

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: 345153 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____ | (X3) DATE SURVEY COMPLETED 01/21/2015 |
|---|--|---|--|---|
| NAME OF PROVIDER OR SUPPLIER TRINITY OAKS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 820 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) 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. One Stories: Construction Type V (111) Constructed: 1991 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 038 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 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: | K 038 | A. The special locking door release switch at the required exit in the VCC unit was relocated to a position of 48 above the finished floor on 1/28/2015. B. All exits with special locking door | 1/28/15 |

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 038 | <p>Continued From page 1</p> <p>The special locking door release switch at the required exit in the VCC unit was mounted above 48 inches above the finished floor.</p> <p>The releasing mechanism for doors shall be installed between 34" and 48" AFF(Above Finish Floor).</p> <p>This deficiency affected 1 of approximately 8 special locking doors.</p> <p>Ref: 2000 NFPA 101 Section 19.2.1, 7.1.10.1, 7.2.1.5.4</p> | K 038 | <p>release switches have the potential to have switches mounted at a non-compliant height; therefore, all switches were inspected on 1/28/2015 and determined to be in compliance.</p> <p>C. No special locking door release switches will be relocated to a position above 48. We will insure all new switches installed in the future are in compliance with section 7.1.19.2.1.</p> <p>D. This was an isolated incident; door release switches are fixed installations and not subject to random relocations, therefore, a systematic audit is not warranted.</p> | | |