

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 R 10/17/2018
NAME OF PROVIDER OR SUPPLIER WILLOW RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 MILTON ROAD CHARLOTTE, NC 28205		
(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 Biennial Follow Up Construction Survey by Ed Miller, conducted on October 17, 2018. Deficiencies were cited that will require a new Plan of Correction.	{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 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 10-17-2018: There is a component map, but no wiring diagram	{C 101}	Maintenance completed	11/9/18

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

Shimika Bowers

TITLE

Executive Director

(X6) DATE

11/9/18

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{C 101}	Continued From page 1 posted under glass at the fire alarm panel.	{C 101}		
{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: 2. Based on observation there was a hasp on the 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. Finding on 10-17-2018: The hasp remains attached to the frame and door, so something as common as a pencil could be used to lock someone in the closet. 3. Based on observation, part of the latch assembly was missing on one of the smoke barrier doors near bedroom 209. Finding on 10-17-2018: The missing hardware cover has exposed sharp edges and move mechanisms that could pinch fingers.	{C 166}	Maintenance removed Maintenance contacted Door Medic who is ordering the parts needed from the manufactor. They will return by the 23rd to fix	10/18/18 11/23/18
{C 185}	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	{C 185}		

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{C 185}	Continued From page 2 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: 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. Finding on 10-17-2018: a. Describe how residents are directed/moved away from the fire to the exits.	{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.	{C 189}	The ED corrected and put all the details in fire drill October and ongoing	10/30/18

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{C 189}	Continued From page 3 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: Finding on 10-17-2018: a. Dining room battery powered emergency light buzzes when the test button is pushed. 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. Finding on 10-17-2018: b. The door to the hopper 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. New Finding on 10-17-2018: I. The door's latch bolt to the Dining room is installed backwards. J. The door to the living room across from the Multi-purpose Room has a gap between the leaf and the strike jamb. 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.	{C 189}	Maintenance corrected Maintenance fixed all doors Maintenance fixed	11/9/18 11/9/18 11/9/18

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{C 189}	Continued From page 4 Finding on 10-17-2018: There were many items stored directly in front on the electrical panels in the closet off the TV room. The space is 26 inch deep.	{C 189}	Staff cleaned closet out	10/18/18
{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 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 10-17-2018; The exhaust provided was not working in the bathroom off room 210.	{C 199}	Maintenance replaced exhaust fan	10/18/18