

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER WILLOW RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 MILTON ROAD CHARLOTTE, NC 28205		
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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 8-29-2018. Records indicate this facility was first licensed on 3-7-1988. The facility is currently licensed as a 52 Bed Special Care Unit. 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 1978 (Revision 8) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1987 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to	C 101		

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

Shimika Bowers

TITLE

Executive Director

(X6) DATE

9/21/18

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C 101	Continued From page 1 meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors with Special Locking System. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Finding on 8-29-2018: There was no wiring diagram posted under glass at the fire alarm panel.	C 101	Section .0300-Physical Plant 10A NCAC 13F .0301 In regards to the wiring diagram posted under glass at the fire alarm panel maintainece will complete	10/12/18
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 in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 8-29-2018: a. Several (7) portable medical oxygen cylinders were stored in an unapproved plastic crate in the closet off the living room. b. A plastic beverage crate was found in the oxygen storage area. Note; These deficiencies were corrected during the survey. 2. Based on observation there was a hasp on the	C 166	Section 0300- Physical plant 10A NCAC 13F .0306 Housekeeping and Furnishings The oxygen cylinders were transferred to the appropriate crate	8/29/18

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C 166	Continued From page 2 outside of a closet door in room 205. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. Note; This deficiency was corrected during the survey. 3. Based on observation, part of the latch assembly was missing on one of the smoke barrier doors near bedroom 209. The missing hardware exposed sharp edges. 4. Based on observation, the ice machine drain line extended into the floor drain. Ice machine 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	The lock was removed from the closet during survey The parts were ordered by maintenance and will be replaced In regards to the ice machine drain line that extended into the floor drain will be corrected by maintenance	8/29/18 10/13/18 10/9/18
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:	C 185	Section .0300- Physical Plant 10A NCAC 13F .0309 Plan for evacuation In regards to fire drill rehearsals not being done reguarly with at least one shift per quarter. Fire drills were scheduled on 2nd and 3rd shifts to assure regulatory and safety compliance. These will continue every shift every quarter going forward to assure compliance. The ED or designated manager will conduct the scheduled fire drill rehearsal and placed in a binder for review. In addition a decription of what occurred during each fire drill will be documented and also placed in the binder for review.	9/1/18

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C 185	Continued From page 3 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: a. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 3rd quarter of last year, there was no rehearsal done during the 2nd 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 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, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. Dining room, b. #12 on back hall.	C 189	Section .0300-Physical Plant 10A NCAC 13F .0311 Other requirements In regards to the battery powered emergency lights and the malfunctioning lights in the dining room and #12 on the back hall will be corrected. Maintenance has ordered materials needed to correct	10/13/18

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C 189	Continued From page 4 2. 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. The door to room 110 would not latch when closed. b. The door to the hopper room is not smoke tight near the latch. c. The door to the adjacent Men's room is not smoke tight near the latch. d. The door to the adjacent Women's room is not smoke tight near the latch. e. The door to the living room is not smoke tight near the latch. f. There was a hole at the latchset through the door to the maintenance room. g. The door to the 100 Hall Shower room is very hard to close and latch. h. The door to room 201 is very hard to close and latch. 2. Based on observation, the facility failed to maintain electrical systems in a safe condition. Obstructions could delay access to the panel circuit breakers in an emergency. Finding on 8-29-2018; There were many items stored directly in front on the electrical panels in the closet off the TV room.	C 189	2a-f Maintenance has ordered latches and materials to correct all the identified doors and will be corrected G. The door to the 100 hall shower has been corrected H. The door to room 201 has been corrected 2. The closet has been cleaned out	10/13/18 9/18/18 9/18/18 9/18/18
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be	C 199	Section .0300-Physical Plant 10A NCAC 13F .0311 Other Requirements	

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C 199	Continued From page 5 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. (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 maintain required exhaust in a working condition. Finding on 8-29-2018; The exhaust provided was not working in the bathroom off room 210.	C 199	The exhaust in bathroom room 210 has been corrected	9/20/18