

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>HAL012040</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                                                                                                                           | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>07/19/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>JONAS RIDGE ADULT CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9051 HWY 181</b><br><b>JONAS RIDGE, NC 28641</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 Complaint Follow Up Construction Survey by Dennis Harrell on 7-19-2018.<br><br>Some deficiencies were not corrected. Further action is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {C 000}                                                                                      | C116 -<br>Plans have been submitted to the department and we are awaiting approval.<br><br>The recommended type of fire dampers have been ordered by the HVAC company and we are awaiting their arrival.                            | 8/31/18                                                         |
| {C 116}                                                           | Plans Submittals and Approvals<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0304 PLANS AND SPECIFICATIONS<br>(a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents.<br>(b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.<br>(c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.<br>(d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.<br>(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and | {C 116}                                                                                      | Once received the new dampers will be immediately installed per the manufacturer's directions.<br><br>All functioning vents will be replaced first and then the ones on the units not yet in operation will be placed as installed. |                                                                 |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Lauren Reavis Ware, President

8/13/18



Division of Health Service Regulation

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| {C 116}                                                           | <p>Continued From page 1</p> <p>shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.</p> <p>(f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview with staff, several construction and remodeling projects were either planned or ongoing and in various stages of completion. Based on interview with facility staff, it was not determined if all required building permits had been obtained from the local Building Inspection Department. Re-review of Construction Section records on 05-31-2018 confirmed that Construction Documents had not been submitted to the Construction Section.</p> <p>1. Finding on 7-19-2018;<br/>h. Several gas packs have been set on pads around the facility with the intent to run supply and return ducts through the roof and use the attic for distribution. Several duct penetrations for supplies and returns have been installed in the ceilings. The ceiling penetrations are provided with ceiling radiation dampers, however, the newly installed dampers are as much as 16 inches above the plane of the ceiling.<br/>When Construction Documents are submitted, please provide manufacturer's specifications indicating it is acceptable to install the dampers this way OR install the dampers in accordance with manufacturer's specifications.</p> | {C 116}                                                                                      |                                                                                                                          |                                                                    |

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