| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355074 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **01/20/2016** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **TRINITY HOMES** | **305 8TH AVE NE**<br>**MINOT, ND 58702** |

| (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 |
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| K 000 | INITIAL COMMENTS<br><br>This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a).<br><br>The facility consisted of three separate units: the east unit, west unit and south unit were of Type II (222) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.<br><br>The east (1977), west (1958), and central core (1990) buildings were four stories in height. The south building (1967) was a three-story building. The central core/atrium connected the units.<br><br>A one-story carpenter shop/storage building was attached to the west side of the south building and was not included in this survey. The long term care building was separated from the carpenter shop/storage building with an occupancy separation wall having a two-hour fire resistance rating.<br><br>A Type II (000) one-story emergency generator building was attached to the north side of the central core building. A two-hour occupancy separation wall separated the emergency generator building from the rest of the facility.<br><br>The basement storage areas and Day Care Occupancy of the south building were not included in this survey because they were separated from the nursing facility with a floor/ceiling assembly having a fire resistance rating of two hours. | K 000 | | |

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

Electronically Signed | 02/03/2016

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| K 000 | Continued From page 1<br><br>Note:<br><br>A Fire Safety Evaluation System (FSES) was conducted as a result of the 01/20/2016 Life Safety Code survey. The FSES was specifically used as an alternative safety method for K012 (two-hour fire-rated structural members), K 020 (two-hour fire rated shafts), and K024 (travel distance within smoke compartments). Trinity Homes did not meet the Life Safety Code requirements for construction type, two-hour fire rated shafts and travel distance within smoke compartments, but passes the FSES when all other deficiencies have been corrected. | K 000 | | |
| K 012 SS=B | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Building construction type and height meets one of the following:<br>19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1<br>This STANDARD is not met as evidenced by:<br>The structural framing throughout buildings of Type II (222) construction must be protected with materials that provide a two-hour fire resistance rating. 19.1.6.2<br><br>The facility failed to maintain a two-hour fire resistance rating on structural steel members and ceiling/roof assemblies.<br><br>Observation determined the structural steel of the skywalk was not protected with material having a two-hour fire resistance rating when it was constructed in the core building.<br><br>Failure to meet the requirements of building construction type increases the risk of death or injury due to fire. | K 012 | A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 012 of the 01/20/2016 Life Safety Code survey to allow unprotected structural members. The facility passes the FSES when all other deficiencies have been corrected. | 1/20/16 |

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| K 012 | Continued From page 2<br><br>This deficiency affected the entire facility. | K 012 | | |
| K 020 SS=B | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5, 8.2.5.6, 19.3.1.1<br>This STANDARD is not met as evidenced by:<br>The facility failed to maintain the two-hour fire resistive rating at three (3) of three (3) shaft enclosures throughout the west building. 19.3.1.1<br><br>Observation determined:<br><br>1) The east and west elevator shafts were open to the elevator equipment rooms in the west building. Elevator shafts and the elevator equipment rooms in four story buildings of Type II (222) construction must be enclosed with two-hour fire resistive construction.<br><br>2) The walls of the east elevator room were not constructed as two-hour fire rated assemblies.<br><br>a) The walls were eight inch clay bock with sheet rock and plaster on only one side of the wall assembly.<br><br>b) The pipe and electrical conduit penetrations were not sealed with fire rated material.<br><br>c) The missing and partially missing clay block were not replaced or repaired.<br><br>3) The doors to the east and west elevator | K 020 | A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 020 of the 01/20/2016 Life Safety Code survey to allow smoke resisting shaft enclosures. The facility passes the FSES when all other deficiencies have been corrected. | 1/20/16 |

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| K 020 | Continued From page 3<br>equipment rooms were not 90-minute labeled fire rated door assemblies.<br><br>4) The four (4) doors to the west stair enclosure of the west building were not labeled to indicate a 90-minute fire resistive rating.<br><br>Failure to protect vertical openings with construction having a fire resistance rating of at least two hours increases the risk of death or injury due to fire. | K 020 | | |
| K 024<br>SS=B | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>The smoke compartments do not exceed 22,500 square feet and the travel distance to and from any point to reach a door in the required smoke barrier does not exceed 200 feet. 19.3.7.1<br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the travel distance to reach a door in the required smoke barrier does not exceed 200 feet. 19.3.7.1<br><br>Observation determined the 2nd, 3rd and 4th floor smoke compartments of the west building exceeded the maximum 200 feet travel distance to reach the door in the nearest smoke barrier.<br><br>Failure to ensure travel distance to and from any point to reach a door in a required smoke barrier does not exceed 200 feet increases the risk of death or injury due to fire.<br><br>This deficiency affected three (3) of fifteen (15) smoke compartments in the facility. | K 024 | A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 024 of the 01/20/2016 Life Safety Code survey to allow travel distance exceeded 200 feet. The facility passes the FSES when all other deficiencies have been corrected. | 1/20/16 |
| K 056<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Where required by section 19.1.6, Health care facilities shall be protected throughout by an | K 056 | | 2/2/16 |

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| K 056 | Continued From page 4<br>approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13<br>This STANDARD is not met as evidenced by:<br>Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.<br><br>The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide complete coverage for all portions of the building.<br><br>1) The distance from sprinklers to walls shall not exceed one-half of the allowable distance between sprinklers. NFPA 13 5-6.3.2.1<br><br>Observation determined the distance between the northwest sprinkler and the north wall in the 4 East Dining Room exceeded the maximum of 7.5 feet from the wall.<br><br>2) Sprinklers shall be located a minimum of 4 inches from a wall. NFPA 13 5-6.3.3<br><br>Observation determined the sprinkler in the 4 West Corridor above the corridor doors to the 4 East Dining Room was closer than the minimum of 4 inches from the wall.<br><br>Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 | K 056 | 1.The Fire Sprinkler shall be moved to the correct distance from the wall and a New Fire Sprinkler head will be added to provide adequate coverage for this area.<br><br>2.Our Facility only has 2 added Security Doors.<br><br>3.The Plant Operations Director will work with outside contractors and Plant Operations staff when added or removing walls or doorways to ensure compliance.<br><br>4.The Plant Operations Director will monitor compliance.<br><br>5.2/2/2016 | |

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| K 056 | Continued From page 5<br>increases the risk of injury and death due to fire.<br><br>The deficiency affected two (2) of numerous locations protected by the automatic sprinkler system, which serves the entire facility. | K 056 | | |