STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355074	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HOMES	**305 8TH AVE NE PO BOX 5030, MINOT, North Dakota, 58703**

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K0000 Bldg. 01	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 separated from the nursing facility with a floor/ceiling assembly having a fire resistance rating of two hours. Note:	K0000		10/02/2025

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

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K0000 Bldg. 01	Continued from page 1 A Fire Safety Evaluation System (FSES) was conducted as a result of the 08/18/2025 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.	K0000		10/02/2025
K0345 SS = F Bldg. 01	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 STANDARD 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. 2010 NFPA 72, 14.1.1 The facility failed to test the fire alarm system as required. Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2 item 5(e). Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. A load voltage test of the fire alarm system batteries was done during the annual inspection by an outside company on 09/10/2024. Records did not	K0345	Batteries were replaced with new batteries on August 27, 2025. Annual inspection of fire alarm system will be done by Johnson Controls/Simplex on September 16, 2025. Plant operations will perform semi-annual testing on batteries and document results. The Plant Operations Director will monitor Compliance.	09/01/2025

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K0345 SS = F Bldg. 01	Continued from page 2 indicate any other load voltage test on the fire alarm system batteries in the past year. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of two (2) required load voltage tests of the fire alarm batteries in the past year. The fire alarm system serves the entire facility.	K0345		09/01/2025
K0353 SS = F Bldg. 01	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 STANDARD is NOT MET as evidenced by: 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	K0353	Quarterly testing will be done by an outside vender by RFS, LLC Sprinkler Systems Minot ND and results will be documented. Testing is scheduled for September 1, 2025. The Plant Operations Director and staff will monitor for compliance.	09/01/2025

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K0353 SS = F Bldg. 01	Continued from page 3 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and interview with staff determined: Quarterly flow tests of the automatic sprinkler system were not completed as required. An outside vendor completed an annual inspection on 05/20/2025. No other documentation was available indicating a flow test had been completed 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. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K0353		09/01/2025
K0500 SS = F Bldg. 01	Building Services - Other CFR(s): NFPA 101 Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is NOT MET as evidenced by: Fire dampers shall be tested and inspected in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years. All tests shall be completed in a safe manner by personnel wearing personal protective equipment. Full unobstructed access to the fire or combination fire/smoke damper shall be verified and corrected as required. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or	K0500	Fire dampers will be scheduled for testing and inspection by Johnson Controls/Simplex and documented by September 30, 2025. This will be monitored by Plant Operations Director.	09/01/2025

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K0500 SS = F Bldg. 01	Continued from page 4 other moving parts. The damper frame shall not be penetrated by any foreign objects that would affect fire damper operations. The damper shall not be blocked from closure in any way. The fusible link shall be reinstalled after testing is complete. If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating. All inspections and testing shall be documented, indicating the location of the fire damper or combination fire/smoke damper, date of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. All documentation shall be maintained and made available for review by the AHJ. 19.5, NFPA 80, 19.4 The facility failed to test and inspect fire dampers as required by NFPA 80. Documentation indicated testing of fire dampers was last completed in 2020, exceeding 4 years from this survey. Failure to maintain fire dampers in accordance with NFPA 80 increases the risk of death or injury due to fire. This deficiency affected all fire dampers in the facility.	K0500		09/01/2025
K0161 SS = B Bldg. 01	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	K0161	FSCS	09/01/2025

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K0161 SS = B Bldg. 01	Continued from page 5 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 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 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. 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 injury due to fire. This deficiency affected the entire facility.	K0161		09/01/2025

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K0311 SS = B Bldg. 01	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 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. 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 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.	K0311	FSCS	09/01/2025

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K0311 SS = B Bldg. 01	Continued from page 7 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.	K0311		09/01/2025
K0371 SS = B Bldg. 01	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 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. 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.	K0371	FSCS	09/01/2025

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K0371 SS = B Bldg. 01	Continued from page 8 This deficiency affected three (3) of fifteen (15) smoke compartments in the facility.	K0371		09/01/2025

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E0000	Initial Comments A recertification survey conducted on 08/18/2025 found Trinity Homes in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		10/02/2025

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