STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL082024	A. BUILDING: **01** B. WING _____	**10/30/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING RIDGE ASSISTED LIVING	**700 MOUNT OLIVE DRIVE NEWTON GROVE, NC 28366**

(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 Construction Section Biennial Survey by Dennis Harrell on 10-30-2018. Records indicate this facility was first licensed on 5-22-1996. A 19 Bed addition was licensed in 2016 making the current capacity 61 Beds. 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 and the 2012 Editions (for the addition) of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the 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:	C 101		

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C 101	Continued From page 1 1. Based on observation, the facility failed to meet the NC State Building Code requirements for fire resistance separation of laundries over 100 feet square. Finding on 10-30-2018; The door from the corridor into the resident laundry is a rated 1 hour fire door and frame. The resident laundry is approximately 120 sq. feet but the door is not equipped with a listed door closer. 2. Based on observation and interview, staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking on all the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment. 3. Based on observation, the facility failed to meet the requirements of NFPA 13 regarding onsite availability of spare sprinkler heads. Failure to maintain spare heads could delay re-activation of the system following a sprinkler activation. Finding on 10-30-2018; There were only 3 spares heads, all attic type, stored onsite. No inside type heads were available. 4. Based on observation, the facility failed to meet the requirements of the NC State Electrical Code as relates to required access for electrical panels. The Electrical Code requires the area in front of an electrical panel to remain clear for at least 2.5 feet wide by 3 feet deep. Findings on 10-30-2018; There were 4 mattresses and other items stored directly in front of 2 electrical panels in the file storage room.	C 101		

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C 111	Continued From page 2	C 111		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire. 2. Based on a review of documents, the required annual Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 3. Based on a review of documents, the required annual sprinkler system inspection report could not be located. Sprinkler systems that are not inspected and approved as required could result in the system not operating properly in the event of an actual fire.	C 111		
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	C 166		

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C 166	Continued From page 3 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, there was no documentation of the required in house/owner's monthly inspections since July provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 2. Based on observation and interview, staff were not aware of the location or use of the system pull for the range hood fire suppression system. Staff must be trained about the range hood fire suppression system and the system pull. 3. 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 10-30-2018: a. Several (5) portable medical oxygen cylinders were stored in no container or rack in room 105. b. Two portable medical oxygen cylinders were stored in no container or rack in the RCD office. 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		

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C 166	Continued From page 4 5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 10-30-2018; a. Items had been stacked all the way to the ceiling in the kitchen storage closet. b. Items had been stacked to within 4 inches the ceiling in the diaper storage room. c. Items had been stacked to within 12 inches the ceiling in the file storage room. 6. Based on observation, the waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Note; This deficiency was corrected during the survey.	C 166		
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.	C 185		

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C 185	Continued From page 5 This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for rehearsals of the fire plan. At least 12 months of records must be maintained and available for review.	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, the fire alarm system was showing a "TBL QUEUE" condition. Fire alarms in trouble may fail to operate properly when needed. Note; This deficiency was corrected during the survey. 2. Based on observation, many 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 on 10-30-2018; a. One of the 3/4 fire rated doors between the older portion and the addition did not close completely and latch when activated by the fire	C 189		

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C 189	Continued From page 6 alarm system. b. The 20 minute door to the Dietary Director's office was wedged open. c. The door to Activity was propped open. d. There was a 3/8 inch gap between the double doors to the dining room. e. The single door to the dining room is sometimes wedged open. f. The door to housekeeping is sometimes wedged open. g. The door into the living room in the addition was wedged open. Note; This deficiency was corrected during the survey. 3. Based on observation, the battery powered emergency light in the corridor near room 203 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. 4. Based on observation, the warning device, "screamer," protecting the emergency release switch at the exit near room 300 was not working. Malfunctioning warning devices could allow resident elopement. 5. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheons were found in: a. Dining room, b. Living room, c. Housekeeping. 6. Based on observation, the required one-hour	C 189		

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C 189	Continued From page 7 fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed pentration in the ceiling of the Activity room, b. Unsealed pentration in the ceiling of the kitchen at the Ansul system, c. Unsealed pentration in the ceiling of the employee lounge, d. Hole in the ceiling in the main electrical room.	C 189		