

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/13/2017
NAME OF PROVIDER OR SUPPLIER WILLOW RIDGE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 MILTON ROAD CHARLOTTE, NC 28205		
(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 a Biennial Construction Survey Follow Up by Billy S. Bryant conducted on 01/13/2017.	{C 000}			
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors with Special (magnetic) Locking. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Finding includes: The Special Locking does not have a wiring diagram posted under glass at the fire alarm panel.	{C 101}	First Fire Protection is drawing up the wiring diagram. ED and maintenance will monitor weekly to ensure that diagrams stay in place.	2/22/17	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Conrad Dickerson

TITLE

Executive Director

(X6) DATE

2/15/17

STATE FORM

6899

839322

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/13/2017
NAME OF PROVIDER OR SUPPLIER WILLOW RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 MILTON ROAD CHARLOTTE, NC 28205			
(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 164}	Continued From page 1	{C 164}			
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the floor covering was torn and a portion was missing in the bathroom off bedroom 206. Finding on 01/13/2017: a. New flooring has been installed but the flooring wall base has yet to be installed.	{C 164}	Maintenance came in and installed wall base back. ED and maintenance will monitor to ensure flooring is completely installed properly at all times and will monitor facility for any concerns that need to be addressed.	2/7/2017	
{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 building was not maintained in a safe manner as relates to hot	{C 189}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/13/2017
NAME OF PROVIDER OR SUPPLIER WILLOW RIDGE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 MILTON ROAD CHARLOTTE, NC 28205		
(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 189}	Continued From page 2 water in a bathroom located near bedroom 115 and designated as male/female/handicap accessible. The bathroom was locked and staff stated it was used by employees only. Finding includes: The hot water tested at 150 degrees F. Finding on 01/13/2017: a. Water temperature at the same location was measured at 121.2 degrees F. Note: the bathroom is locked and is not available for use by residents.	{C 189}	Maintenace was contacted about the water temps. A new mixing valve was placed. Water temps were checked for four consecutive days three times a day. That completed form was faxed to 919-733-6592. Maintenance will continue to monitor water temps weekly throughout the facility and document.	2/3/17	