STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL095008	A. BUILDING: **01** B. WING _____	**09/12/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERFIELD RIDGE ASSISTED LIVING	**287 BAMBOO ROAD BOONE, NC 28607**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on September 12, 2018. Records indicate this facility was first licensed on 3-25-1999. The facility is currently licensed for 96 beds including 44 beds in the SCU. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 with 1999 revisions of the North Carolina State Building Code(s), Intuitional Occupancy Unrestrained, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited that require a Plan of Correction.	C 000		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on September 12, 2018: a. Dining Room - the side exit is blocked with a couch like chair, positioned on the exterior in front of the door.	C 150		

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C 166	Continued From page 1	C 166		
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 September 12, 2018: a. Bedroom A-09 - one portable medical oxygen cylinder is standing up on the floor not physical secured in racks, stands or chained to the structure. 19 portable medical oxygen cylinder were stored properly. 2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on September 12, 2018: a. SCU Assisted Bath- a towel bar is broken and its mounting bracket hardware remain, exposing sharp and rough edges to all.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT	C 183		

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C 183	Continued From page 2 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on September 12, 2018: a. Laundry - the portable fire extinguishers gauge indicated that recharging is required.	C 183		
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	C 189		

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C 189	Continued From page 3 to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on September 12, 2018: a. A Hall Smoke Barrier - the front 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 was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on September 12, 2018: a. Dining - the push of the right side panic bar did not release the door. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on September 12, 2018: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in March 2018, there has been no documentation of the monthly in-house/owner inspections. b. Kitchen - the commercial kitchen hood's suppression system does not have a nozzle correctly aimed at the deep fryer to extinguish a fire.	C 189		

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C 189	Continued From page 4 4. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on September 12, 2018: a. Laundry - the corridor door, part of the fire-resistance-rated enclosure, is being held open with a permanent magnet. Deficiency corrected before Construction Surveyors departed site. 5. 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 contained in the room of origin. Findings on September 12, 2018: a. Business Office - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling. b. Bedroom A-07 - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening. c. Pantry - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening. d. Kitchen - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening. e. Bedroom B-14 - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening. f. Bedroom B-12 - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening. g. Nurse Station - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening. h. Water Heater Room - the escutcheon plate	C 189		

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C 189	Continued From page 5 on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on September 12, 2018: a. Activity Room- the corridor door has a wreath hanger that interferes with closing and latching the door into its frame. Deficiency corrected before Construction Surveyors departed site. b. Activity Room - the inactive leaf of the double corridor door leafs is equipped with a manual flush bolt which does not automatically latch into its frame when both leafs are closed. c. Activity Room - the double corridor door leafs have an excessive gap between their meeting edges, ranging between acceptable to 3/8 inches. This gap is not smoke tight. d. Dining Room - the double corridor door leafs have an excessive gap between their meeting edges, ranging between1/4 to 3/8 inches. This gap is not smoke tight. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 12, 2018: a. Riser Room - there is junction box with energized components without a cover plate.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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	C 199		

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C 199	Continued From page 6 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. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on September 12, 2018: a. A Hall Housekeeping Closet - the required exhaust ventilation system did not work, and there is odor. b. Bedroom A-01 - the required exhaust ventilation system did not work.	C 199		