

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345109	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER TRINITY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 24724 SOUTH BUSINESS 52 ALBEMARLE, NC 28001	
(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 II construction, one story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count 76 Census 70 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 0 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 08/24/206 at approximately 9:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: door to dry storage room in kitchen did not close and	K 029	On August 26th, 2016 the maintenance department repaired the dry storage door in the kitchen so that it now closes and latches properly. Beginning on August 26th and completed on August 29th, the maintenance department checked every door in the	8/29/16

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

TITLE

(X6) DATE

Electronically Signed

09/16/2016

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 latch. 2000 NFPA 101, 19.3.5.4 This deficiency affected kitchen area only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	building to ensure they closed and latched properly. All doors that were found to not latch properly were immediately fixed. Monthly, the safety committee will check every door in the building to ensure it still closes and latches properly. The maintenance director is over this safety committee and reviews all check sheets. The results of the monthly audit will be presented at the quarterly quality assurance meeting by the maintenance director.		
K 061 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on observations, on 08/24/2016 at approximately 9:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: The supervisory trouble audible/visual signal for the electronically supervised tamper control valves could be permanently silenced at Fire Alarm Control Panel. The supervisory audible/visual trouble signal for the sprinkler control valves can not be silenced until the valves are restored back to the normal position. 2000 NFPA 101, 9.7.2.1 NFPA 72	K 061	On September 19th, 2016 we will add audible alerts to the control panels so that if the supervisory signal is acknowledged at the main panel, there will still be an alarm that will continuously sound at all panels. Therefore, the supervisory signal can never be silenced.	9/19/16	

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K 061	Continued From page 2 This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 061			
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. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, on 08/24/206 at approximately 9:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: the Manuel pull for the ansul system in kitchen is broken. The duct taped is over the manual pull ring. 2000 NFPA 101, 19.7.6 NFPA 25 NFPA 13 This deficiency affected kitchen area only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	On 8/29/16, the manual pull for the ansul system in the kitchen was repaired and moved to a different wall so that the risk for it being hit and broken is minimized. The dietary department was in-serviced by the Food Service Director starting on 8/24/16 for all dietary employees regarding the importance of reporting any broken equipment or malfunctioning equipment immediately. In addition, all staff were educated on the location and function of the manual pull for the ansul system. Starting the week of 8/29/16, the maintenance department will checked the manual pull once a week for four weeks to ensure it is in operating condition, and then once a month for the remainder of the year. The results of this audit will be reported at the quarterly quality assurance meeting.	8/29/16	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 147		8/26/16	

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

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K 147	<p>Continued From page 3</p> <p>Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1</p> <p>This STANDARD is not met as evidenced by: Based on observations, on 08/24/2016 at approximately 9:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include:</p> <ol style="list-style-type: none"> 1. outlet at sink in bread room not GFCI protected(kitchen). 2. the GFCI outlet that is in bread room did not trip on test. <p>2000 NFPA 101, 19.9.1 NFPA 99</p> <p>This deficiency affected kitchen area only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 147	<p>On 8/26/16, the GFCI outlets at the sink and in the bread room were replaced by the maintenance director. On 8/26/16, all outlets in the kitchen were checked by the maintenance director and one more outlet was replaced.</p> <p>The maintenance department will check all outlets in the kitchen once a month to ensure they are in proper working condition.</p> <p>The maintenance director will report all results to the quality assurance committee at the quarterly quality assurance meeting.</p>		