

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - TRINITY RIDGE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2140 MEDICAL PARK DRIVE HICKORY, NC 28602</b>	
(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 New Health Care section of the LSC and its referenced publications. This building is Type II(222) construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed with administration.  At time of survey the: Total Certified Bed Count = 120 NF Census = 116 NF  The deficiencies determined during the survey are as follows:	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 6/19/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  Fire door to kitchen pantry is wedged in the open position - fire door can not self-close and latch.	K 029	1. Corrective action taken: Gwendolyn Larry, Dietary Manager removed the door wedge on 6/19/15 2. For those having the potential to be affected: Dietary Manager ensured that no other door wedges were used in the dietary department. Nathan Gilbert, Maintenance Director audited for door wedges throughout the facility none noted	7/1/15

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

TITLE

(X6) DATE

Electronically Signed

07/01/2015

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 029	Continued From page 1  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	completed 6/30/15. 3.Measures to ensure compliance: Gwendolyn Larry, Dietary Manager in-serviced all dietary employees about door wedges unable to prop doors to ensure compliance. 4.To ensure solutions are sustained: Gwendolyn Larry, Dietary Manager will audit for door wedges in dietary department weekly for three months to ensure solutions are sustained. Gwendolyn Larry will report the findings to the QA committee with changes made as necessary to ensure solutions are sustained. 5.Corrective action completed by 6/30/15		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 6/19/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  The sprinkler inspection report dated 1/21/20015 documents failure of the sprinkler electric bell to operate during annual inspection by sprinkler contractor - bell had not been corrected as of Life	K 062	1.Corrective action taken: Nathan Gilbert, Maintenance Director contacted Modern Systems for repair on the electric sprinkler water flow bell on 6/19/15. 2.For those having the potential to be affected: Repair of electric sprinkler water flow bell was completed on 6/19/15 3.Measures to ensure compliance: Tonya Hilliard educated Maintenance Director, Nathan Gilbert on the importance of following up on inspections completed	7/1/15	

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

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K 062	Continued From page 2 Safety Survey on 6/19/2015.  This deficiency potentially affected all smoke compartments.  Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	6/29/15. Maintenance Director will contact appropriate contractors in a timely manner as needed on inspections if issues are identified. 4. To ensure solutions are sustained: The Maintenance Director will report findings of inspections to the administrator on the day of inspections. Maintenance Director will report findings to the QA committee quarterly to ensure solutions are sustained. 5. Corrective action completed by 6/29/15.	