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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
	HAL019021	A. BUILDING: 01 B. WING	04/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM RIDGE ASSISTED LIVING	114 POLKS VILLAGE LANE CHAPEL HILL, NC 27517

(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 Ed Miller and Suzanne Fay on April 26, 2017. Records indicate this facility was first licensed on April 14, 2015, for 91 beds including a Special Care Unit with 34 beds. The facility is required to meet the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 2006 North Carolina State Building Code Section 409.1-Institutional Occupancy Group I-2) Unrestrained. Deficiencies were cited that require a Plan of Correction.	C 000		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors smooth and in good repair. Findings on April 26, 2017: a. B Hall Living - a floor mounted electrical power outlet is missing its outlet cover.	C 155	outlet cover placed on power outlet	5/2/17
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Grace Griffin
TITLE: Executive Director
(X6) DATE: 5/24/17

STATE FORM 6899 Y5OW21 If continuation sheet 1 of 7

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C 164	Continued From page 1 (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 facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on April 26, 2017: a. D Hall Resident Laundry - the Exhaust fan and its radiation damper had an excessive accumulation of dust/lint.	C 164	Cleaned out exhaust fan and radiation damper - on q month schedule	4/26/17
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff, and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on April 26, 2017: a. Bedroom D07 Bathroom - the wall mounted clean out cover is off and laying on the floor.	C 166	cover placed back on wall mount	5/9/17

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C 166	Continued From page 2 b. Bedroom B09 Bathroom - the commode had a loose side hand grip (grab bar).	C 166	tightened loose side hand grip	5/5/17
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 and operating condition, because the door(s) protecting the openings in the smoke barriers did not close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on April 26, 2017: a. Smoke Barrier on A Hall - the back leaf, of the double-egress cross-corridor doors, hits the front leaf and did not close and latch into its frame when the fire alarm system released the doors. b. Smoke Barrier C Hall - the front leaf, of the double-egress cross-corridor doors, hits the frame and will not close and latch into its frame when the fire alarm system released the doors. c. Smoke Barrier C Hall - the back leaf, of the double-egress cross-corridor doors, did not latch into its frame when the fire alarm system released the doors. d. Smoke Barrier b Hall - the both leafs, of the	C 189	a.) door trimmed and latches properly b.) door trimmed and latches properly c.) door trimmed and latched properly d.) door trimmed and latched properly	5/26/17 5/26/17 5/26/17 5/26/17

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C 189	Continued From page 3 double-egress cross-corridor doors, did not close and latch into their frame when the fire alarm system released the doors. 2. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on April 26, 2017: a. A Hall Theater - the pair of corridor doors did not have latching hardware and the door closers had been removed. Doors that do not latch into their frame cannot be smoke tight. b. C Hall Gym - the pair of corridor doors did not have latching hardware and the door closers had been removed. Doors that do not latch into their frame cannot be smoke tight. c. B Hall Living - the pair of corridor doors did not have latching hardware and the door closers had been removed. Doors that do not latch into their frame cannot be smoke tight. d. A Hall Theater - the pair of corridor doors did not have latching hardware and the door closers had been removed. Doors that do not latch into their frame cannot be smoke tight. e. Bedroom D06 - the corridor door did not latch into its frame when closed. f. Bedroom C01 - the corridor door did not latch into its frame when closed. g. Bedroom B07 - the corridor door did not latch into its frame when closed. h. Dining - the right leaf, of the pair of corridor doors did not close and latch into its frame. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on April 26, 2017: a. Dry Room in Bulk Laundry - there is a gap around a conduit not firestopped as it penetrates	C 189	a.) have reached out to builder for proper latcher for door frame closures put on b.) have reached out to builder for latches to specific door frame closures put on c.) have reached out to builder for latchor to specific door frame closures put on d.) have reached out to builder for latches- closures put on e.) screws tightened & doors latched f.) screws tightened & doors latch g.) screws tightened & doors latch h.) sanded down & latches properly - will check monthly a.) fire caulked	6/8/17 6/8/17 6/8/17 6/8/17 5/2 5/2 5/2 5/5/17 5/25/17

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C 189	Continued From page 4 the fire-resistance-rated ceiling assembly. b. Bedroom D07 Bathroom - there is a gap around the heat lamp fixture not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 26, 2017: a. Bulk Laundry- the exhaust fan cover is falling down from the ceiling. b. Dryer Room in Bulk Laundry - the electrical power receptacle had a broken cover plate. c. Bedroom D07 Bathroom- the recessed light fixture in the shower is falling down from the ceiling. d. Bedroom B02 Bathroom- the electrical power receptacle was not secured to the wall. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 26, 2017: a. Kitchen -since the semi-annual maintenance of the commercial kitchen hood's fire suppression system in October 2016, there has been no documentation of the monthly inspections. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin.	C 189	b.) cover adjusted a.) tightened-fan cover b.) fire caulked plate c.) replaced recessed light d.) tightened to the wall a.) added to monthly inspection maintance Check	5/9/17 4/26/17 4/26/17 5/9/17 5/2/17 4/26/17

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C 189	Continued From page 5 Findings on April 26, 2017: a. Bedroom A01 Window Side Closet - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Bedroom C12 near Corridor Door - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 7. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on April 26, 2017: a. Bedroom D05 Corridor Side Closet -the closet was locked from the outside with "the Door Guardian", a device that does not provide an override mechanism that allows exiting from the closet. b. Bedroom D07 Corridor Side Closet -the closet was locked from the outside with "the Door Guardian", a device that does not provide an override mechanism that allows exiting from the closet.	C 189	a.) replaced escutcheon plate b) replaced escutcheon plate a.) removed all "door guardian" b.) removed all "door guardian"	5/26/17 5/26/17 5/29/17 5/29/17
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.	C 191		

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C 191	Continued From page 6 (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff, and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on April 26, 2017: a. Wellness Director Office - a portable electric space heater was found in this room. Deficiency corrected before Construction Surveyors departed the site.	C 191	removed during walk through	5/26/17

Mary Genia Griffin

From: Evan Shuping <eshuping@ridgecare.com>
Sent: Tuesday, June 13, 2017 2:10 PM
To: Mary Genia Griffin
Subject: Fwd: Activity Room Doors

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------
From: Thomas Bender <thomas.bender@chathamnc.org>
Date: 6/9/17 10:51 AM (GMT-05:00)
To: eshuping@ridgecare.com
Cc: ed.miller@dhhs.nc.gov, David Brooks <david.brooks@chathamnc.org>
Subject: Activity Room Doors

Good Morning Mr. Shuping:

This message is in regards to our recent conversation and my visit to your facility following an inspection that was conducted by the staff of the NC Department of Health and Human Services. I spoke with a person with the Department of Health and Human Services who is familiar and has knowledge of the activity room door(s) at your facility. It appears that the concern with the doors was excessive effort to open the doors by the residents with the self-closing devices. The present design and action of the closures does meet the intent and scope of the NC State Building and Fire Prevention Code. You may want to check the self-closing devices and ascertain as to if there is any adjustment that can be made that would still be in accordance with the manufacturer's recommendations of operation and any other applicable codes and/or requirements. If it is determined by another official agency that some sort of latching device may be required, it is requested that information of the type of device that is proposed to be installed be forwarded to this office for review to ensure compliance with the NC State Building and Fire Prevention Code. If I can be of further assistance to you, please contact me. **Thank You.**

Thomas K. Bender, CFI

Chatham County Fire Marshal

P.O. Box 548

Pittsboro, NC 27312

(919) 542-8259