STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345152			. ,	E CONSTRUCTION 02 - BLDG 0101(NURSING UNIT)	(X3) DATE SURVEY COMPLETED		
		B. WING		07/07/2016			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	01/01/2010		
				1265 21 STREET NE			
TRINITY VILLAGE				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 E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		
K 000	INITIAL COMMENTS	3	K 00				
	as per The Code of F 483.70(a); using the section of the LSC a publications. The fac systems. In the exit of	LSC) survey was conducted Federal Register at 42CFR 2000 Existing Health Care nd its referenced ility is utilizing speical locking conference all deficiencies d and acknowledged with					
	Stories: One Construction Type: I Constructed: 2001 Fully Sprinkled - Yes At time of survey the Total Certified Bed C Census = 96	:					
	The requirement at 4 NOT MET as eviden	2 CFR, Subpart 483.70(a) is ce by:					
K 022	NFPA 101 LIFE SAF	ETY CODE STANDARD	K 02	2	7/15/16		
SS=D	readily visible signs i way to reach exit is r occupants. Doors, pa not a way of exit that an exit have a sign d 7.10, 18.2.10.1, 19.2 This STANDARD is 42 CFR 483.70 (a) Based on observatio	not met as evidenced by: ns, and and staff interviews		We have place "NOT AN EXIT" signs all doors leading into inner courtyards.			
	the following deficier			The exit strategy will be evaluated to determine which doors could be mista as means of egress.	ken		
		on of the required exits and ompliant, specific findings		Exit strategy evaluations will be added	l to		

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/12/2017 MAPPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) F		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - BLDG 0101(NURSING UNIT)</b>			(X3) DATE SURVEY COMPLETED		
345152			B. WING			07/07/2016		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
TRINITY VILLAGE			1265 21 STREET NE HICKORY, NC 28601					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
K 022	Continued From page 1 include: The facility did not have proper signage noting the exiting for the interior courtyards that do not lead to the public way without going back into the facility. The interior courtyards were not marked		K 022	)22	the Preventative Maintenance plan for re-evaluation annually.			
	courtyards have door arranged so that it is an an exit to the public w This deficiency affected							
K 029 SS=E	NFPA 101 LIFE SAFE One hour fire rated co fire-rated doors) or an extinguishing system and/or 19.3.5.4 protect the approved automa option is used, the are other spaces by smol doors. Doors are self field-applied protectiv 48 inches from the bo permitted. 19.3.2.1	Section 19.2.10.1; 7.10.8.1 TY CODE STANDARD onstruction (with o hour approved automatic fire in accordance with 8.4.1 cts hazardous areas. When tic fire extinguishing system eas are separated from the resisting partitions and f-closing and non-rated or e plates that do not exceed ottom of the door are	К	029	Driers were properly cleaned.		7/8/16	
	on 7/7/2016, at appro the following deficience The facility failed to m	ns, and and staff interviews ximately 9:45 AM onward, cies were noted: neet the requirement for ce for hazardous areas. The			All laundry equipment has been inspect to determine the level of severity for line accumulation. The current Preventative Maintenance plan calls for laundry equipment to be			

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Event ID: P9S721

Facility ID: 923317

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DEFICIENCIES		0.00				0.0938-039		
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLDG 0101(NURSING UNIT)			(X3) DATE SURVEY COMPLETED			
	345152	B. WING			07/	07/2016		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD			-		
TRINITY VILLAGE			1265 21 STREET NE HICKORY, NC 28601					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL		x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E	BE	(X5) COMPLETIOI DATE		
specific items include The facility has a build upper portion of the o gas fired dryers in the higher risk of fire in the The deficiency affects the laundry departme ten smoke zones .	: d up of dust and lint in the combustion chamber of the e laundry department making he laundry. s all of the gas fired dryers in nt and one of approximately	K	029	performed quarterly. We will now add monthly laundry equipment inspection	and			
	LLAGE SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page specific items include The facility has a buil upper portion of the of gas fired dryers in the higher risk of fire in th The deficiency affects the laundry department ten smoke zones . Ref: 2000 NFPA 101	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     Continued From page 2 specific items include:     The facility has a build up of dust and lint in the upper portion of the combustion chamber of the gas fired dryers in the laundry department making higher risk of fire in the laundry.     The deficiency affects all of the gas fired dryers in the laundry department and one of approximately	LIAGE     ID       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREFI TAG       Continued From page 2 specific items include:     K       The facility has a build up of dust and lint in the upper portion of the combustion chamber of the gas fired dryers in the laundry department making higher risk of fire in the laundry.     K       The deficiency affects all of the gas fired dryers in the laundry department and one of approximately ten smoke zones .     Ref: 2000 NFPA 101 Section 19.3.2.1, 8.4.1	LLAGE   ID     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   ID     Continued From page 2 specific items include:   K 029     The facility has a build up of dust and lint in the upper portion of the combustion chamber of the gas fired dryers in the laundry department making higher risk of fire in the laundry.   K 029     The deficiency affects all of the gas fired dryers in the laundry department and one of approximately ten smoke zones .   Ref: 2000 NFPA 101 Section 19.3.2.1, 8.4.1	LAGE 1285 21 STREET NE HICKORY, NO 28601   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED bY FULL REDULATORY OR LS DEMTIFYING INFORMATION) D PREFX TAG PROVIDERS PLAN OF CORRECTIVE (EACH DEFICIENCY MUST BE PRECEDED bY FULL REDULATORY OR LS DEMTIFYING INFORMATION) D PREFX TAG CONSTRUCTION (EACH DEFICIENCY)   Continued From page 2 specific items include: K 029 performed quarterly. We will now add monthly laundry equipment inspection service all equipment quarterly or mor frequently if necessary.   The facility has a build up of dust and lint in the upper portion of the combustion chamber of the gas fired dryers in the laundry. K 029   The facility has a build up of dust and lint in the laundry department and one of approximately ten smoke zones . Ref: 2000 NFPA 101 Section 19.3.2.1, 8.4.1	LAGE     1285 21 STREET NE HICKORY, NC 2861       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REQULATORY OR USED DENTIFYING INFORMATION)     IP PRETX TAG     PROVIDENT IAN OF CORRECTION (EACH OPERCITIVE ACTION (EACH OP		

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Facility ID: 923317

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