PRINTED: 10/02/2018
FORM APPROVED

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
	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

(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 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	Was fixed while Contractors are on site- furniture was removed from in front of the door	9/12/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: A R Berry TITLE: Executive Director (X6) DATE: 10/12/18

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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	Spoke with resident and educated all cylinders must be in rack to be stored appropriately. All cylinders not in racks were picked up by oxygen company. See picture #1- mounting brackets hardware removed from wall.	9/18/18 9/18/18
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	Fire Extinguishers were serviced in September. See Attachment #1	9/18/18
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	Adjusted lock mechanism so doors latch- see attachment video #1. Adjusted panic bar mechanism to allow release of the door- video #2. Maintenance Director has put in place a monthly monitoring check See picture #3 Moved deep fryer under suppression system - See picture #4.	9/18/18 9/18/18 9/18/18 9/18/18

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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	Maintenance Director removed magnet while surveyors were present Placed wider escutcheon plates over fire sprinklers a. See Picture 5 b. See Picture 6 c. See Picture 7 d. See Picture 8 e. See Picture 9 f. See Picture 10 g. See Picture 11 h. See Picture 12	9/12/18 9/18/18

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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	a. Removed wreaths while Surveyors were present b. Manual bolt door is closed and locked at all times to allow other door to close and latch c. Put in astragal See Picture #13 d. Put in astragal See Picture #14 a. A cover plate was placed over junction box in riser room See Picture #15	9/12/18 9/18/18 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 provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This	C 199		

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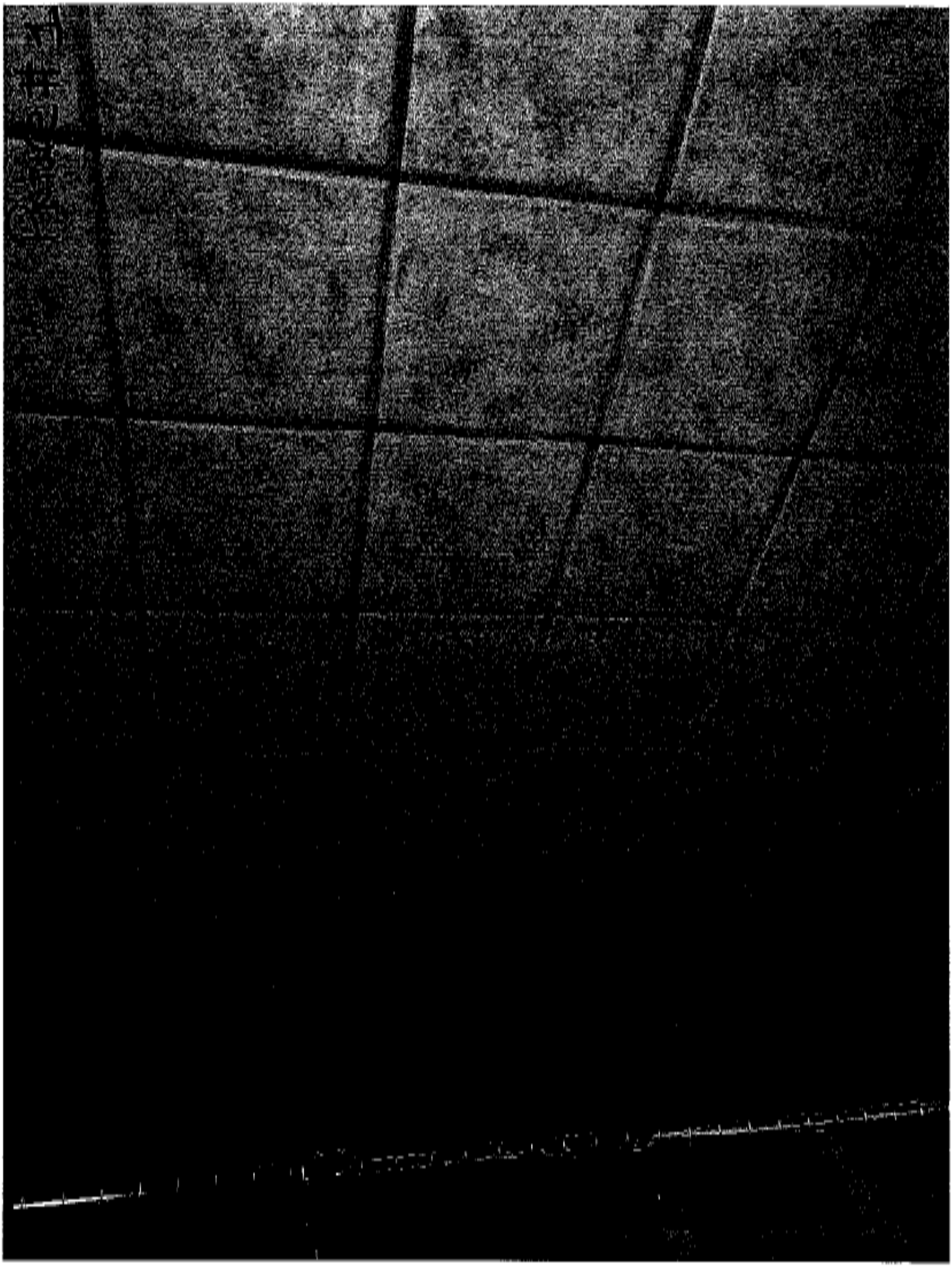
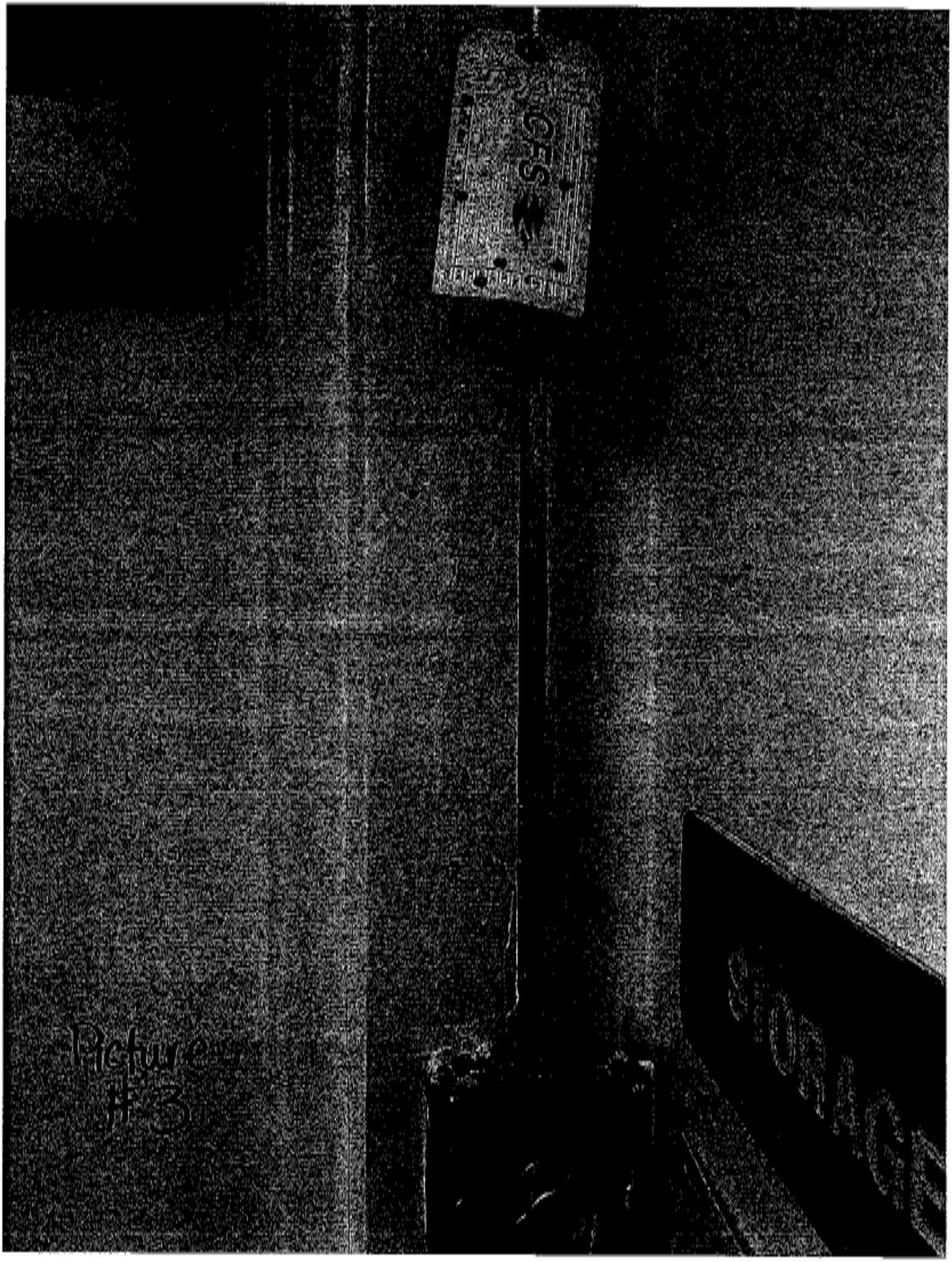
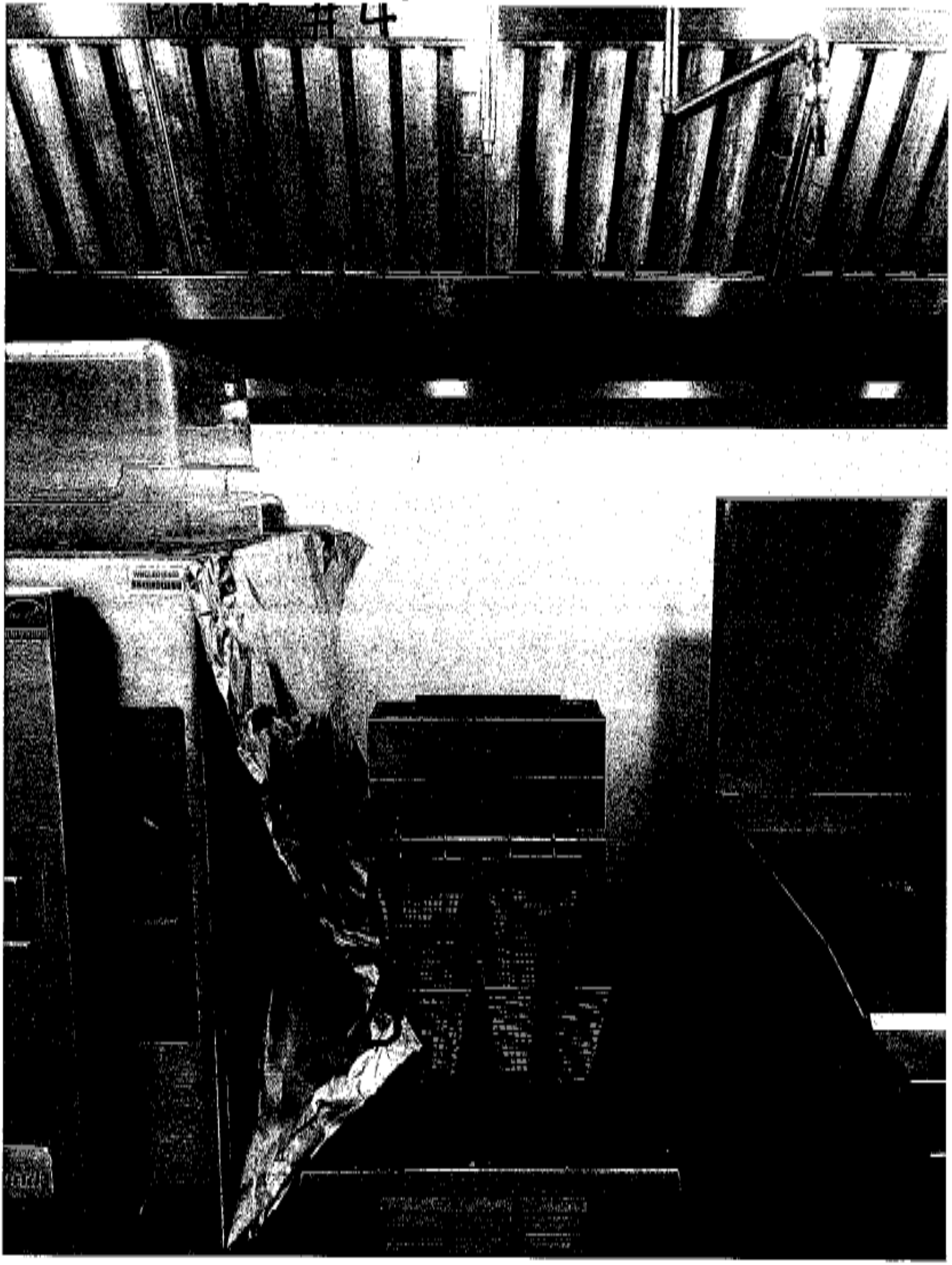
C 199	Continued From page 6 requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall 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	a. A new adequate exhaust fan was installed. See Picture #16 b. See Picture #17 See invoice for purchase of exhaust fan- Attachment #2	9/27/18 9/27/18




DO NOT REMOVE
Traci
CFS
CAROLINA FIRE SYSTEMS
Statesville, NC 704-872-3222
Mocksville, NC 336-492-7631
2017
2018


CFS
Picture
#3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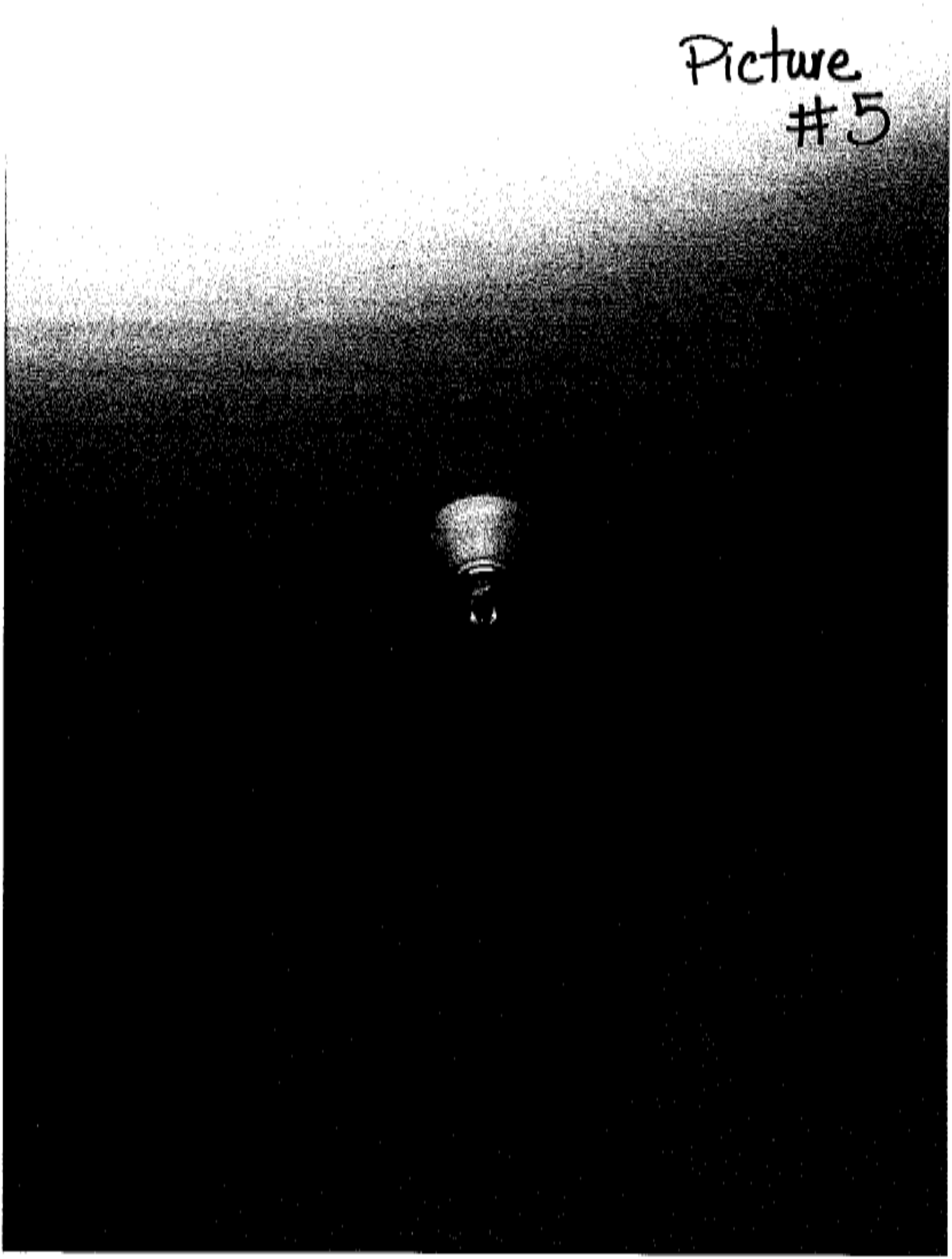
Picture #5

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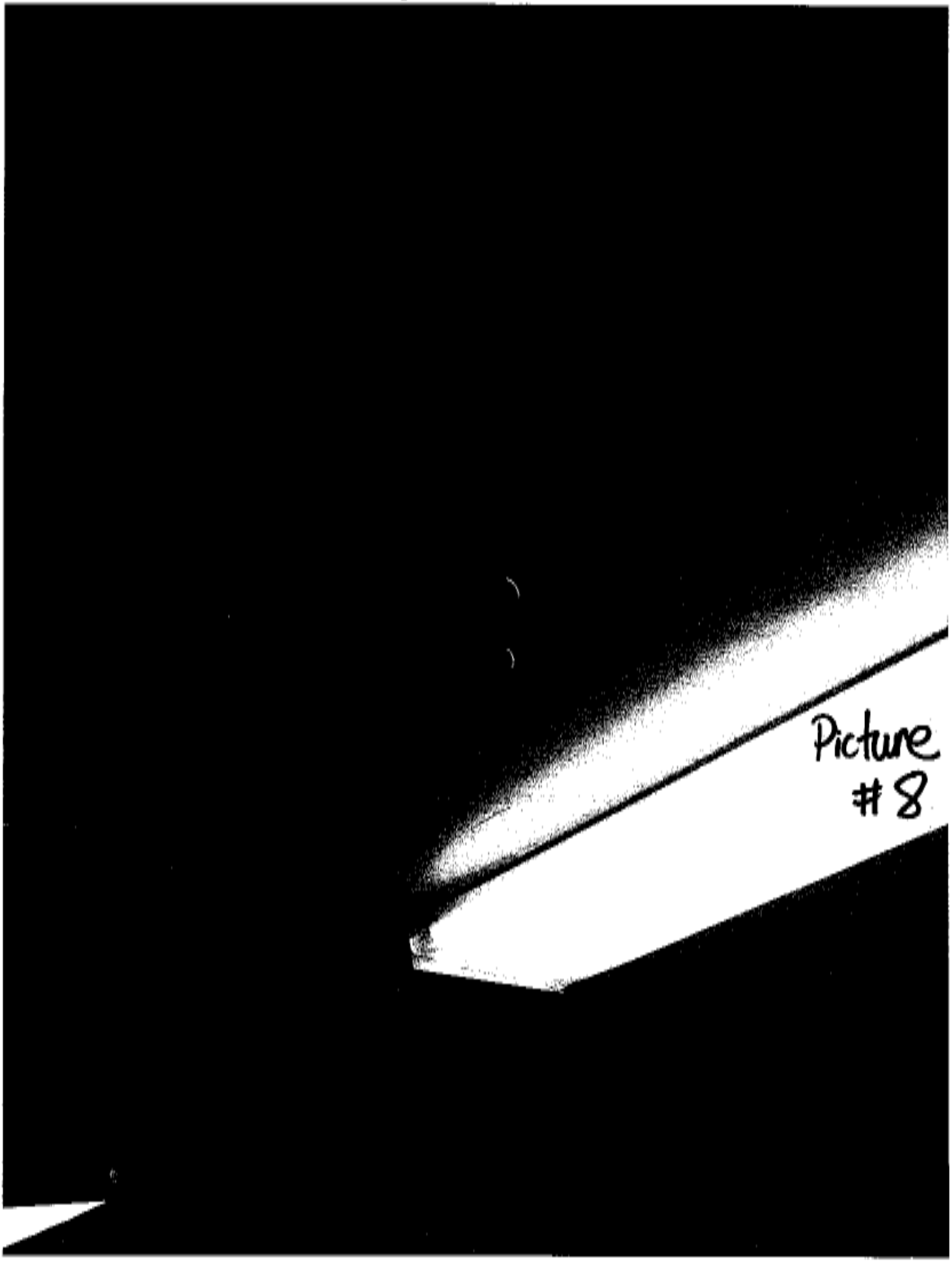
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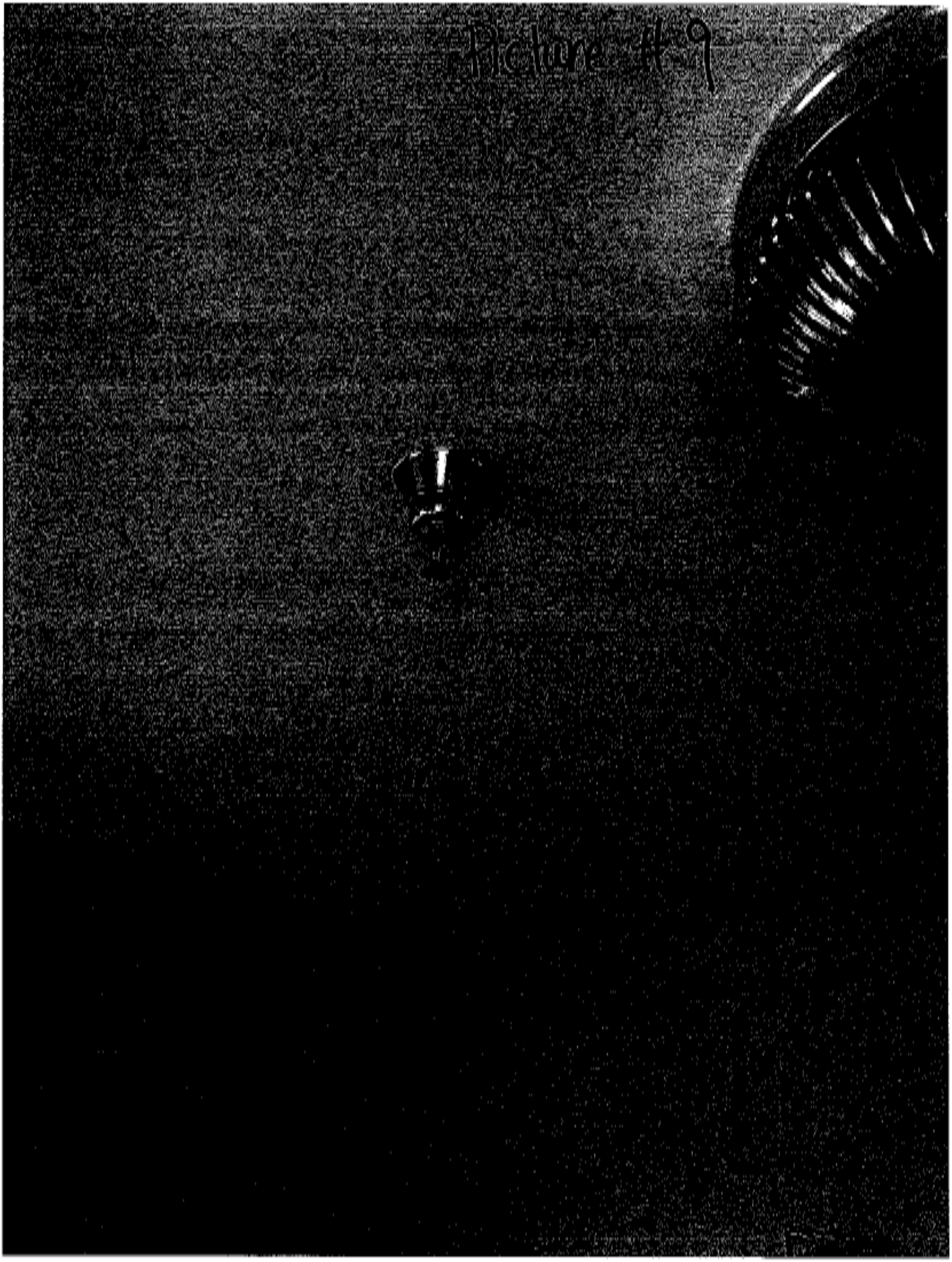
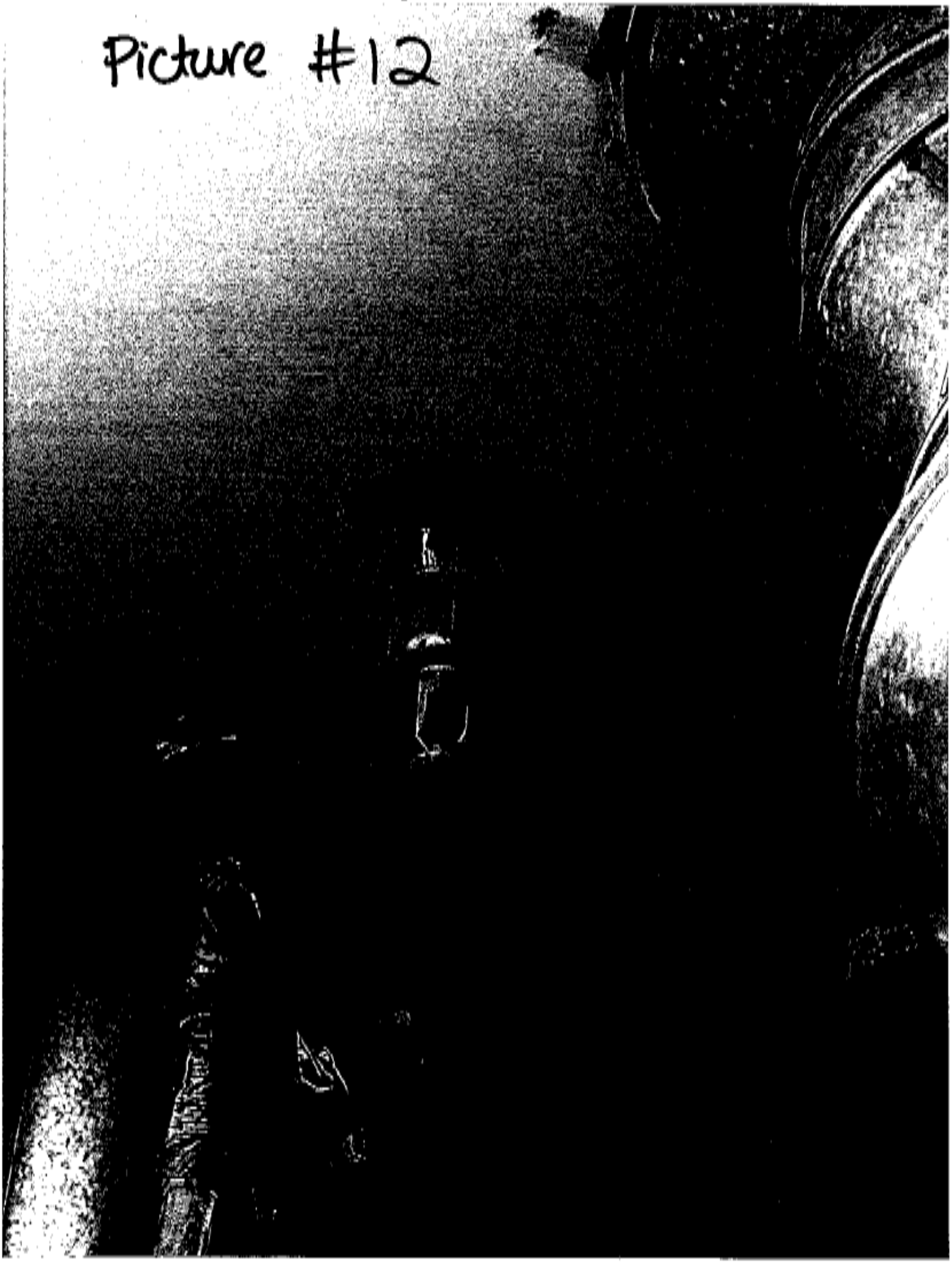

Picture #9

Picture #10

Picture #12

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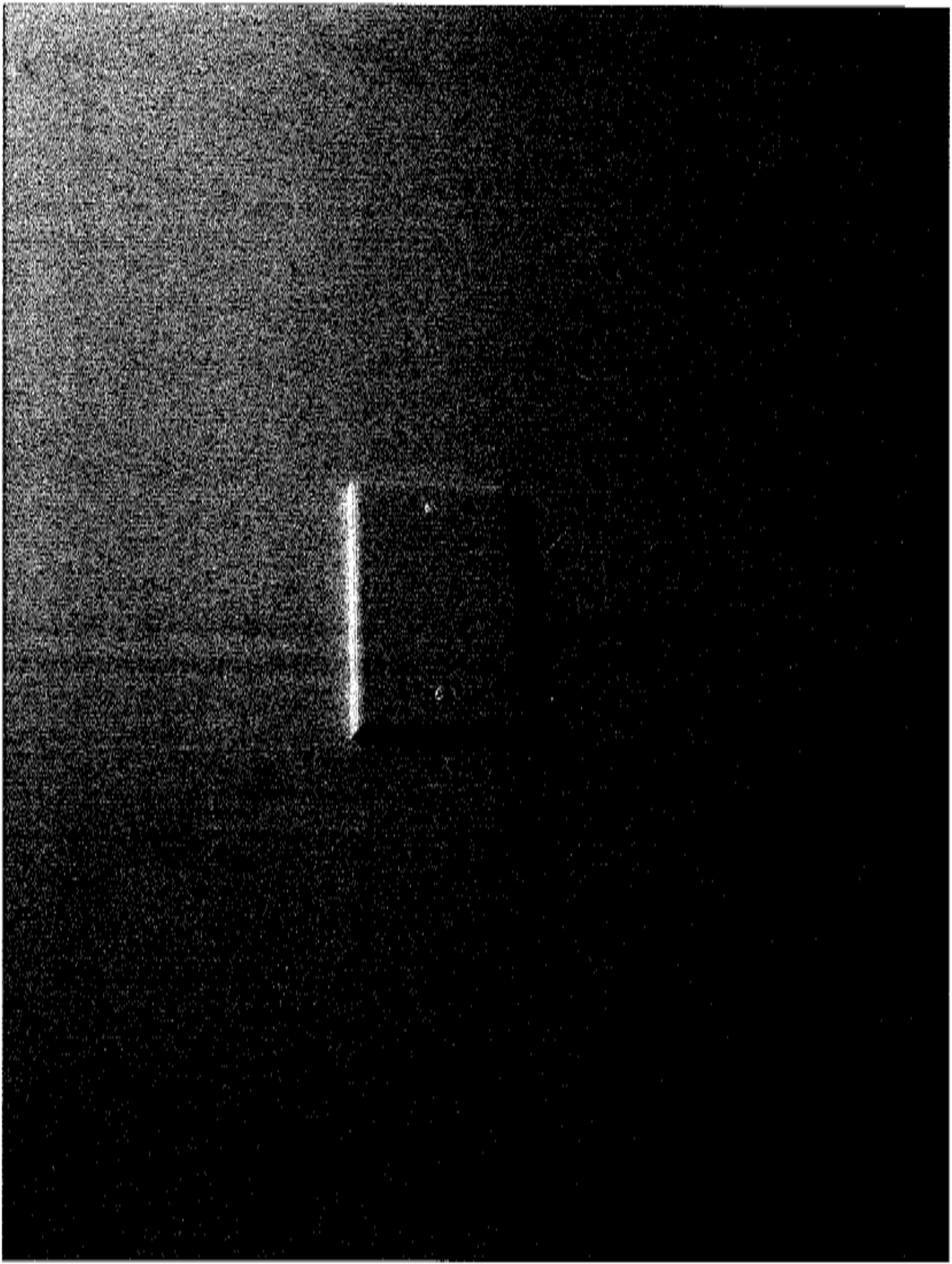
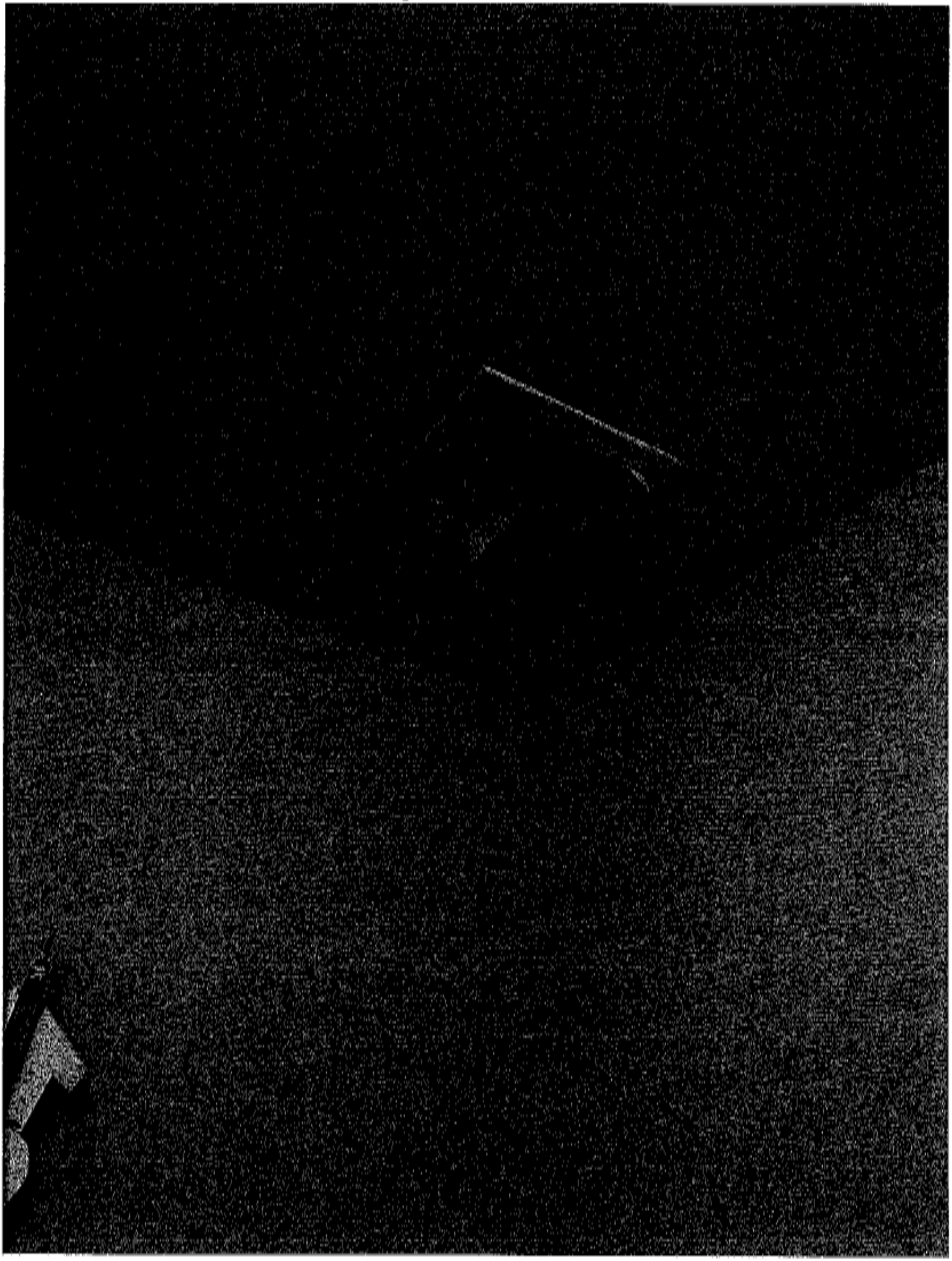
#13
COME
WELCO


Picture
#14






Picture
#17

Attachment #1

Carolina Fire Systems
P.O. Box 872
Mocksville, NC 27028 US
(336) 492-7831
ctsculler@yahoo.com

INVOICE

BILL TO
Ridge care Inc
PO Box 34605
Charlotte NC 28234

INVOICE # 020031
DATE 09/19/2018
DUE DATE 10/16/2018
TERMS Net 30

ACTIVITY	QTY	RATE	AMOUNT
RESservice Annual Fire Extinguisher Service	16	7.50	120.00
6RC 6 lb. Dry Chemical Refill	1	15.00	15.00T
FSFSer Semi Annual Fire Suppression System	1	85.00	85.00
ML360 360 degree A Fusible Link	5	10.00	50.00T
ML500 500 Degree Fusible Link	1	10.00	10.00T
VGA Extinguisher Valve Stem Assembly	1	10.95	10.95T
OR O-Ring Pressure Seal	1	2.50	2.50T

Deerfield Living Center Boone NC

SUBTOTAL	270.45
TAX (6.79%)	4.62
TOTAL	276.07
BALANCE DUE	$276.07

55500 - 600

Attachment #2

ATTN : Malcom

9/26/2018

PackingList with Prices

Sanders Electric
285 Wildwood Rd.
Lenoir, NC 28645-
Phone: (828) 754-0513

Sanders

TICKET NBR: 109416

Counter Sales

Ridge Care Inc
434-0889 MALCOM

Contact

Tech In Charge: Barry

PO Number: Deerfield Rid

Phone Number:

Date Received: 9/26/2018

Date Finished:

Make: Greenheck Model: S.N.:

HPKW: RPM: Enclosure: VOLTS: PHASE: Hertz: FRAME:

Description

PARTS

Part NBR	Part Description	Quantity	Unit Price	Subtotal
FREIGHT	FREIGHT	1	$9.87	$9.87
301835	OEM Greenheck Fan Motor	1	$170.67	$170.67
		Parts Total:		$180.54

Subtotal	$180.54
Sales Tax	$12.19
Workorder Total	**$192.73**

Received by_____ DATE:_____

Sale

Amount: $ 180.54
Tax: $ 12.19
Total: $ 192.73

Thank You