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
	HAL005015	A. BUILDING: 01 B. WING _____	08/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST RIDGE	151 VILLAGE PARK DRIVE WEST JEFFERSON, NC 28694

(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 Biennial Construction Section Survey report by Frank Strickland on 08/10/2018: This facility was licensed on 07/12/2002 for 60 residents with a (18 BED SCU). Based on this information, we are requiring that this facility meet the the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Regulations for Adult Care Home of Seven or More Beds and the 2002 Edition of the North Carolina State Building Code, Section 407.1 -Institutional Occupancy I-2. Deficiencies have been cited and a Plan of Correction is required.	C 000		
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, this facility has failed to maintain an obstruction and hazard free environment. Findings on 08/10/2018: The carpet seam is unattached to the floor that is presenting a trip hazard, that is located in the 100 HALL outside Room 115.	C 166	Maintenance Director trimmed carpet of all frayed material. Used contact cement to adhere remaining loose material back to under flooring. Remaining community flooring inspected and no further hazards found.	8/22/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Executive Director / Administrator (X6) DATE 8/22/18