Assisted Living & Memory Care
Ranson Ridge
Hometown-Hometown-Hospitality

13825 HUTTON LANE
HUNTERSVILLE NC 28078
704-897-2700
Main Office Fax: 704-897-2801

FAX TRANSMITTAL FORM

Construction Section

To: Dennis Harrell - DHSR	**From:** Wanda Forman
Fax: 919-733-6592	**Pages:** 11
Phone:	**Date:** 2/28/18
Re:	**CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

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Assisted Living & Memory Care
Ranson Ridge
Home town • Huntersville • Hospitality

18825 Hunton Lane
Huntersville, N.C. 28078
704-897-2700

February 28, 2018

Mr. Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR – Construction Section
2705 Mail Service Center
Raleigh, N.C. 27699-2705

Dear Mr. Harrell,

Enclosed you will find the Plan of Correction for Ranson Ridge. Please accept this as our allegation of compliance.
If you have questions please feel free to contact me at the number above.

Sincerely,

Wanda G. Lowman,
Administrator/Vice President Operations

Enclosures

PRINTED: 02/14/2018
FORM APPROVED

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
	HAL060147	A. BUILDING: 01 B. WING _____	01/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RANSON RIDGE AT THE VILLAGES OF MECKL	13825 HUNTON LANE HUNTERSVILLE, NC 28078

(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 and Ed Miller on 1-31-2018. Records indicate this facility was first licensed as a Home for the Aged serving 100 residents on 2-10-2016. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and the 2012 North Carolina State Building Code - General Construction - Section 407 Institutional Occupancy (Group I-2).	C 000	RANSON RIDGE'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIEES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.	
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 drain line from the ice machine water filter was in direct contact with the floor drain. 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	(1) WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE: The drain line from the ice machine has been raised and connected to the other drain line which is two inches above the drain by our Maintenance Supervisor, so to never touch the floor again. This was corrected on Feb. 1, 2018. HOW WILL YOU IDENTIFY OTHER AREAS OF THE FACILITY HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: Our Maintenance Supervisor has made a thorough inspection of the facility on Feb. 1, 2018, in order to find any other ice machine drain lines making contact with the floor. No other areas were noted. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The drain line from the ice machine has been raised and shortened by our Maintenance Supervisor, so to never touch the floor again. This was corrected on Feb. 1, 2018. HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: Our Maintenance Supervisor or his designee will check behind any outside contractors performing work or installations on the ice machines to make sure we are in compliance. Our Maintenance Supervisor will make the Administrator aware when an outside contractor is performing work or installations in the facility, complete a Quality Insurance (QI) Check Form after the work is performed, and give to the Administrator. The Administrator will present the QI Checks to the QI Committee on a Quarterly basis.	

	2. Based on observation, there was no documentation of the required monthly inspections since May of 2017 for the fire extinguisher in the sprinkler riser room. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.		**(2) WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE:** The fire extinguisher in the sprinkler riser room has been inspected and documented on the tag by the Maintenance Supervisor on Feb. 1, 2018, and found in good order. **HOW WILL YOU IDENTIFY OTHER AREAS OF THE FACILITY HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:** Our Maintenance Supervisor has completed a thorough inspection on Feb. 1, 2018, of the entire facility in order to find any other fire extinguisher that has not been inspected. No other fire extinguishers were found without inspection documentation on their tags. **WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:** Our Maintenance Supervisor or his designee will now use a list when checking fire extinguishers throughout the facility to make sure we are not miss any fire extinguishers during their monthly inspections. The Maintenance Supervisor or his designee will complete our Maintenance Checklist to ensure they are not missing any monthly, quarterly, or yearly inspections. **HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:** Our Maintenance Supervisor will bring the fire extinguisher inspection list along with the Maintenance Checklist to the Administrator to sign off on to double check and make sure we are in compliance. Our Maintenance Supervisor will present the fire extinguisher inspection list to the QI Committee on a Quarterly basis and the Committee will be responsible to ensure the deficient practice does not recur.	

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FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RANSON RIDGE AT THE VILLAGES OF MECKL	13825 HUNTON LANE HUNTERSVILLE, NC 28078

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C 185 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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: In the 3rd quarter of last year, there was no rehearsal done during the 3rd shift. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185 C 185	(1) WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE: 1. The Maintenance Supervisor has changed their Fire Drill Rehearsal form so that it is easier to read and easier not to overlook a fire drill rehearsal. The form was changed on Feb. 20, 2018. 2. Our Maintenance Supervisor has been in-serviced on Feb. 6, 2018, as to the proper method of documenting the fire drill rehearsals. He now fully understands what is required per State regulations HOW WILL YOU IDENTIFY OTHER AREAS OF THE FACILITY HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: 1. There is only one Fire Drill Rehearsal form for the entire facility. The Maintenance Supervisor has changed their Fire Drill Rehearsal form so that it is easier to read and easier not to overlook a fire drill rehearsal. The form was changed on Feb. 20, 2018. 2. All other areas of the facility are included and covered by the in-service our Maintenance Supervisor attended on Feb. 6, 2018, as to the proper method of documenting the fire drill rehearsals. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: 1. Our Maintenance Supervisor and his designee will both check and sign off on each entry in the fire drill rehearsal book along with the Maintenance Checklist to ensure the facility stays in compliance. The Maintenance Supervisor will bring the fire drill rehearsal book to the QI Committee on a Quarterly basis. 2. Our Maintenance Supervisor has been in-serviced on Feb.6, 2018, as to the proper method of documenting the fire drill rehearsals. He now fully understands what is required per State regulations. An instruction sheet has been included in the fire drill rehearsals book so that our current	

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or another Maintenance Supervisor or his designee can easily follow the steps to comply with the documentation requirements. This will be reviewed and entered into the Maintenance Checklist.

HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:

1. Our Maintenance Supervisor and his designee will both check and sign off on each entry in the fire drill rehearsal book along with the Maintenance Checklist to ensure the facility stays in compliance. The Maintenance Supervisor will bring the fire drill rehearsal book to the QI Committee Meeting on a Quarterly basis where it will be reviewed.
2. Our Maintenance Supervisor and his designee will both check the documentation in the fire drill rehearsal book to ensure the facility stays in compliance. The Maintenance Supervisor will bring the fire drill rehearsal book along with the Maintenance Checklist to the QI Committee Meeting on a Quarterly basis where it will be reviewed and the Committee will be responsible to ensure the deficient practice does not recur.

C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS 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, corridor doors are prevented from closing quickly and 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. One of the 1.5 hour fire doors near room 300 did not latch when activated and closed by the fire alarm system. b. The door to the beauty salon would not close and latch. c. The door to room 220 would not latch when closed. d. The door to the "Gameroom" would not latch when closed. e. The door to the "Yacht Club" would not latch when closed. 2. 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. Unsealed conduit sleeves (2) through the ceiling of the IT room, b. Unsealed conduit penetration through the ceiling of the IT room,	C 189	C 189 (1) (a)(b)(c)(d)(e) **WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE:** 1. The doors found near room 300, the Beauty Salon, near room 200, near the "Gameroom", and near the "Yacht Club" were all adjusted by our Maintenance Supervisor or his designee and verified by the Administrator on Feb. 6, 2018. 2. The open areas around the covered (sleeved) and uncovered conduit have been sealed with the proper fire-retardant sealant on Feb. 6, 2018. The sprinkler escutcheons found will all be adjusted to the correct fit by Feb. 23, 2018. 3. The two exit signs outside the "Gathering" room could not be seen by the State Inspector due to it being a very sunny day, however he stated they may be on but he could not tell. On Jan. 31, 2018, the evening of the survey, the two exit signs outside the "Gathering" room were found to be fully illuminated as required by State regulations. No corrective action was necessary. The lighted exit sign found hanging by wires in the kitchen had in fact been wrote up on our Maintenance Request the morning of Jan. 31, 2018, the date of the State Building Inspection. The Assistant Maintenance Supervisor removed the light, repaired this fixture, and reinstalled it the same day. 4. The GFIs near the generator and the Memory Care side yard were inspected by our Maintenance Supervisor and found to be faulty (not a power issue) on Feb. 1, 2018. All other outside GFIs were inspected this same day. No other GFIs were found faulty. The two GFIs were also ordered same day. The two new GFIs came in and were installed on Feb. 8, 2018. 5. The exterior light at the generator was repaired on Jan. 31, 2018 by our Maintenance Supervisor. **HOW WILL YOU IDENTIFY OTHER AREAS OF THE FACILITY HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:** 1. Our Maintenance Supervisor and his designee made a thorough inspection on Feb. 8, 2018, of all the doors in the facility in order to find any other doors require adjusting in order to latch or close. No other doors with issues were found. 2. Our Maintenance Supervisor and his designee have made a thorough inspection on Feb. 12, 2018, of the facility in order to find any other unsealed areas around cables, wires, or conduit in the facility or traveling thru fire walls or ceilings. No other areas were found. Our Maintenance Supervisor had made a thorough inspection on Feb. 9, 2018, of all the sprinkler escutcheons in the facility in order to find any other sprinkler escutcheons	

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c. Sprinkler escutcheon not tightly fitted to the ceiling in the corridor near room 212.
d. Sprinkler escutcheon not tightly fitted to the ceiling in the Spa.
e. Sprinkler escutcheon not tightly fitted to the ceiling in the medroom.
f. Sprinkler escutcheon not tightly fitted to the ceiling in the ceiling of the porch near the kitchen.

3. 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 an evacuation in an emergency. Findings include:
a. The exit signs (2) in the "Gathering" courtyard were not illuminated.
b. An exit sign in the kitchen was hanging by the wires.

4. Based on observation, there was no power at exterior GFCI type receptacles. With no power, the GFCI type receptacles could not be tested properly.
GFCI receptacles without power are located;
a. Near the generator,
b. Memory Care sideyard.

5. Based on observation, an exterior light at the generator had fallen apart so that it could not work and it exposed electrical wiring. Note; This deficiency was corrected during the survey.

not fitting properly to the ceiling. One other sprinkler escutcheon was found and corrected.
3. Our Maintenance Supervisor has made a thorough inspection on Feb. 1, 2018, of all lighted exit signs in the facility. No other lighted exit signs were found with issues.
Our Maintenance Supervisor has made a thorough inspection on Feb. 1, 2018, of all lighted exit signs in the facility. No other lighted exit signs were found with issues.
4. The GFIs near the generator and the Memory Care side yard were inspected by our Maintenance Supervisor and found to be faulty (not a power issue) on Feb. 1, 2018. All other outside GFIs were inspected this same day. No other GFIs were found faulty. The two GFIs were also ordered same day. The two new GFIs came in and were installed on Feb. 8, 2018.
5. Our Maintenance Supervisor has made a thorough inspection on Feb. 2, 2018, of the facility in order to find any other outside lights not working properly. No other lights were found that were not working properly.

WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:

1. Our Maintenance Supervisor or his designee will inspect all facility doors on a quarterly basis to ensure all doors close and latch properly. They will document this inspection on the Maintenance Checklist.
2. The Maintenance Supervisor and his designee have been instructed to check behind any and all future outside contractors performing work or installations to the facility to make sure we are in compliance and no open areas around cables, wires, or conduit are left.
Our Maintenance Supervisor or his designee will inspect the entire facility to find any sprinkler escutcheons not fitting properly to the ceiling on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist.
3. Our Maintenance Supervisor or his designee will inspect all lighted exit signs in the entire facility on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist.
Our Maintenance Supervisor or his designee will inspect all lighted exit signs in the entire facility on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist.
4. Our Maintenance Supervisor or his designee will inspect all outside GFIs on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist.
5. Our Maintenance Supervisor or his

Continued From page 5

designee will inspect all outside lights on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist.

HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:

1. A complete list of facility doors that need to be checked will be made on Feb. 20, 2018. Our Maintenance Supervisor and his designee will both check and sign off on the facility door list to ensure the facility stays in compliance. The Maintenance Supervisor will bring the facility door list along with the Maintenance Checklist to the QI Committee on a Quarterly basis for review.
2. Our Maintenance Supervisor or his designee will check behind any and all future outside contractors performing work or installations to the facility to make sure we are in compliance and no open areas around cables, wires, or conduit are left. Our Maintenance Supervisor will make the Administrator aware when an outside contractor is performing work or installations in the facility, complete a QI Check Form after the work is performed, and will present the QI Checks to the QI Committee on a Quarterly basis.
   Our Maintenance Supervisor or his designee will inspect the entire facility to find any sprinkler escutcheons not fitting properly to the ceiling on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist. The Maintenance Supervisor will bring the Maintenance Checklist to the QI Committee on a Quarterly basis for review
3. Our Maintenance Supervisor or his designee will inspect all lighted exit signs in the entire facility on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist. The Maintenance Supervisor will bring the Maintenance Checklist to the QI Committee on a Quarterly basis for review.
   Our Maintenance Supervisor or his designee will inspect all lighted exit signs in the entire facility on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist. The Maintenance Supervisor will bring the Maintenance Checklist to the QI Committee on a Quarterly basis for review.
4. Our Maintenance Supervisor or his designee will inspect all outside GFIs on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist. The Maintenance Supervisor will bring the Maintenance Checklist to the QI Committee

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	Continued From page 6		on a Quarterly basis for review 5. Our Maintenance Supervisor or his designee will inspect all outside lights exit on a quarterly basis to make sure we are in compliance. They will document this inspection on the Maintenance Checklist. The Maintenance Supervisor will bring the Maintenance Checklist to the QI Committee on a Quarterly basis for review and the Committee will be responsible to ensure the deficient practice does not recur.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (c) 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. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Findings include: There was a portable electric heater found in the bathroom off room 307.	C 191	C 191 WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE: The electric space heater found in room 307 was removed on Jan. 31, 2018, same day as the survey. HOW WILL YOU IDENTIFY OTHER AREAS OF THE FACILITY HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: Our Maintenance Supervisor has made a facility wide inspection on Feb. 2, 2018, in order to locate any other unvented fuel burning or portable electric heaters. No other heaters were found in the facility. WHAT MEASURES WILL BE PUTINTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The Administrator made sure our admission booklet for our residents included a notice stating "residents and family members cannot bring heaters into the facility", which it does. Our Maintenance Supervisor or his designee will inspect the facility, including all resident rooms, on a quarterly basis to make sure no heater are in the facility and we are in compliance. They will document this inspection on the Maintenance Checklist. HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: Our Maintenance Supervisor or his designee will inspect the facility, including all resident rooms, on a quarterly basis to make sure no heater are in the facility and we are in compliance. The Maintenance Supervisor or his designee will document this inspection on the Maintenance Checklist. The Maintenance Supervisor will bring the Maintenance Checklist the QI Committee on a Quarterly basis for review and the Committee will be responsible to ensure the deficient practice does not recur.	

Division of Health ServiceRegulation

D 378	10a NCAC 13F .1006 (b) Medication Storage 10a NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration This Rule is not met as evidenced by: Based on observation, the medication storage room in Special Care was found to be unlocked and unsupervised. A medication cabinet inside the storage room was also unlocked and there were many blister packs of medications immediately available to anyone who wandered	D 378	D 378 **WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE:** The medical storage room door in the Special Care (Memory Unit) was immediately locked within minutes of said door being found on Jan. 31, 2018, same day as the survey. The Maintenance Manager has changed the door locks on both Med Rooms on Feb.27, 2018, so that they automatically lock and employees must use a key to open each and every time. **HOW WILL YOU IDENTIFY OTHER AREAS OF THE FACILITY HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:** Our Resident Service Director made a thorough inspection on Jan. 31, 2018, of our medical storage room door in the Assisted Living Unit. The other medical storage room was not found to be open or available. The facility only has two medical storage rooms where medications are stored. The Maintenance Manager has changed the door locks on both Med Rooms on Feb. 27, 2018, so that they automatically lock and employees must use a key to open each and every time. **WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:** Our Maintenance Supervisor has installed door locks on both Med Rooms which must be opened via a key each time (cannot be permanently unlocked) to make sure the doors stays locked. The Resident Service Director has in-serviced the Nursing Department as to keep the cabinet doors, inside the doors, shut as well. The medications that are kept inside the cabinet are not narcotics, therefore, not required to be double locked. **HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E. WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:** Our Resident Service Director or Nurse Manager will inspect and document on a QI Check Form monthly to make sure the med rooms are locked and cabinet doors are shut when not in use to make sure we are in compliance. Our Resident Service Director will complete a QI Check Form and present the QI Check Form to the QI Committee on a Quarterly basis and the Committee will be responsible to ensure the deficient practice does not recur.	