STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355074	A. BUILDING _____ B. WING _____	08/06/2024

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
E 000	Initial Comments A recertification survey conducted on 08/06/2024 found Trinity Homes in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

Electronically Signed | 08/27/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	355074	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/06/2024**

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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		

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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 08/06/2024 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=B	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		9/20/24

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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 08/06/2024 survey to allow unprotected structural members. The facility passes the FSES when all other deficiencies have been corrected. FSES waiver	

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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 08/06/2024 survey to allow smoke resisting shaft enclosures. The facility passes the FSES when all other deficiencies have been corrected. FSES waiver	9/20/24

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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 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:	K 345		9/20/24

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K 345	Continued From page 5 Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 System defects and malfunctions shall be corrected. NFPA 72 14.2.1.2.2 The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code. 1) Review of fire alarm system test records indicated that not all devices were tested. The fire alarm system annual test conducted on 09/06/2023 by an outside company indicated the heat detector in the East Building Penthouse was not tested in the past year. 2) The fire alarm system annual test conducted on 09/06/2023 by an outside company indicated five (5) audible notification devices had failed and had not been replaced at the time of the survey. 3) The fire alarm system annual test conducted on 09/06/2023 by an outside company indicated two (2) visible notification devices had failed and had not been replaced at the time of the survey. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases	K 345	1. The heat detector in the East Building Penthouse will be tested by the Johnson/Simplex Fire Alarms Systems by September 20, 2024. 2. The five audible notification devices that failed and had not been replaced at the time of the survey will be replaced by September 20, 2024. 3. The two visible notification devices that failed and had not been replaced at the time of the survey will be replaced by September 20, 2024. 4. The Plant Operations Director will work with Johnson/Simplex Fire Alarms Systems Contractor to maintain compliance. 5. The Plant Operations Director will monitor Compliance.	

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K 345	Continued From page 6 the risk of death or injury due to fire. The deficiency affected the complete fire alarm system, which serves the entire building.	K 345		
K 347 SS=D	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 System defects and malfunctions shall be corrected. NFPA 72 14.2.1.2.2 The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code. 1) Review of fire alarm system test records indicated that not all devices were tested. The fire alarm system annual test conducted on 09/06/2023 by an outside company indicated the smoke detector in the 1st floor Electrical Room	K 347	1. There was a smoke detector in the 1st floor Electrical Room by door 2 that was not tested in the past year and will be tested by Johnson/Simplex Fire Alarms Systems by September 20, 2024. 2. A smoke detector in the 1st floor corridor by the mailboxes had failed and had not been replaced. This smoke detector will be replaced by September 20, 2024. 3. The Plant operations director will work with Plant Operations staff and outside contractors to ensure compliance which entails unlocking doors that are not accessible. 4. The Plant Operations Director and Plant Staff will monitor compliance.	9/20/24

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K 347	Continued From page 7 by exterior door 2 was not tested in the past year. 2) The fire alarm system annual test conducted on 09/06/2023 by an outside company indicated the smoke detector in the 1st floor corridor by the mailboxes had failed and had not been replaced at the time of the survey. Failure to maintain the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected two (2) of numerous smoke detectors in the facility.	K 347		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 353		9/20/24

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K 353	Continued From page 8 Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 4.1.4.1 All backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer. NFPA 25, 13.6.2.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Review of automatic sprinkler system test records on 08/06/2024 indicated the annual back flow preventer test for the east (1977) building automatic sprinkler system was not performed as required. A back flow preventer test was done during the annual inspection by an outside company on 11/11/2022. Records did not indicate any other back flow preventer test in the past year. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire.	K 353	1. 2023 Annual backflow preventer test for the east building automatic sprinkler system was not performed as required. 2. The annual backflow test will be completed by RFS, LLC Sprinkler Systems Minot ND by September 20, 2024. 3. The Plant operations Director will work with the fire sprinkler contractor and Plant Operations staff to ensure compliance. 4. The Plant Operations Director and staff will monitor for compliance.	

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K 353	Continued From page 9 The deficiency affected one (1) of two (2) automatic sprinkler systems, which serve the entire facility.	K 353		
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 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	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 371 of the 08/06/2024 survey to allow travel distance exceeding 200 feet. The facility passes the FSES when all other deficiencies have been corrected. FSES waiver	9/20/24