

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

PRINTED: 01/31/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345088	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - NEW REPLACEMENT FACILITY B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2017
NAME OF PROVIDER OR SUPPLIER TRINITY GLEN			STREET ADDRESS, CITY, STATE, ZIP CODE 849 WATERWORKS ROAD WINSTON-SALEM, NC 27101		
(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 utilizing the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC) and its referenced publications. The facility plan/construction approval occurred prior to July 5, 2016. The facility is utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration. Stories: one Construction Type: III(211) Fully Sprinkled : fully Total Certified Bed Count = 117 Census = 100	K 000			
K 521 SS=E	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/30/2017 the following deficiencies were noted: The standard is non-compliant, specific findings include:	K 521	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of	1/14/18	

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

TITLE

(X6) DATE

Electronically Signed

12/22/2017

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 521	Continued From page 1 1. exhaust in resident bathroom # 412 was not working at time of survey. 2. exhaust in Environmental Service room also was not working at time of survey. NFPA 101, 19.5.2.1.9.2 This deficiency affected 6 of 8 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 521	deficiencies. The plan of correction is prepared solely because it is required by the provision of federal and state law. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date(s) indicated. Plan of Correction - K521 (E) HVAC What corrective action will be accomplished by the facility to correct the deficient practice. The exhaust in resident bathroom #412 had a bad part on the Energy Recovery Ventilation (ERV) motor. The motor was replaced on 12-4-18 and exhaust is in working order. The exhaust in Environmental Service Room had recently had a filter change as part of preventative maintenance. The cover had come off after the filter was changed. The cover was put back in place on 11/30/17 and exhaust is in working order. How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken. An audit was conducted of 100% of all 21 ERV units within Trinity Glen by Maintenance PIP team. Each of the ERV units was checked for functioning by maintenance PIP team member on 12-15-17.		

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K 521	Continued From page 2	K 521	<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice will not recur;</p> <p>Maintenance Director has obtained an air flow meter 12-18-17 that shall be utilized by maintenance team for ease of use and more frequent checks of exhaust system. This device will be utilized to conduct the monthly and quarterly checks of the exhaust ventilation. Preventative Maintenance schedule will continue for ERV units.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place.</p> <p>Maintenance Director shall have a Performance Improvement Project (PIP) for exhaust units. Maintenance Director or member of PIP team will check all ERV units monthly for one quarter and then quarterly thereafter to ensure exhaust is in working order. Maintenance Director will report quarterly to Quality Assurance Performance Improvement (QAPI) committee results of ERV checks for one year and will make any changes to the plan if needed.</p> <p>Date of completion: 1-14-18</p>		