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
	HAL062009	A. BUILDING: 01 B. WING _____	10/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDY RIDGE ASSISTED LIVING	326 BOWMAN ROAD CANDOR, NC 27229

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Suzanna Fay on 10-12-2017. Records indicate this facility was first licensed on 11-19-1996, as a HA. The facility is currently licensed for 104 Beds including an 88 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1999 Rev) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.	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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the facility failed to properly train staff on the location, use and operation of components of the Special Locking (magnetic locks). Staff that are not properly trained could fail to be able to assist properly in the event of a required evacuation. Findings include: a. Some staff were unaware of the location and use of the emergency release switches at the exit doors. b. Some staff were unaware of the location and use of the central emergency release switches. c. Most staff were not able to open the lock out covers installed over some of the emergency release switches at the exit doors.	C 101	C101 a. Train staff on location and use of emergency door release switches. Training added to monthly fire drills	10/23/17
			b. Train staff on location and use of central emergency door switches. Training added to monthly fire drills	10/23/17
			c. Lockout device removed from switch	10/30/17
			C150 a. Staff training has been placed to assure no corridor is obstructed	10/13/17
			b. Contractor has been instructed to remove all fall hazards in corridor	10/13/17
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Findings include: a. There were several in the corridor at the nurse station reducing the clear width to less than 4 feet. Note: This deficiency was corrected during the survey. b. There were 3 blankets on the floor of the corridor in the new construction area to clean worker's feet. The corridor through the new construction is a required exit path from the 400 Hall and the blankets posed a significant fall	C 150		

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C 150	Continued From page 2 hazard.	C 150		
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 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: a. A portable medical oxygen cylinder was stored in no container at all in room 202. b. A portable medical oxygen cylinder was stored in no container at all in the nurse station. c. A portable medical oxygen cylinder was stored on the window sill in room 201. Note: This deficiency was corrected during the survey. 2. Based on observation, there was a significant trip and fall hazard in the exit path between the cement pad at the 400 Hall courtyard gate and the sidewalk. Findings include: a. There was a 1.5 inch drop-off at the edge of the cement pad in the gateway. b. There was a a 2.5 inch rise at the edge of the sidewalk just outside the gateway from the	C 166	C166 1. Staff has been retrained in the safe storage of medical oxygen cylinders. All cylinders were removed from rooms 2. Trip and fall hazard has been repaired at 400 Hall courtyard with concrete walkway	10/31/17 11/01/17

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C 166	Continued From page 3 courtyard. 3. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include: Items had been stacked to within 6 inches of the ceiling in the 400 Hall storage closet. 4. Based on observation, the ice machine drain line was less than 1/2 inch above the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 166	C166 3. All items have been removed from the top shelf in 400 Hall closet. Staff has been trained on the placement of items in areas where the distance to ceiling could occur 4. Drain line has been repaired to maintain a level of 2 or more inches from the floor drain.	10/16/17 10/16/17
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 fire alarm system was intermittently showing a "Trouble" condition. Staff stated the Trouble had first been observed on the day of the survey and the Fire alarm inspection had been done just one day before.	C 189		

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C 189	Continued From page 4 Fire alarms in "Trouble" may fail to operate properly when needed. Findings include the following Trouble indications; a. Staff area 300 Hall, b. Smoke detector bedroom 308, c. Smoke detector bedroom 311, d. Smoke detector bedroom 412, e. Smoke detector bedroom dining room. 2. Based on observation, battery powered emergency lights 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. Mal-functioning lights include the following areas: a. Exit at 100 Hall, b. Nurse station 100 Hall. 3. Based on observation, several alarm sounding devices covering the emergency release switches failed to sound when opened. Alarm devices that do not work could allow resident elopement. Mal-functioning sounding devices include the following areas: a. Near room 202, b. Courtyard off 300 Hall, c. Near 300 Hall dining room, d. Courtyard off 400 Hall. 4. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding includes: The exit sign near the 300 Hall dining room was not illuminated. 5. Based on observation, corridor doors are prevented from closing quickly and latching to	C 189	C 189 1. Fire alarm trouble. Smoke and alarm test has been completed the day before survey and alarm company had a loose wire on alarm. Repairs were completed 2. Emergency lgts were replaced and a added to monthly fire drill schedule 3. Batteries on all alarm sounding devices were replaced and placed on a routine schedule for replacement 4. Exit sign on 300 Hall was repaired	10/12/17 10/16/17 10/30/17 10/16/17

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C 189	Continued From page 5 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. One of the fire rated doors at the fire wall failed to latch when closed by the fire alarm system. b. Permanent magnets were being used to hold open both 3/4 hour fire rated doors to the main laundry. Fire rated doors of 3/4 hours or more must be self closing or automatic closing on activation of the fire alarm system. c. A permanent magnet was being used to hold open the 3/4 hour fire rated door to the large resident laundry. d. The closer had been removed from one of the 3/4 hour fire rated doors to the main laundry. 6. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in 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 wall and ceiling of the main laundry above the lay-in ceiling, b. Hole at the gas line in the ceiling of the water heater room above the lay-in ceiling.	C 189	C 189 5a. Latch was repaired b. Permanent magnets were removed c. Permanent magnet was removed d. Door closure was replaced 6.a Fire caulk was replaced in wall and ceiling 6 b. Fire caulk was replaced at water heater gas line Other areas were inspected for lack of Fire caulk	10/30/17 10/25/17 10/25/17 10/25/17 10/26/17 10/26/17
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to	C 195		

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C 195	Continued From page 6 provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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: Based on observation, the hot water temperature was checked and found to be 118 degrees F. on the 100 Hall. Hot water temperature in excess of 116 degrees F. present the possibility of burning residents.	C 195	C 195 Water temperature was adjusted. Maintenance made aware re-trained to maintain temperatures between 100 and 116 degrees	10/13/17
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 199		

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C 199	Continued From page 7 This Rule is not met as evidenced by: 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. Finding includes: The exhaust fan would not work in the bathroom off the kitchen.	C 199	C 199 Exhaust fan replaced in Dietary restroom	10/19/17