Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034085	A. BUILDING: 01 B. WING _____	01/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY ELMS	3750 HARPER ROAD CLEMMONS, NC 27012

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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 1-7-2016. Records indicate that this facility was first licensed on 10-8-1997, for 104 beds, including 30 Special Care Beds. Based on this information, the facility is required to meet the 1996 T10 NCAC 42D - Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and the 1996 NC State Building Code(s) for a Group I-Institutional Unrestrained Occupancy.	C 000	FEB 12 2016	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire sprinkler system inspection report could not be located. Fire sprinkler systems that are not inspected and approved as required could result in the sprinkler system not operating properly in the event of an actual fire.	C 111	C111 Physical Plant Design and Construction 1. The annual fire sprinkler inspection report has been located and is available for review. 2. An audit was completed to ensure that all required sanitation and fire and building safety reports are available for review. 3. The annual fire sprinkler inspection is scheduled for May 2016 and a file has been created to securely store all inspection reports 4. The Executive Director and/or Maintenance Director will review all sanitation and fire safety inspections quarterly in the facility QI committee to ensure completion.	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet	C 133		

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C 133	Continued From page 1 rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, the hand grips provided in the central bathroom near room 210 were loosely mounted to the wall. Loose hand grips could cause a resident to fall.	C 133	C133 Bathroom Hand Grips 1. Hand grips in the central bathroom near room 210 were securely fastened on 1/12/16 2. All hand grips were checked to ensure that they were installed and mounted correctly. 3. Hand grips will be checked during safety rounds quarterly and results reported to QA committee.	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in a cardboard delivery crate in room 234. 2. Based on observation, the inside of the door to the men's bathroom in the foyer suite was damaged with large splinters exposed. The splinters could cause skin lacerations.	C 166	C166 Housekeeping and Furnishings 1. All oxygen cylinders were placed in containers that ensure proper safe storage on 1/11/16 The door to the men's bathroom was repaired on 1/16/16 The ice machine was removed. 2. All oxygen cylinders have been checked for proper storage. All doors were checked for splintering and repairs made as needed. All ice machines	

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C 166	Continued From page 2 3. Based on observation, the ice machine drain line in the Memory Center was directly connected to the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: Based on a review of documents, the range hood fire suppression system in the kitchen is not being inspected monthly as required. Failure to perform monthly safety inspections could cause the system to fail to work when needed. Findings include: The fire suppression system had not been inspected since August.	C 183	C183 Fire Extinguishes 1. The fire suppression system on range hood was inspected on 1/11/16 2. Maintenance in serviced on importance of completing inspections timely. 3. Inspection of range hood added to monthly safety rounds (or whatever system you came up) 4. Results of safety rounds, including range hood inspections, will be reported to QA committee quarterly.	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of	C 185		

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C 185	Continued From page 3 social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift. c. In the 3rd quarter of this year, there were no rehearsals done during the 2nd or 3rd shifts.	C 185	C185 Fire Safety Rehearsals on Each shift 1. Mandatory in service for all staff on fire safety was held 1/21/16 2. Maintenance and safety committee in serviced on importance of completing fire safety rehearsals each month. 3. Maintenance Director will provide Ex. Dir. With copy of fire safety rehearsal including staff members attending and time of day rehearsal completed each month (or whatever system you have put in place). 4. Results of fire safety drills will be reviewed in QA committee quarterly.	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, several battery powered emergency lights would not work when tested. Battery powered emergency lights that	C 189	1. Batteries replaced on 1/18/16 for all emergency exit lights listed. All lights are working properly. Holes in fire walls and ceilings were repaired on 1/20/16 Leak in attic was repaired on 1/11/16 Doors were repaired to ensure proper closure on Memory Center. Wedge removed from kitchen door and magnet removed from laundry door. Closure added to storage room door on back hall. GFCI receptacle repaired in soiled linen room on Memory Center on 1/12/16	

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C 189	Continued From page 4 will not work properly for at least 90 minutes could endanger the residents and staff. Findings include the following emergency lights not working: a. #8 b. #12 c. #17 d. #20 e. #24 f. M11 g. M27 h. Corridor at room 215 j. Corridor at room 316. 2. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working on battery back up. This condition was widespread throughout much of the facility. Exit signs that do not work during power failures could delay an evacuation in an emergency. 3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in ceiling of nourishment room on 100 Hall, b. Hole in wall above suspended ceiling at room 102, c. Many holes in rated ceiling above suspended ceiling in foyer suite, d. Holes in smoke barrier wall above room 143, e. Holes in smoke barrier wall above room 131, f. Hole in ceiling of riser room in Memory Center, g. Crack in ceiling in main riser room,	C 189	2. All exit lights inspected to ensure emergency back up is working properly. All doors inspected for proper closure. All GFCI receptacles inspected to ensure they are working on 1/11/16 done by Josh Morgan. 3. Maintenance staff in serviced on importance of maintaining all areas of physical plant in a safe and operating condition on 1/14/16 4. All of the above items added to safety rounds with results reported to QA committee quarterly.	

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C 189	Continued From page 5 h. Hole in ceiling above walk-in freezer, i. Hole in ceiling of kitchen near walk-in refrigerator, j. Holes in ceiling of outside boiler room. 4. Based on observation, a significant leak was discovered during the survey in the attic portion of the dry sprinkler system. 5. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. Both of the doors to the living room in the Memory Center were very hard to close because they were dragging on the floor. b. Hole through the door to the medical storage closet on 200 Hall. c. A wedge was found at the kitchen door to the service corridor. This door must never be wedged open. d. The ¾ hour fire rated door to the laundry was held open with a permanent magnet. This door must be self closing or automatic closing on activation of the fire alarm system. e. The closer had been removed from the ¾ hour fire rated door to a large storage room, approximately 160 sq, feet, on the back hall. This door must be self closing. 6. Based on observation, there was no power available at GFCI type receptacles in a bathroom and the soiled linen room in the Memory Center. With no power, the GFCI type receptacles could not be tested for proper operation.	C 189		

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C 195	Continued From page 6	C 195		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the hot water temperature was found to be 120 degrees F in room 119. Hot water temperature in excess of 116 degrees F. present the possibility of burning residents.	C 195	C195 Hot Water System 1. Hot water system was adjusted to maintain temperature no higher than 120 degrees on 1/7/16 2. Temperatures of hot water checked throughout facility and all temps were between 108-112 degrees. 3. Water temperatures will be randomly checked throughout the facility each week during safety rounds with results reported to QA committee quarterly.	