

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

PRINTED: 12/13/2013
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2013
NAME OF PROVIDER OR SUPPLIER TRINITY HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 305 8TH AVE NE 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	
K 000	INITIAL COMMENTS 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.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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

PRINTED: 12/13/2013
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2013
NAME OF PROVIDER OR SUPPLIER TRINITY HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 305 8TH AVE NE 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
K 000	Continued From page 1 Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 12/9/13 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 passed the FSES. 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 resistance 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 extends 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 area of the smoke compartments did not exceed 22,500 square feet.	K 000			

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

PRINTED: 12/13/2013
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2013
NAME OF PROVIDER OR SUPPLIER TRINITY HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 305 8TH AVE NE 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
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 protected with materials that provide a two-hour fire resistance rating. 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 when it was constructed in the core building.	K 012	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 012 of the 12/10/13 Life Safety Code survey to allow unprotected structural members. The facility passed 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. Observation determined:	K 020	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 020 of the 12/10/13 Life Safety Code survey to allow smoke resisting shaft enclosures. The facility passed the FSES.		

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

PRINTED: 12/13/2013
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2013
NAME OF PROVIDER OR SUPPLIER TRINITY HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 305 8TH AVE NE 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
K 020	Continued From page 3 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 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			
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			

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

PRINTED: 12/13/2013
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2013
NAME OF PROVIDER OR SUPPLIER TRINITY HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 305 8TH AVE NE 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	
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 12/10/13 Life Safety Code survey to allow travel distance exceeded 200 feet. The facility passed the FSES.		