PRINTED: 04/09/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL075001	A. BUILDING: 01 B. WING _____	03/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE REST	354 WOODLAND DRIVE COLUMBUS, NC 28722

(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) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 3-19-2015. Information gathered from our Master Facility File indicates that this facility was first licensed for 12 beds on 8-1-1979. An old fire inspection report provided by the Owner indicates that the oldest portion of the building was in operation as early as 1968 as Ridgecrest. There were 5 bedrooms added to the building in 2006 but the capacity stayed at 12 beds. Based on this information, the older portion of the facility was surveyed using the1967 NC Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. The newer portion of the building was reviewed using the 2002 NC State Building Code, the 2000 rules for Adult Care Homes of Seven or More Beds, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. Note; The newer portion of the building is protected with an NFPA 13R fire sprinkler system.	C 000	CONSTRUCTION SECTION APR 20 2015 RECEIVED	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on review of documents, a current fire alarm inspection report was not available in the	C 111	April 16, 2015 Action completed C 111 Fire Alarm inspection was completed. Report is attached. Administrator will chart when inspection dates are due and call Fire Marshall to ensure yearly inspection.	

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C 111	Continued From page 1 home for review.	C 111		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in the ceiling of the pantry. b. Several holes in the basement ceiling had been sealed with residential fire foam. Residential fire foam used to seal many holes throughout the facility. Fire foam is not approved for use in Institutional Occupancies. 2. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include:	C 189	April 20, 2015 Action Competed C 189.1.a. Hole in ceiling of pantry has been filled with Approved commercial fire proof caulk. b. Residential fire foam has been removed from all holes throughout facility. The holes have been filled with commercial fire proof caulk. April 15, 2015 Action completed C 189 2 Two portable oxygen tanks have been returned to medical supplier. Administrator has spoken to the supplier and informed them not to leave tanks when there is no room in the rack. A sign has been posted for employees to ensure their compliance. Administrator will monitor portable oxygen tank rack to ensure proper storage on a daily basis.	

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C 189	Continued From page 2 Two portable medical oxygen cylinders were stored in no container or rack.	C 189		

2015 - 2016

FIRE AND BUILDING SAFETY INSPECTION REPORT
NORTH CAROLINA DIVISION OF SOCIAL SERVICES

INSTITUTIONAL BUILDING

FOR: ☐ CHILD CARING INSTITUTION ☐ MATERNITY HOME ☑ HOME FOR THE AGED

NAME OF FACILITY: Ridge Rest ADMINISTRATOR: Ron Herman

STREET ADDRESS: 354 Woodland Dr

CITY: Columbus STATE: NC ZIP: 28722 PHONE: 828-894-8612

TYPE OF POPULATION ADMITTTED: Aged AGE RANGE OF POPULATION: 75 +

TYPE OF CONSTRUCTION: Block/Brick wood/vinyl NUMBER OF STORIES: 1

TYPE OF HEATING SYSTEM: central H/A LOCATION: outside bldg

NUMBER OF U/L APPROVED FIRE EXTINGUISHERS: 6 PROPERLY LOCATED: ☑ YES ☐ NO PROPERLY MAINTAINED: ☑ YES ☐ NO

PROPER TYPE FIRE EXTINGUISHERS: ☑ YES ☐ NO PERSONNEL FAMILIAR WITH USE: ☑ YES ☐ NO

SMOKE DETECTION SYSTEM: ☑ YES ☐ NO U/L APPROVED: ☑ YES ☐ NO MAINTENANCE CONTRACT: ☑ YES ☐ NO

MANUAL FIRE ALARM: ☑ YES ☐ NO TYPE: Pull Station IN WORKING ORDER: ☑ YES ☐ NO

EVACUATION PLAN POSTED: ☑ YES ☐ NO FIRE DRILLS: ☑ YES ☐ NO HOW OFTEN: Quarterly

NUMBER OF APPROVED TYPE FIRE ESCAPES: N/A PROPERLY LIGHTED: ☑ YES ☐ NO SPRINKLER SYSTEM: ☑ YES ☐ NO

FIRE RATING OF WALLS AND PARTITIONS: 2 HRS CEILINGS: 2 HRS FURNACE ROOM WALLS AND CEILINGS: 2 HRS

INTERIOR STAIRWELLS INCLOSED: ☐ YES ☑ NO EXIT DOORS SWING OUT: ☑ YES ☐ NO

DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE: ☑ YES ☐ NO U/L EMERGENCY LIGHTING IN CORRIDORS: ☑ YES ☐ NO

TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER: Propane Generator 100kW CONDITION: Good

CONDITION OF BASEMENT: good USE: storage

CONDITION OF ATTIC: N/A USE: N/A

CONDITION OF BUILDING: ☑ SATISFACTORY ☐ UNSATISFACTORY

TYPES OF HAZARDS (please check those which apply)

HEATING
- ☐ Defective Furnace
- ☐ Defective Flue
- ☐ Defective Smoke Pipe
- ☐ Unsatisfactory Storage of Ashes
- ☐ Portable Heaters Used

ELECTRICAL
- ☐ Defective Fixtures
- ☐ Defective Wiring
- ☐ Defective Fuses
- ☐ Defective Lighting in Stairways and Halls

EXITS
- ☐ Halls Blocked
- ☐ Exits Blocked
- ☐ Unsatisfactory Fire Exits
- ☐ Storage on Escapes
- ☐ Inadequate Exit Lighting

MISCELLANEOUS
- ☐ Rubbish and Trash
- ☐ Unsatisfactory Fire Extinguishers
- ☐ Improper Storage and Use of Flammable Materials
- ☐ Defective Water Heater
- ☐ Storage of Mower and Garden Tractor
- ☐ Unsupervised Smoking of Residents

LOCATION OF HAZARDS FOUND: NONE

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY:

INSPECTOR: Bobby Ashe TITLE: Fire Marshal

ADDRESS: 40 Court House St. Columbus, NC 28722 DATE OF INSPECTION: 4-16-15

THIS FIRE INSPECTION IS VALID UNTIL (DATE): 4-16-16

DSS-1514 (Rev. 1/15/09)

2015

INSPECTION AND TESTING FORM

Date: 4-16-15 Time: 1 pm

SERVICE ORGANIZATION

Name: Security Appliance
Address: 54 Court House St. Columbus NC 28722
Representative: David Searcy
License No.: 357 75A
Telephone: 828-894-3029

MONITORING ENTITY

Contact: Alarm Monitoring Center
Telephone: 1-800-535-2878
Monitoring Account Ref. No.: 991363

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☑ Digital
☐ Reverse Priority ☐ RF
☐ Other (Specify) Cellular
Control Unit Manufacturer: Vista P28 FBP
Model No.:
Circuit Styles:
Number of Circuits: 8
Software Rev.:
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration Was Revised:

PROPERTY NAME (USER)

Name: Ridge Rest
Address: 354 Woodland Dr Columbus NC 28722
Owner Contact: Ron Herman
Telephone: 828-894-8612

APPROVING AGENCY

Contact: Bobby Arledge
Telephone: 828-894-6342

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☐ Annually
☑ Other (Specify) Fire Alarm Inspection

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
4	Multiplex	4	Manual Fire Alarm Boxes
0	N/A	0	Ion Detectors
17	Multiplex	17	Photo Detectors
0	N/A	0	Duct Detectors
9	Multiplex	9	Heat Detectors
1	Multiplex	1	Waterflow Switches
1	Multiplex	1	Supervisory Switches
			Other (Specify):

Alarm verification feature is ☐ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
5	Class B	5	Bells
			Horns
			Chimes
8	Class B	8	Strobes
			Speakers
			Other (Specify):

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
1	multiplex	1	Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify):

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72®, Table 6.6.1)*:

Quantity Style(s)

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage Amps

Overcurrent Protection: Type Amps

Location (of Primary Supply Panelboard):

Disconnecting Means Location:

(b) Secondary (Standby):

Storage Battery: Amp-Hr Rating

Calculated capacity in Amp-Hrs to operate system for hours

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid

☐ Nickel-Cadmium ☐ Other (Specify):

☑ Sealed Lead Acid

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in *NFPA 70*®, Article 700

Legally required standby described in *NFPA 70*®, Article 701

X Optional standby system described in *NFPA 70*®, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐	AMC	1.00
Building Occupants	☑	☐	Owner	1.00
Building Management	☑	☐	Owner	1.00
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☑	☐	Fire Marshal	1.00

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☒	☐	
Interface Equipment	☒	☐	
Lamps/LEDs	☒	☐	
Fuses	☒	☐	
Primary Power Supply	☒	☐	
Trouble Signals	☒	☐	
Disconnect Switches	☒	☐	
Ground-Fault Monitoring	☒	☐	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☐	Sealed battery unable to test
TRANSIENT SUPPRESSORS	☒		
REMOTE ANNUNCIATORS	☐	☒	
NOTIFICATION APPLIANCES			
Audible	☐	☒	
Visible	☒	☐	
Speakers	☐	☐	N/A
Voice Clarity		☐	N/A

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☑	
System Performance	☐	☑	

	Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify)	☐	☐	☐
INTERFACE EQUIPMENT			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures:

Comments:

SUPERVISING STATION MONITORING	**Yes**	**No**	**Time**	**Comments**
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Trouble Signal Restoration	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	**Yes**	**No**	**Who**	**Time**
Building Management	☒	☐		
Monitoring Agency	☒	☐		
Building Occupants	☒	☐		
Other (Specify)	☒	☐	Fire Marshal	

The following did not operate correctly:

System restored to normal operation: Date: 4-16-15 Time: 2:15

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Bobby Arledge Date: 4-16-15 Time: 2:00

Signature: Bobby Arledge

Name of Owner or Representative: Ron Herman Date: 4-16-15 Time: 2:00 pm

Signature: Ron Herman