Barrier Walls</b></p> <p>Any penetrations in a smoke barrier wall will be sealed with fireproof caulk or appropriate material. Maintenance Director will perform monthly inspections to ensure that there are no unsealed penetrations are evident.</p>	<p>10/7/15</p> <p>9/23/15</p>

**System Change**

Maintenance employees and any other contractors will be informed that any penetrations must be sealed after any work.

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C 189	<p>Continued From page 3</p> <p>e) Room 260 door has a kickdown. (Removed on site).</p> <p>d) Activity Room door held open with a wedge,</p> <p>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> <p><i>(PLEASE SEE NEXT PAGE **)</i></p>	C 189	<p><b>Measures put in place to ensure solutions are sustained.</b></p> <p>Maintenance Director or his designee will perform monthly inspections of smoke barrier walls to ensure compliance.</p> <p><b>PLAN OF CORRECTION TAG# C 189</b></p> <p><b>Dining and Kitchen Doors</b></p> <p><b>Room 260 Door</b></p> <p><b>Activity Room Door</b></p> <p>Doors will be repaired in order to properly close and latch. All kick downs and wedges have been removed. Director of Community Relations and Maintenance personnel will ensure that all doors are free from wedges and kick downs. Nursing personnel and maintenance to report any non-latching doors to ensure compliance.</p> <p><b>System Change</b></p> <p>Maintenance and nursing staff instructed to refrain from using wedges.</p> <p><b>Measures put in place to ensure solutions are sustained.</b></p>	9/24/15

**\* PLEASE NOTE THAT DUE TO SPACE LIMITATIONS, I NEED TO COPY PAGE 4 FOR MY RESPONSE \* THANK YOU.**

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**I NEED TO COPY PAGE 4 FOR MY RESPONSE \* THANK YOU.**

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C 189	<p>Continued From page 3</p> <p><del>e) Room 280 door has a kickdown. (Removed on site),</del>  <del>d) Activity Room door held open with a wedge,</del>  <del>e) Kitchennette door has a kickdown</del>  <b>(PREVIOUS PAGE)</b></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	<p><b>PLAN OF CORRECTION</b> <b>TAG# C 189</b></p> <p><b>Shower Vacuum Breaker</b></p> <p>Vacuum breaker will be installed on shower head. Maintenance will inspect all showers to ensure that vacuum breakers are installed.</p> <p><b>System Change</b></p> <p>Nursing employees and maintenance staff will ensure that the shower heads are in compliance.</p> <p><b>Measures put in place to ensure solutions are sustained.</b></p> <p>Director of Community Relations and Maintenance Director will ensure that the shower heads are in compliance, especially during change of resident in a room.</p>	10/17/15
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