STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080010	A. BUILDING: **1D** B. WING _____	**06/28/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY OAKS CONTINUING CARE RETIREME	**728 KLUMAC ROAD 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) COMPLETE DATE
C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on June 28, 2019. Records indicate this facility was first licensed on February 19, 1993. The facility is currently licensed for 38 Beds, reflecting an 18 beds addition in 2018. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1991 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 2018 North Carolina Building Code, Group I-2 for the 18 beds addition. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080010	A. BUILDING: **1D** B. WING _____	**06/28/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY OAKS CONTINUING CARE RETIREME	**728 KLUMAC ROAD 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) COMPLETE DATE
C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required fire-resistance-rated construction required by NC State Building Code. This could affect all occupants who need time to evacuate the building. Findings on June 28, 2019: a. Old Wing - the facility is required to have a one-hour fire-resistance-rated roof/ceiling assembly to protect the noncombustible construction above. The existing acoustical ceiling tiles are not a part of an approved one-hour roof/ceiling assembly. These tiles are not marked with an UL or similar testing laboratory approval stamp. They are also not heavy enough. Provide an approved roof/ceiling assembly, assureing that the exit grid is acceptable with the new one-hour fire-resistance-rated roof/ceiling assembly and if not, replace grid. All penetration must be properly firestopped.	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents,	C 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080010	A. BUILDING: **1D** B. WING _____	**06/28/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY OAKS CONTINUING CARE RETIREME	**728 KLUMAC ROAD 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) COMPLETE DATE
C 150	Continued From page 2 staff, and visitors by slowing or obstructing egress during an emergency. Findings on June 28, 2019: a. Old Wing Entrance Corridor - there is a couch and table, obstructing the required six feet width corridor.	C 150		
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 free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on June 28, 2019: a. Bedroom 260 - 4 portable medical oxygen cylinders are laying on the floor and 1 portable medical oxygen cylinder is standing up on the floor. All are not physically secured in racks, stands or chained to the structure.	C 166		
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	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080010	A. BUILDING: **1D** B. WING _____	**06/28/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY OAKS CONTINUING CARE RETIREME	**728 KLUMAC ROAD 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) COMPLETE DATE
C 189	Continued From page 3 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, the Fire Alarm system is not maintained in a safe and operating condition. This would affect all by having doors held open, not providing the require smoke compartmentation that prevents the spread of smoke and fire to other compartments of the building. Findings on June 28, 2019: a. Fire Alarm System - when the fire alarm is activated, the hold open devices released their doors closing the openings in their walls. When the fire alarm system is put into silence mode, these hold open devices reenergized, which allows the doors to be held open during an alarm. 2. Based on observation, the Building is not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch to contain fire and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on June 28, 2019: a. Firewall, - both leaves of the cross-corridor double-egress doors do not latch when the fire alarm hold-open devices released. Deficiency corrected before Construction Surveyors departed site. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080010	A. BUILDING: **1D** B. WING _____	**06/28/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY OAKS CONTINUING CARE RETIREME	**728 KLUMAC ROAD 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) COMPLETE DATE
C 189	Continued From page 4 smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 28, 2019: a. New Wing Smoke Barrier - the both leaves, of the double-egress cross-corridor doors, do not latch into the frame when the fire alarm system released the doors. 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on June 28, 2019: a. Laundry - there are two holes not sealed as they penetrate the wall construction. b. Exit near Screened Porch - there is a gap at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. New Wing IT Room - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 28, 2019: a. Executive Director - two extension cords are plug into two electrical power receptacles. b. Bedroom 246 - a multiple plug adaptor, without integral overcurrent protection, is plugged into an electrical power receptacle. c. Bedroom 268 - a multiple plug adaptor, without integral overcurrent protection, is plugged into an electrical power receptacle. d. Bedroom 278 - a multiple plug adaptor, without integral overcurrent protection, is plugged into an electrical power receptacle.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080010	A. BUILDING: **1D** B. WING _____	**06/28/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY OAKS CONTINUING CARE RETIREME	**728 KLUMAC ROAD 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) COMPLETE DATE
C 189	Continued From page 5 e. New Wing Electrical Room - in electrical panel "B" there is an open slot were a breakers has been removed or blank fell out. This allows access to energized components that are not guarded against accidental contact. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on June 28, 2019: a. Old Nourishment Room - the corridor door closes but will not stay latch into its frame. Deficiency corrected before Construction Surveyors departed site. b. Bedroom 266 - the corridor door does not latch into its frame when closed. 7. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on June 28, 2019: a. Screen Porch - a fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 8. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on June 28, 2019: a. Bedroom 255 - the corridor door has a heavy item holding the door open.	C 189		