STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029007	A. BUILDING: **01** B. WING _____	**12/06/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MALLARD RIDGE ASSISTED LIVING	**9420 NORTH HIGHWAY 150 CLEMMONS, NC 27012**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell conducted on December 6, 2017. Records indicate this facility was first licensed on June 3, 1998, for 100 beds including a 32 bed Special Care unit. Based on this information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for the Licensing of Adult Care Homes, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 2002 Edition of the North Carolina State Building Code Section 409.1 Group I- Institutional - Unrestrained. Deficiencies were cited that require a Plan of Correction.	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: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on December 6, 2017: a. The special locking system does not have a wiring diagram and a system components location map posted at the FACP. b. SCU Nurse Station - the central emergency release switch for the "Special Locking System" was not labled indicating its purpose. It has a label that said not to ever flip this switch.	C 101		
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 free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on December 6, 2017: a. Oxygen Room near Bedroom A-08 - 10 small	C 166		

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C 166	Continued From page 2 portable medical oxygen cylinders are stored standing, not secured. b. AL Wellness Office - 1 large portable medical oxygen cylinders is stored under the desk, not secured. c. Bedroom B-09 - 1 large portable medical oxygen cylinder us stored standing, not secured.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Technician/Manager the Facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on December 6, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present, a little description of what the rehearsal involved but did not include staff's action.	C 185		

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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 opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all by not containing the smoke of the fire in the compartment of origin. Findings on December 6, 2017: a. Smoke Barrier near Bedroom B-01 - the front leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. b. Smoke Barrier near Kitchen - the right leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on December 6, 2017: a. Corridor near Bedroom B-07 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test	C 189		

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C 189	Continued From page 4 button is pushed. b. Corridor near Bedroom B-16 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. c. Smoke Barrier near Pathway - the exit sign did not illuminate on backup power when tested. d. SCU Courtyard - the exit sign did not illuminate on backup power when tested. e. SCU Sitting Room near Courtyard - the exit sign did not illuminate on backup power when tested. f. SCU Group Assessment - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. g. SCU Nurse Station - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. h. Main Electrical room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on December 6, 2017: a. Mech Room near Pathway - there are 2-three inch PVC pipe not firestopped with an approved assembly as they penetrate the fire-resistance-rated ceiling assembly. b. Mech Room near SCU - there are 2-three inch PVC pipe not firestopped with an approved assembly as they penetrate the fire-resistance-rated ceiling assembly. 4. 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	C 189		

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C 189	Continued From page 5 contained in the Room or compartment of origin. Findings on December 6, 2017: a. SCU Laundry - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling. 5. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper operating condition. Findings on December 6, 2017: a. Residents Laundry near Bedroom A-08 - the local exhaust ventilation system was not exhausting the odors. b. Residents Laundry near Bedroom B-16 - the local exhaust ventilation system was not exhausting the odors. 6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on December 6, 2017: a. Dining Room - the pair of corridor doors when closed have a 5/8 inch gap between leafs. b. Activity Room - the pair of corridor doors when closed have a 5/8 inch gap between leafs. 7. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on December 6, 2017: a. SCU Activity - the corridor door has a Christmas tree located in the path of the door as it swings closed.	C 189		