

Division of Health Service Regulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2016	
NAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME # 3		STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806		
(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 4-8-2016. Reports indicate this 12 bed facility was first licensed on 6-19-1989. Based on this information, the facility was surveyed using the 1978 NC State Building Code for Institutional Unrestrained Occupancies, the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.	C 000	Please see attached <i>Defect</i>	
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 battery powered emergency light in the med closet would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 2. Based on observation, the wanderer alarm switch was broken at one of the exit doors. A broken switch could cause the wander alarm to fail.	C 189		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

Stella W. Jones

Administrator

4-29-16

PCR221

If continuation sheet 1 of 2

Division of Health Service Regulation

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C 189	Continued From page 1 3. Based on observation the required one-hour fire rated walls and ceilings were compromised. 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 corridor near room 7. b. Plastic plumbing access door, 20 inches by 20 inches, in the wall of the corridor. 4. Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include: The exhaust fan would not work in the employee quarters bathroom.	C 189		

April 26, 2016

Date of Survey - April 8, 2016
Richmond Hill Rest Homes #3

10A NCAC 13F.0311

1. Emergency light was removed from med closet since the closet is not used except to keep resident books. We have med carts that hold the residents medication. The exit hole left behind from the removal was covered using the appropriate sheet rock and fireproof caulking.
Completed: April 26, 2016

2. The screws were replaced on the wander alarm of the left side front door. Staff will monitor and complete a maintenance request from if repairs are needed.
Completed: April 8, 2016

3. The holes in the ceiling of the med closet were sealed with fireproof caulking. Administrator will monitor buildings on a monthly basis to ensure there are no holes. The plastic plumbing access door was replaced by the appropriate sheet rock.
Completed: April 8 and ongoing.

4. The exhaust fan was replaced in the staff bathroom. Exhaust fans will be monitored on a monthly basis to ensure they are working properly. This will be completed by property manager and recorded in the office.
Completed: May 2, 2016

Etella W. Lewis