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 _____	05/17/2017

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 Construction Section Biennial Survey by Dennis Harrell on 5-17-2017. Records indicate 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 JUN 06 2017 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: 1. Based on a review of documents, the most recent fire alarm inspection report was dated 4-25-2016. Fire alarm systems must be	C111 C 111	1. POLK COUNTY FIRE MARSHAL INSPECTED RIDGE REST ON 5/18/17. THIS REPORT WAS EMAILED TO DHSR AND WAS VERIFIED AS RECEIVED ON 5/19/17 2. POLK COUNTY HEALTH DEPT INSPECTED RIDGE REST ON 5/17/17. THIS REPORT WAS EMAILED TO DHSR AND WAS VERIFIED AS RECEIVED ON 5/19/17. I HAVE INCLUDED BOTH REPORTS. 3. ADMINISTRATOR WILL MONITOR YEARLY CALENDAR OF INSPECTIONS NEEDED TO ENSURE THAT CURRENT SANITATION AND FIRE AND BUILDING SAFETY INSPECTIONS WILL BE MAINTAINED IN THE FACILTY BY CALLED THEM WELL IN ADVANCE TO INFORM THEM OF UPCOMING NEED FOR THEIR INSPECTION.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ronald W Herman — TITLE: administrator/owner — (X6) DATE: June 1 2017

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C 189	Continued From page 2 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 facility failed to be maintained in a safe condition because a battery powered emergency light would not work when tested. Battery powered emergency lights must work properly for at least 90 minutes. Finding includes: The battery powered emergency light in the basement would not work when tested. Note; This deficiency was corrected during the survey. 2. Based on observation, corridor doors are prevented from latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The smoke barrier doors would not automatically latch when closed. Note; This deficiency was corrected during the survey. b. The latchbolt was missing on the door to the pantry. Note; This deficiency was corrected during the survey.	C 189	C189 1. BATTERY POWERED EMERGENCY LIGHTS WILL BE INSPECTED ON A QUARTERLY BASIS BY THE ADMINISTRATOR TO ENSURE THEY ARE WORKING PROPERLY. 2. SMOKE BARRIER DOORS WILL BE INSPECTED QUARTERLY BY THE ADMINISTRATOR TO ENSURE THAT THEY COMPLETELY CLOSE AND LATCH PROPERLY.	

N.C. Department of Health and Human Services
Division of Public Health
Environmental Health Section

Inspection of Residential Care Facility

(For facilities, as defined, with not more than 12 residents)

Demerit Score: 3
Date of Insp/Chg: 5-17-17
Status Code: A

Health Department: Polk
Current Facility ID: 010754300008
Old Facility ID: ----------

Water Supply: ☐ Community ☐ Transient Non-Community ☒ Non-Transient Non-Community ☐ Non-Public Water Supply

Wastewater System: ☒ Community ☐ On-Site System

Water sample taken today? ☐ Yes ☐ No
☐ Inspection ☐ Re-Inspection ☐ Visit ☐ Name Change ☐ Verification of Closure ☐ Status Change

Name of Establishment: Ridge Rest
Location Address: 354 Woodland Dr
City: Columbus State: NC Zip: 28722

Permittee: Ron & Linda Herman
Number of Residents: 12
Mailing Addr.
City: State: Zip:

Classification:
☒ Approved (20 or less demerits, and no 6-point demerits)
☐ Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)
☐ Disapproved (More than 40 demerits or failure to improve provisional classification)

	Demerits	COMMENTS
1. WATER SUPPLY: Public supply; private supply approved 6 (.1611)		
2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)		HW - 121°F Milk - 41°F in code
3. FOOD SUPPLIES AND PROTECTION: **Supplies: All food clean, wholesome, no spoilage 6 (.1619)** **Protection:** Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)		Carrots - 180°F on stove top
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; **substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6**; disposable items properly stored and handled, used only once 2 (.1618)		
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)		
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)		
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)		
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)		(10) Keep boxes of briefs and specimen cups off floor (linen room)
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)		
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)	2	
11. FLOORS: In good repair 1; kept clean 2 (.1607)		
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)	1	(12) repair loose base coving in bathrooms of rooms 3 and 4
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)		
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615)		
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)		

Kept Received by: Linda Herman
Inspection by: Carrie L McGraw EHS I.D.# 2193
TOTAL DEMERIT SCORE: 3

Comment Sheet Attached ☐ Yes ☒ No

Purpose: General Statute 130A-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

DHS 2094 (Revised 07/12)

2017 - 2018

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: _____

STREET ADDRESS: 354 Woodland Dr

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

TYPE OF POPULATION ADMITTTED: aged AGE RANGE OF POPULATION: 75 T

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 N/A 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 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 Aldridge TITLE: Polk County Fire Marshal

ADDRESS: P.O. Box 308 Columbus, NC 28722 DATE OF INSPECTION: May 18, 2017

THIS FIRE INSPECTION IS VALID UNTIL (DATE): May 18, 2018

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

894 - 6342