STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345152	A. BUILDING **02 - BLDG 0101(NURSING UNIT)** 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	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. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: III (211) Constructed: 2001 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 104 Census = 96 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. Doors, passages or stairways that are not a way of exit that are likely to be mistaken for an exit have a sign designating "No Exit". 7.10, 18.2.10.1, 19.2.10.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and and staff interviews on 7/7/2016, at approximately 9:45 AM onward, the following deficiencies were noted: The facility inspection of the required exits and non exits was non-compliant, specific findings	K 022	We have place "NOT AN EXIT" signs on all doors leading into inner courtyards. The exit strategy will be evaluated to determine which doors could be mistaken as means of egress. Exit strategy evaluations will be added to	7/15/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/18/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345152	A. BUILDING **02 - BLDG 0101(NURSING UNIT)** 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**

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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 properly by signage noting "No Exit". The interior courtyards have doors leading into them that are arranged so that it is likely to be mistaken for and an exit to the public way. This deficiency affected all of the interior courtyards in the building that do not lead to the public way. Ref: 2000 NFPA 101 Section 19.2.10.1; 7.10.8.1	K 022	the Preventative Maintenance plan for re-evaluation annually.	
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o 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, and and staff interviews on 7/7/2016, at approximately 9:45 AM onward, the following deficiencies were noted: The facility failed to meet the requirement for preventive maintenance for hazardous areas. The	K 029	Driers were properly cleaned. All laundry equipment has been inspected to determine the level of severity for link accumulation. The current Preventative Maintenance plan calls for laundry equipment to be	7/8/16

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	345152	A. BUILDING **02 - BLDG 0101(NURSING UNIT)** 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**

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K 029	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 ten smoke zones . Ref: 2000 NFPA 101 Section 19.3.2.1, 8.4.1	K 029	performed quarterly. We will now add a monthly laundry equipment inspection and service all equipment quarterly or more frequently if necessary.	