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 _____	**08/17/2023**

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

(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 August 17, 2023. Records indicate that this facility was first licensed on October 8, 1997, for 104 beds, including a 30 bed Special Care Unit. Based on this information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Rules for 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. Deficiencies were cited which require a Plan of Corrections.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the mechanical systems were not kept clean and in good repair. Findings on August 17, 2023: a. Service Hall, Women Restroom - the exhaust ventilation system grille with its radiation damper has an excessive accumulation of dust/lint.	C 164		

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 _____	**08/17/2023**

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

(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 1	C 189		
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, the building's emergency equipment is not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on August 17, 2023: a. Service Hall, Kitchen Door near Women Restroom- the exit sign did not illuminate on backup power when tested. 2. Based on observations, the fire-resistance-rated enclosures protecting the Incidental areas were not maintained in a safe and operating condition by not providing 1-hour rated construction, and 45-minute rated self-closing doors. This could affect all if smoke/flames are not contained to the room of origin. This could affect all if smoke/flames are not contained to the room of origin. Findings on August 17, 2023: a. Service Hall, Soil Utility - the corridor door (45 min rated, self-closing) did not close and latch into its frame, on its own power. b. Service Hall, Kitchen - both corridor doors (45	C 189		

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 _____	**08/17/2023**

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

(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 2 min rated, self-closing) did not close and latch into its frame, on its own power. c. 900 Hall, Soil Utility - the corridor door (45 min rated, self-closing) did not close and latch into its frame, on its own power. d. 300 Hall, Environmental Services - the corridor door (45 min rated, self-closing) did not close and latch into its frame, on its own power. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 17, 2023: a. 700 & 800 Halls, Med Room - two electrical power receptacles are within six feet of the sink, and the receptacles are not ground fault protected. b. 800 Hall, Nourishment Room - a electrical power receptacle is within six feet of the sink, and the receptacle was not ground fault protected. c. 900 Hall, Environmental Services - a second housekeeping cart was stored in front of the electrical panel, reducing the required 36-inches by 30-inches minimum clear working space. d. 900 Hall Courtyard near Water Heater Room- the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip when the test button was pushed and when tested with a ground fault receptacle tester & circuit analyzer device. e. 900 Hall Courtyard - the GFCI electrical power receptacle was missing its weatherproof cover. f. 200 Hall, Nourishment Room - a electrical power receptacle is within six feet of the sink, and the receptacle was not ground fault protected.	C 189		
C 199	Exhaust Ventilation	C 199		

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 _____	**08/17/2023**

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

(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 199	Continued From page 3 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility does not provide working exhaust ventilation in required spaces. Findings on August 17, 2023: a. 400 Hall, Bedroom 405 Bathroom - the exhaust ventilation system was not drawing. b. 300 Hall, Environmental Services - the exhaust ventilation system was not drawing. c. 200 & 300 Halls, Nurse Station Restroom - the exhaust ventilation system was not drawing. d. 500 Hall, Bedroom 501 Bathroom - the exhaust ventilation system was not drawing.	C 199		