

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2019
NAME OF PROVIDER OR SUPPLIER WOODRIDGE ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2515 FOWLER SECREST ROAD MONROE, NC 28110		
(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 January 16, 2019. Records indicate this facility was first licensed on 1-27-1999, as a Home for the Aged for 80 beds, including 24 Special Care Beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Institutional Occupancy Group I Deficiencies were cited that require a 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;	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on January 16, 2019: a. AL Side - many staff interviewed, did not know about the use and location of the central on/off emergency release switches. b. SCU Med Room - the central on/off emergency release switch for the special locking system is located in the Med Room. Only the Med Tech has the key to this room. The NC State Building Code requires the central on/off emergency release switch to be accessible to all staff responsible for evacuation. The central on/off emergency release switch should be located to a readily accessible location. c. Offices Suite - the central on/off emergency release switch for the special locking system is located in this area and the suite door is locked after normal working hours. Most staff do not have access to this room. The NC State Building Code requires the central on/off emergency release switch to be accessible to all staff responsible for evacuation. The central on/off emergency release switch should be located to a readily accessible location.	C 101		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 154		

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C 154	Continued From page 2 ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on January 16, 2019: a. Exit near Bedroom 339 - this "Special Locking System" exit has an intermittently working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154		
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;	C 166		

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C 166	Continued From page 3 (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 January 16, 2019: a. Bedroom 218 - a portable medical oxygen cylinder is laying on its side, on top of a rack of portable medical oxygen cylinder, not physically secured. b. Bedroom 325 - a portable medical oxygen cylinder is laying on its side, on top of a rack of portable medical oxygen cylinder, not physically secured.	C 166		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on January 16, 2019: a. Activity/Dining - the electrical power receptacle found within six feet of the sink did not provide ground fault protection.	C 188		

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C 188	Continued From page 4 b. Employee Lounge - the electrical power receptacle found within six feet of the sink did not provide ground fault protection.	C 188		
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's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on January 16, 2019: a. Front Door - the exit sign did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages. b. Smoke Barrier - there is no exit sign to direct you through the smoke doors on the Activity side. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on January 16, 2019: a. Laundry -two dryer duct's escutcheons plates have drop creating a gap that is not firestopped	C 189		

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C 189	Continued From page 5 as they penetrate the fire-resistance-rated ceiling assembly. b. Electrical Room - there are gaps around three cable bundles not completely firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Office Group across from General Bathroom Middle Office - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. External Electrical Room - there is a hole with cable firestopped with drywall tape as it penetrates the fire-resistance-rated ceiling assembly. Drywall tape over a hole is not approved to firestop this type of penetration. 3. Based on observation, the Building was not maintained in a safe and operating condition, because staff using the commercial kitchen range and hood fire suppression system are not attentive to the daily maintenance 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 January 16, 2019: a. Kitchen - the commercial kitchen hood's suppression system does not have the nozzles correctly aimed at the cook top because of a shelf above the cook top. This shelf blocks about 50 percent of the nozzles spray. Deficiency corrected before Construction Surveyors departed site. 4. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. This	C 189		

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C 189	Continued From page 6 could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on January 16, 2019: a. Maintenance Office/Storage - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power. 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 January 16, 2019: a. Records/Storage - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Bedroom 220 Bathroom - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 6. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of special effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on January 16, 2019: a. Exit near Bedroom 339 - the back leaf of the pair of exterior doors is difficult to open taking extra force to open. 7. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in	C 189		

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C 189	Continued From page 7 the room of origin. Findings on January 16, 2019: a. SCU Central Bath - there is a 3/8 inch diameter hole through the corridor door around the door handle. b. General Bathroom - the corridor door has a zero to 1/8 inch gap between the top of the door and the bottom of the doorframe's stop. In addition, there is a 1/8 inch gap between the strike jamb doorstop and the swinging edge of the door. c. Bedroom 222 - the corridor door has a 1/8 inch gap between the strike jamb doorstop and the swinging edge of the door. d. TV-Room - the bolt in the chain bolt on the inactive leaf is install backward. When the bolt hit the receptor hardware, it does not slide down to latch in to its frame. When the inactive leaf does not latch then the active has nothing to latch into, thus the doors cannot be smoke tight. Deficiency corrected before Construction Surveyors departed site. e. Bedroom 325 - the corridor door does not latch into its frame when closed. f. Bedroom 322 - the corridor door has a 1/8 inch gap between the strike jamb doorstop and the swinging edge of the door. 8. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on January 16, 2019: a. Bedroom 220 - the corridor door has a trashcan holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.	C 189		