

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

PRINTED: 08/07/2015
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 02 - BLDG 0101(NURSING UNIT) B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2015
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 This 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. This building is Type III(211) construction, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count = 104 Census = 96 The deficiencies determined during the survey are as follows:	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 6/4/2015 at	K 029	The Bungee cord was removed at time of inspection. Dietary staff members were in-serviced on 6-16-15 noting the	6/17/15

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

TITLE

(X6) DATE

Electronically Signed

06/17/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345152	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLDG 0101(NURSING UNIT) B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2015
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 029	Continued From page 1 approximately 9:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: Fire door to pantry is tied in the open position. The fire door could not self-close and latch. This deficiency affected one of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	importance of maintaining proper operation of all doors at all times. The door inspection will be added to the monthly dietary staff inspection rounds.		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 6/4/2015 at approximately 9:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: Doors to kitchen are held in the open position - air from corridor area is pulled through the kitchen area creating corridor exhaust plenum - makeup air must come through makeup air unit and not corridor areas. This deficiency affected one of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury	K 069	Doors to the kitchen will remain closed at all times and magnetic holders will only be used to hold door open when moving food carts through the doorway. Dietary staff members were in-serviced on 6-16-15 regarding the importance of maintaining proper door operation at all times. Door inspection will be added to the monthly dietary safety checklist.	6/17/15	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345152	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLDG 0101(NURSING UNIT) B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2015
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 069	Continued From page 2 due to fire and/or smoke.	K 069			
K 070 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 6/4/2015 at approximately 9:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is an exposed element portable space heater used in the physical therapy office. This deficiency affected one of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 070	The heater was removed at time of inspection. All office staff will be in-serviced on proper use of acceptable heaters. Any space heater device used in a non resident care area must be approved by the maintenance staff. Office rounds will be added to the safety rounds inspection checklist. Completion date 7-10-15.	6/17/15	
K 076 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.	K 076		6/17/15	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345152	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLDG 0101(NURSING UNIT) B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2015
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 076	<p>Continued From page 3</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 6/3/2015 at approximately 9:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>There are freestanding, unsupported oxygen cylinders in the physical therapy room.</p> <p>This deficiency affected one of two smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 076	<p>The oxygen cylinders in the therapy room were placed into proper storage at time of inspection. The therapy rehab manager conducted an in-service on proper oxygen handling and storage on 6-9-15. The therapy department will add oxygen storage to their monthly safety inspections list.</p> <p>The safety committee will also conduct a root cause analysis to determine why the cylinders were not properly stored and make further recommendations to insure oxygen is always handled properly by all staff who handle oxygen.</p> <p>All other staff in the building will be in-serviced by 7-10-15. Root cause analysis findings will be shared at the quarterly QAPI meeting on 7-24-15.</p> <p>Completion date for POC is 7-10-15.</p>		