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
	HAL012040	A. BUILDING: 01 B. WING _____	R 11/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONAS RIDGE ADULT CARE	9051 HWY 181 JONAS RIDGE, NC 28641

(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 Complaint Follow Up Construction Survey by Dennis Harrell on 11-14-2018. Some deficiencies were not corrected. Further action is required.	{C 000}	The original fee was mailed Nov. 16th, 2018 however our research found the check had not been deposited. Therefore, we completed a stop payment on Check # 1391 and reissued an additional Check #1395 in the amount of $175- via certified mail on 12/20/18 it was mailed to the department. I have attached the following documents as proof.	12/20/18
{C 116}	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and	{C 116}		

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{C 116}	Continued From page 1 shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: Findings on 11-14-2018; The installation of new HVAC equipment was mostly complete with the following exceptions; a. There were no radiation dampers installed in the supply and return registers in room 109. b. Roof gables had not been finished over the duct penetrations for the new gas pack units. Finding on 12-5-2018; Review of Construction Section files revealed project HA-3198 was generated for Addition of HVAC. The project was invoiced and payment has not yet been received. The project remains on hold until the review fee has been paid.	{C 116}		

Division of Health Service Regulation
Construction Project Fee Invoice

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Service Regulation
2705 Mail Service Center
Raleigh, NC 27699-2705

Center	Account	Terms
1311133199	435900-057	Due Upon Receipt

Invoice No. 22935

Project Number	Arch Eng	Date Project Received	FID #
HA-3198		10/31/2018	920610

Facility
Jonas Ridge Adult Care

9051 Highway 181

Description
Addition of HVAC

0

Type of Facility	Base Fee for Facility Type	Square Footage of Project	Amount per Square Footage of Project Space	Total Project Fee
HA (0-2,000)	$175.00	0	0.1	**$175.00**

Date Amount Received	Amount Received
	$0.00
	$0.00

RefundDate	Refund Amount
	$0.00

Balance Due
$175.00

HL- Hospital, AS-Ambulatory Surgery Center, NH- Nursing Home, HA- Adult Care Home >7, PSYHL- Psychiatric Hospital, FC- Family Care, GH1-3 - Group Home 1-3, GH4-6 - Group Home 4-6, GH 7-9 - Group Home 7-9, RES>9 Residential Other >9

Please Make Checks Payable To: NC Division of Health Service Regulation
Please indicate the invoice number on your payment.
Payment of this fee should be in the form of personal check, money order or cashier's check. Please do not mail cash.

Cut along line

Return this portion with payment

Remittance To:
Division of Health Service Regulation
Construction Section
ATTN: Paula Nichols
2705 Mail Service Center
Raleigh, NC 27699-2705
919-855-3893

Invoice No. 22935

Balance Due $175.00

For Overnight Remittance: 1800 Umstead Drive Raleigh, NC 27603

JONAS RIDGE PROPERTIES, LLC

1395

NC Division of Heath Service Regulation

12/17/2018

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
11/16/2018	Bill	22935	175.00	175.00		175.00
					Check Amount	175.00

PAYMENT RECORD

Yadkin Bank

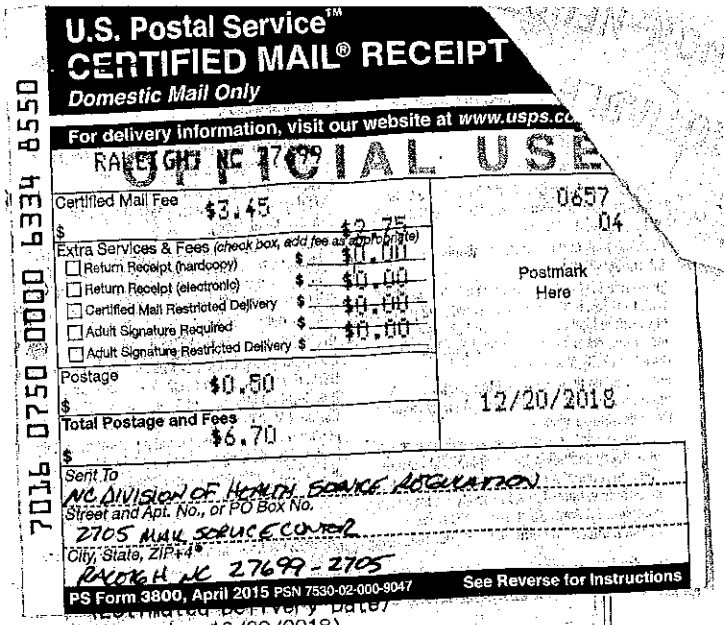
Project #HA-3198 Replacement Check

175.00

10414 J184070 (10/17)

104141

Rev 2/14



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RALEIGH NC 27699

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Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
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☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.50
Total Postage and Fees	$6.70

0657
04

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12/20/2018

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Street and Apt. No., or PO Box No.
2705 MAIL SERVICE CENTER
City, State, ZIP+4®
RALEIGH NC 27699-2705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

(Saturday 12/22/2018)

Certified	1	$3.45
(USPS Certified Mail #)		
(70160750000063348550)		
Return Receipt	1	$2.75
(USPS Return Receipt #)		
(9590940226566336946147)		
Total		$6.70
Debit Card Remit'd		$6.70

(Card Name:VISA)
(Account #:XXXXXXXXXXXX5956)
(Approval #:)
(Transaction #:422)
(Receipt #:007526)
(Debit Card Purchase:$6.70)
(Cash Back:$0.00)
(AID:A0000000980840 Chip)
(AL:US DEBIT)
(PIN:Verified)

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apply. You may also visit www.usps.com
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