

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL011191</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                      | (X3) DATE SURVEY COMPLETED<br><br><b>03/13/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RICHMOND HILL REST HOME # 2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>95 RICHMOND HILL ROAD<br/>ASHEVILLE, NC 28806</b> |                                                                                                                 |                                                     |
| (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<br><br>Report of Construction Section Biennial Survey by Dennis Harrell on 3-13-2018.<br><br>Records indicate this 12 bed facility was first submitted or licensed on 5-5-1989. Based on this information, the facility was surveyed using the 1978 NC State Building Code for Institutional Unrestrained Occupancies, the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.                                                                                                                                                                                                                                                                                                                                                                                                  | C 000                                                                                         | <i>Please see attached</i>                                                                                      |                                                     |
| C 189                                                                  | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation the required one-hour fire rated ceiling was compromised in a location. 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.<br>Finding includes:<br>Unsealed wire penetration in the ceiling above the nurse's desk. | C 189                                                                                         |                                                                                                                 |                                                     |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

Y7DG21

If continuation sheet 1 of 2

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL011191</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/13/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RICHMOND HILL REST HOME # 2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>95 RICHMOND HILL ROAD<br/>ASHEVILLE, NC 28806</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 195                                                                  | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C 195                                                                                         |                                                                                                                          |                                                        |
| C 195                                                                  | Hot Water System<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(d) The hot water system shall be of such size to<br>provide an adequate supply of hot water to the<br>kitchen, bathrooms, laundry, housekeeping<br>closets and soil utility room. The hot water<br>temperature at all fixtures used by residents shall<br>be maintained at a minimum of 100 degrees F<br>(38 degrees C) and shall not exceed 116 degrees<br>F (46.7 degrees C).<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation, the hot water temperature<br>was checked and found to be only 90 degrees F.<br>in the men's bathroom. Hot water temperature<br>must be maintained between 100 and 116<br>degrees F. | C 195                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

STATE FORM

6899

Y7DG21

If continuation sheet 2 of 2

Biennial Construction Survey  
Date – March 13, 2018

SOD and POC  
Richmond Hill Rest Homes #2

**10 A NCAC 13F .0311**

Meeting with all staff members to go over what they need to observe during their day-to-day activities in each home. Maintenance request forms will be faxed to the office and completed within five (5) business days. Administrator and/or designee will monitor the maintenance request and their completion.

Completion Date: March 22, 2018 and Ongoing

Weekly hot water temperatures will be completed weekly and monitored by the administrator or designee.

Completion Date: March 22, 2018 and Ongoing

All GFCI receptacles will be monitored monthly by maintenance staff and reviewed by administrator or designee.

Completion Date: March 22, 2018 and Ongoing

The holes located in the fire rated walls in the SIC quarters and mope room were repaired on March 21, 2018.

Please see the attached worksheet for repairing the issues found at each home and along with the completion date. As of March 22, 2018 all repairs were completed.

**House # 1**

Shower head replaced on March 22, 2018.

Corridor door – door to dining room will not latch when closed. Completed March 22, 2018 with new doorknob.

Ceiling compromised in nurse's station. Completed repair March 22, 2018 with fire rated caulking.

Hot water temperature registering 90 degrees – temperature increased March 22, 2018. Please see log attached.

**House #2**

Ceiling compromised in nurse's station. Completed repair March 22, 2018 with fire rated caulking.

Hot water temperature registering 90 degrees – temperature increased March 22, 2018. Please see log attached.

**House #3**

Ceiling compromised in nurse's station. Completed repair March 22, 2018 with fire rated caulking.

GFCI in Men's bathroom #1 replaced March 20, 2018.

**House #4**

Ceiling compromised in nurse's station. Completed repair March 22, 2018 with fire rated caulking.

Hot water temperature registering 90 degrees – temperature increased March 22, 2018. Please see log attached.

**House #5**

Ceiling compromised in nurse's station. Completed repair March 21, 2018 with fire rated caulking.

Hot water temperature registering 90 degrees – temperature increased March 21, 2018. Please see log attached.

Hole in the SIC quarter wall and mop closet wall repaired March 21, 2018

The Doorknob to the living room replaced March 21, 2018

Doorknob replaced on #7 door March 21, 2018

Door to the dining room adjusted to fit opening repaired on March 21, 2018

Door #1 adjusted to repair drag at top March 21, 2018

GFCI replaced in the men's bathroom #1 March 21, 2018

## All Staff Members of Richmond Hill Rest Homes

Please be aware that whenever you notice something requires maintenance you must complete the Maintenance Request Form and fax to the office as soon as it is noticed. This includes but is not limited to the surrounds of each home, example: doors that do not latch, door handles that do not latch, holes in any sheet rock or doors, fixtures that are broken, all doors must close without rubbing frame, water temperatures that are over or under the state regulation (see specific rule below). Maintenance Request form attached.

### **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.

(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.

- (1) Built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings.
- (2) Unvented fuel burning room heaters and portable electric heaters are prohibited.
- (3) Fireplaces, fireplace inserts and wood stoves shall be designed or installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves shall be U.L. listed.
- (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.
- (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner.

(c) Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).

**(d) The hot water system shall be of such size to 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).**

(e) All multi-story facilities shall be equipped with elevators.

(f) In addition to the required emergency lighting, minimum lighting shall be as follows:

- (1) 30 foot-candle power for reading;
- (2) 10 foot-candle power for general lighting; and
- (3) 1 foot-candle power at the floor for corridors at night.

(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.

(h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.

- (i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.
- (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices.
- (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

# 2

## Weekly Water Temperatures

RH # 2Week 1Bath room #1 110.4Bath room #2 107.2Shower 109.8Date 3-23-18Bath room #3 105.1Shower 105.7Time 844 AMBath room #4 86.4 = Check again after ~~checking~~  
checking Bath room 3 107.6Int. FFBath room #5 110.6Bath Tub 106.2Week 2Bath room #1 109.3Bath room #2 108.8Shower 109Date 3-23-18Bath room #3 109.5Shower 108Time 236 pmBath room #4 110.5Int. FFBath room #5 109.1Bath Tub 106.9Week 3

Bath room #1 \_\_\_\_\_

Bath room #2 \_\_\_\_\_

Shower \_\_\_\_\_

Date \_\_\_\_\_

Bath room #3 \_\_\_\_\_

Shower \_\_\_\_\_

Time \_\_\_\_\_

Bath room #4 \_\_\_\_\_

Int. \_\_\_\_\_

Bath room #5 \_\_\_\_\_

Bath Tub \_\_\_\_\_

Week 4

Bath room #1 \_\_\_\_\_

Bath room #2 \_\_\_\_\_

Shower \_\_\_\_\_

Date \_\_\_\_\_

Bath room #3 \_\_\_\_\_

Shower \_\_\_\_\_

Time \_\_\_\_\_

Bath room #4 \_\_\_\_\_

Int. \_\_\_\_\_

Bath room #5 \_\_\_\_\_

Bath Tub \_\_\_\_\_

## WATER TEMPERATURE LOG

[illegible]

WATER TEMPERATURES ARE TO BE CHECKED WEEKLY AND RECORDED. VARIANCES ABOVE OR BELOW STATE REGULATIONS ARE TO REPORTED TO THE ADMINISTRATOR  
TEMPERATURES ABOVE 116 ARE TO NECESSITATE IMMEDIATE ACTION

RHRH MAINTENANCE REQUEST FORM

UNIT # \_\_\_\_\_

REQUEST

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REQUESTED BY \_\_\_\_\_

DATE REQUESTED \_\_\_\_\_

DATE COMPLETED AND INITIALS \_\_\_\_\_