

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

PRINTED: 09/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2012
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NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME AT TRINITY OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 820 KLUMAC RD SALISBURY, NC 28144
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(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
F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, subpart B for Long Term Care Facilities (General Health Survey)..</p>	F 000		

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

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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RE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345153	(X2) MULTIPLE ABLONG CONSTRUCTION 01 - MAIN BUILDING 01 BWNJ	(X3) DATE SURVEY COMPLETED 09/05/2012
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME AT TRINITY OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE \$20 SALISBURY, NC 28144	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS 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 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility has two different buildings. Building number 1 is Type 2 (222) protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.	K 000		
K 062 SS=E	CFR#: 42 CFR 483.70 (a) 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 the observations and staff interview during the tour on 9/5/2012 the facility has a quick response sprinkler head in the soiled utility room on the A-B wing that has paint overspray on the bulb.	K 062	The sprinkler head in question was inspected and cleaned. Annual sprinkle inspections are conducted and required maintenance is performed. All other sprinkler heads were checked and meet code. Quarterly inspections are conducted by the Maintenance Department to ensure compliance.	9/6/12
K 072 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct	K 072		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

Bill Johnson

TITLE

Administrator

(X5) DATE

9/19/12

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345153	MULTIPLE ABIDING CONSTRUCTION 01 - MAIN BUILDING 01 BWWG		(X3) DATE SURVEY COMPLETED 0910512012
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME AT TRINITY OAKS 8 2 0 K L U M A C R D			STREET ADDRESS, CITY, STATE, ZIP CODE SALISBURY, NC 28144		
(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 072	Continued From page 1 exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/5/2012 it was determined that the facility had two janitor closets that opened into the corridor, these doors did not open 180 degrees flat to the corridor wall nor had a door closure installed to automatically keep the door closed after being opened. The locations are: Service hall janitors closet and the janitors closet on the administration hallway. CFR#: 42 CFR 483.70 (a)	K 072	The facility removed the 6 inch handrails beside the janitors closet on the Administration hall and D wing janitor closet door. The doors are able to be opened 180 degree flat. On the service hall door, the door stop was removed which allows a 180 degree flat. Monthly safety rounds are conducted by the Safety Committee to ensure access to egress meet compliance and code. Those findings are reported to the safety committee and corrective action is taken when required.	9/6/12	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345153	CONSTRUCTION BUILDING 02 - BUILDING 02 EMRG	(X3) DATE SURVEY COMPLETED 09/05/2012
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NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME AT TRINITY OAKS	STREET ADDRESS, CITY, STATE, ZIP 520 KLUIVIAC RD CODE SALISBURY NC 28144
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(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 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility has two different buildings, Building number 2 is Type 2 (222) protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.	K 000		
K 018 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Paul Johnson, Administrator 9-22-12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345153	BUILDING CONSTRUCTION 02 BUILDING 02 RWNG		(X3) DATE SURVEY COMPLETED 09/05/2012
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME AT TRINITY OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 820 KLUMIACT RD SALISBURY, NC 28144		
(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 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/5/2012 the following item was observed as noncompliant, specific findings include: The dutch door for the VCC unit nurses station was not able to be closed latched and sealed with one motion of the hand. NOTE: Dutch doors shall be permitted where they conform to 19.3.6.3.6 In addition, both the upper leaf and lower leaf shall be equipped with a latching device, and the meeting edges of the upper and lower leaves shall be equipped with an astragal, a rabbet, or a bevel. (NFPA 101 19.3.6.3.6) CFR#: 42 CFR 483.70 (a)	K 018	The facility installed a closing mechanism was installed which is an astragal on the upper half of the which connected to the lower half when closing. The door is able to be closed with one motion.	9/10/12	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: UTY121

Facility ID: 923318

If continuation sheet Page 2 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345153	CONSTRUCTION OF WAIN BUILDING 01 BWWG	(X3) DATE SURVEY COMPLETED 09/05/2012
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NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME AT TRINITY OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE \$20 SALISBURY, NC 28144
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(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 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility has two different buildings. Building number 1 is Type 2 (222) protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.	K 000		
K 062 SS=E	CFR#: 42 CFR 483.70 (a) 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 the observations and staff interview during the tour on 9/5/2012 the facility has a quick response sprinkler head in the soiled utility room on the A-B wing that has paint overspray on the bulb.	K 062	The sprinkler head in question was inspected and cleaned. Annual sprinkler inspections are conducted and required maintenance is performed. All other sprinkler heads were checked and meet code. Quarterly inspections are conducted by the Maintenance Department to ensure compliance.	9/6/12
K 072 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct	K 072		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Bruce Johnson* 9-22-12 TITLE: Administrator (X5) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345153	QUALITY AGENCIES CONSTRUCTION OF MAIN BUILDING 01 BWWG	(X3) DATE SURVEY COMPLETED 0910512012
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME AT TRINITY OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 820 KLUMAC RD SALISBURY, NC 28144	
(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 072	Continued From page 1 exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/5/2012 it was determined that the facility had two janitor closets that opened into the corridor, these doors did not open 180 degrees flat to the corridor wall nor had a door closure installed to automatically keep the door closed after being opened. The locations are: Service hall janitors closet and the janitors closet on the administration hallway. CFR#: 42 CFR 483.70 (a)	K 072	The facility removed the 6 inch handrails beside the janitors closet on the Administration hall and D wing janitor closet door. The doors are able to be opened 180 degree flat. On the service hall door, the door stop was removed which allows a 180 degree flat. Monthly safety rounds are conducted by the Safety Committee to ensure access to egress meet compliance and code. Those findings are reported to the safety committee and corrective action is taken when required.	9/6/12