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	11/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HOMES	305 8TH AVE NE MINOT, ND 58701

(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	K 000		

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).

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 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 separated from the nursing facility with a floor/ceiling assembly having a fire resistance rating of two hours.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark L. Truss	Director, Plant Operations	12-8-11

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	Continued From page 1 Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 11/28/11 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 will pass the FSES when all other deficiencies are corrected. There were two areas in the facility that were indicated on the construction plans as being smoke barriers which were not surveyed as smoke barriers. 1) One area was located to the south of the dining room in the center core between the dining areas and the atrium on 2nd, 3rd and 4th floors. This was not a smoke barrier because the wall was plain glass windows, which cannot meet the 30-minute fire rating requirement. The entire core area did not exceed the 22,500 square feet requirement for a smoke compartment. 2) The second area was in the south unit and runs north and south to the east of the kitchenette and along the west wall of the nurse's station on the 2nd and 3rd floors. This was not surveyed as a smoke barrier because there was plain glass located at the nurse's station, which cannot meet the 30-minute fire resistance rating requirements. The smoke compartments did not exceed 22,500	K 000		

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K 000	Continued From page 2 square feet.	K 000		
K 012 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The structural framing throughout buildings of Type II (222) construction must be two-hour fire resistive rated. The facility failed to maintain a two-hour fire resistive rating on structural steel members and ceiling/roof assemblies. Observation determined the structural steel of the old skywalk was not protected with two-hour fire resistive material when it was encompassed in the core building.	K 012	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 012 of the 11/28/11 Life Safety Code survey to allow unprotected structural members. If all other deficiencies are corrected, the facility passes the FSES.	
K 020 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD 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 8.2.5.6. 19.3.1.1. This STANDARD 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.	K 020	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 020 of the 11/28/11 Life Safety Code survey to	

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K 020	Continued From page 3 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 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.	K 020	allow smoke resistive shaft enclosures. If all other deficiencies are corrected, the facility passes the FSES.	
K 024 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 024		

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K 024	Continued From page 4 This STANDARD 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. Observation determined the 1st, 2nd, and 3rd floor smoke compartments of the west building exceeded the maximum 200 feet travel distance to reach the door in the nearest smoke barrier.	K 024	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 024 of the 11/28/11 Life Safety Code survey to allow travel distance does not exceed 200 feet. If all other deficiencies are corrected, the facility passes the FSES.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The emergency generator must be inspected weekly and exercised under load for 30 minutes monthly. NFPA 110, Standard for Emergency and Standby Power Systems. 1) Review of records determined documentation of the weekly inspections was not available. 2) Observation determined the battery for the emergency generator was maintenance free type. Review of records determined there was no	K 144	**1. The Emergency Generator Batteries will be replaced with Non-Maintenance Free Batteries.** **2. The Batteries will be changed in both Generators (emergency and stand-by) that supply our Facility with Electrical Power.** **3. Battery Electrolyte level check will be added to the weekly Generator inspection checklist.** **4. The Plant Operations Director will monitor compliance.** **5. 1/12/2012**	

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K 144	Continued From page 5 documentation that the fluids were checked weekly.	K 144		