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** B. WING _____	**03/08/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HOMES	**305 8TH AVE NE** **MINOT, ND 58703**

(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 survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. 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. 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. 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. 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. The basement storage areas and Day Care Occupancy of the south building were not included in this survey because they were	K 000		

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

Electronically Signed | 03/28/2018

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K 000	Continued From page 1 separated from the nursing facility with a floor/ceiling assembly having a fire resistance rating of two hours. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 03/08/2018 survey. The FSES was specifically used as an alternative safety method for K 161 (two-hour fire-rated structural members), K 311 (two-hour fire rated shafts), and K 371 (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 161 SS=C	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered	K 161		3/8/18

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K 161	Continued From page 2 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: The structural framing throughout buildings of Type II (222) construction must be protected with materials that provide a two-hour fire resistance rating. 19.1.6.1. The facility failed to maintain a two-hour fire resistance rating on structural steel members and ceiling/roof assemblies. Observation determined the structural steel of the skywalk was not protected with material having a two-hour fire resistance rating. Failure to meet the requirements of building	K 161	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 161 of the 03/08/2018 survey to allow unprotected structural members. The facility passes the FSES when all other deficiencies have been corrected.	

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K 161	Continued From page 3 construction type increases the risk of death or injury due to fire. This deficiency affected the entire facility.	K 161		
K 311 SS=B	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING 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 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: 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. Observation determined: 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. 2) The walls of the east elevator room were not constructed as two-hour fire rated assemblies. a) The walls were eight inch clay bock with sheet	K 311	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 311 of the 03/08/2018 survey to allow smoke resisting shaft enclosures. The facility passes the FSES when all other deficiencies have been corrected.	3/8/18

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K 311	Continued From page 4 rock and plaster on only one side of the wall assembly. b) The pipe and electrical conduit penetrations were not sealed with fire rated material. c) The missing and partially missing clay block were not replaced or repaired. 3) The doors to the east and west elevator equipment rooms were not 90-minute labeled fire rated door assemblies. 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. 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. This deficiency affected seven (7) of fifteen (15) smoke compartments in the facility.	K 311		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit	K 351		4/22/18

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K 351	Continued From page 5 sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Sprinklers in walk-in type coolers and freezers with automatic defrosting shall be of the intermediate-temperature classification or higher. NFPA 13 8.3.2, 8.3.2.5(10) Observation determined three (3) sprinklers in the walk-in freezer located in the Kitchen were of ordinary-temperature classification. The walk-in freezer was equipped with an automatic defrosting feature. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected three (3) of numerous sprinklers in the facility. The automatic sprinkler	K 351	1.The Sprinkler heads in the walk in freezer will be replaced with intermediate temperature sprinkler heads. 2.All the walk in coolers will be inspected for any defrosting equipment. 3.The Plant operations Director will work with the Fire Sprinkler Contractor and Plant Operations staff to maintain compliance. 4.The Plant Operations Director and staff will monitor compliance.	

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K 351	Continued From page 6 system serves the entire facility.	K 351		
K 361 SS=D	Corridors - Areas Open to Corridor CFR(s): NFPA 101 Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This REQUIREMENT is not met as evidenced by: Corridors shall be separated from all other areas by partitions complying with 19.3.6.2 through 19.3.6.5. 19.3.6.1, 19.3.6.1(1) Smoke compartments protected throughout by an approved supervised automatic sprinkler system shall be permitted to have spaces that are unlimited in size and open to the corridor, provided that all of the following criteria are met: a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. c) The open space is protected by an electrically supervised automatic smoke detection system or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses station or similar space. d) The space does not obstruct access to required exits.	K 361	1.Smoke Detectors will be added to the Resident Cafeteria area to meet the standard. 2.This is the only area open to the corridor in our facility that does not meet the standard. 3.The Plant Operations director will work with the Plant Operations staff, Contractors, and the State Department of Health Life Safety and Construction Division on any facility remodels or construction. 4.The Plant Operations Director will maintain compliance.	4/22/18

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K 361	Continued From page 7 The facility failed to separate other areas from corridors in accordance with 19.3.6.1. Observation determined the Resident Cafeteria that was open to the corridor did not have automatic smoke detection and was not located to allow direct supervision by the facility staff from a nurses' station or similar space. Failure to separate corridors from other areas in accordance with 19.3.6.1 increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous exit corridors in the facility.	K 361		
K 371 SS=B	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by: 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 Observation determined the 2nd, 3rd and 4th floor smoke compartments of the west building	K 371	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 371 of the 03/08/2018 survey to allow travel distance exceeding 200 feet. The facility passes the FSES when all other deficiencies have been corrected.	3/8/18

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K 371	Continued From page 8 exceeded the maximum 200 feet travel distance to reach the door in the nearest smoke barrier. 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. This deficiency affected three (3) of fifteen (15) smoke compartments in the facility.	K 371		