

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355074		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/28/2023	
NAME OF PROVIDER OR SUPPLIER TRINITY HOMES				STREET ADDRESS, CITY, STATE, ZIP CODE 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 08/28/2023 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

09/12/2023

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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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 08/28/2023 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.	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		8/28/23	

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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 construction type increases the risk of death or	K 161	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 161 of the 08/28/2023 survey to allow unprotected structural members. The facility passes the FSES. FSES waiver		

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K 161	Continued From page 3 injury due to fire.	K 161			
K 311 SS=B	This deficiency affected the entire facility. 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 block with sheet rock and plaster on only one side of the wall	K 311	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 311 of the 08/28/2023 survey to allow smoke resisting shaft enclosures. The facility passes the FSES. FSES Waiver	8/28/23	

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K 311	Continued From page 4 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 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.	K 371			8/28/23

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K 371	Continued From page 5 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 08/28/2023 survey to allow travel distance exceeding 200 feet. The facility passes the FSES. FSES Waiver		