

10 Sugarloaf Road, Brevard, NC 28712
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Kingsbridge House

Fax

To: DHSR Construction Section From: Monte Clappett

Fax: 919-733-6592

Pages: 5

including

cover sheet

Phone: 828-884-6137

Date: April 10, 2019

Re: Construction Survey

CC:

☐ Urgent

☐ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

● Comments:

Attached please find Plan of Correction for Kingsbridge House

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/13/2019
NAME OF PROVIDER OR SUPPLIER KINGSBRIDGE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 10 SUGAR LOAF ROAD BREVARD, NC 28712		
(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)
C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on March 13, 2019. This facility was first licensed July 27, 1997 for 60 beds. Based on this information, we are requiring that this facility 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 Group I, Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.		C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.
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.		C 189	
Findings on March 13, 2019: This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.				

Division of Health Service Regulation
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

3999

M31N21

TITLE

(X5) DATE

If continuation sheet 3 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL088015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/13/2019
NAME OF PROVIDER OR SUPPLIER KINGSBRIDGE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 10 SUGAR LOAF ROAD BREVARD, NC 28712		
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C 189	Continued From page 1 a. MCM Office - there is a small unsealed cable penetration in the corner of the ceiling. This was corrected at the time of survey. b. Living Room - the escutcheon ring does not fit the sprinkler head in the middle of the room leaving a gap in the ceiling. c. Activity Office - the sprinkler head nearest the window has shifted leaving a small opening in the ceiling. This was corrected at the time of survey. d. Laundry Room - the dryer duct has dropped causing the caulk to pull away from the ceiling and leaving a gap between the duct penetration and the ceiling finish. e. Attic near laundry - some of the fire caulk had been removed to run additional lines at the cable bundle penetrating the fire wall. This was corrected at the time of survey. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 13, 2019: a. Living Room - the doors were not synchronized to allow the door with the astragal to close first. The doors could not latch when released. The closer was adjusted and this item was corrected at the time of survey. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on March 13, 2019:	C 189	a. Corrected b. Part ordered by First Fire c. Corrected d. Completed by Chris Friday. Agemark Maintenance e. Corrected a. Corrected	3.13.19 5.8.2019 3.13.19 4.1.2019 3.13.19 3.13.19

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTIONPROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

HAL088015

B. WILKING

03/13/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KINGSBRIDGE HOUSE

10 SUGAR LOAF ROAD
BREVARD, NC 28712

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C 189	Continued From page 2 a. Room 303 - there is a 1/4" gap between the top of the door and the door frame. 4. Based on observation the facility's fire safety equipment is not maintained in operating condition. The nozzles on the hood suppression system should be aimed at the cooking surfaces to effectively extinguish a fire at the cooking equipment. Findings on March 13, 2019: a. Kitchen - the nozzles on the hood suppression system were pointing directly at the shelf above the cooking surface.	C 189	a. To be corrected by Agemark Maintenance a. Corrected by First Fire	5.8.2019
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: 1. Observations revealed that the facility did not provide exhaust ventilation in required spaces.	C 199		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL088016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/13/2019
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NAME OF PROVIDER OR SUPPLIER
KINGSBRIDGE HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**10 SUGAR LOAF ROAD
BREVARD, NC 28712**

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C 199	Continued From page 3 Findings on March 13, 2019: a. Kitchen Janitor's Closet - the exhaust fan was not working.	C 199	a. To be corrected by Agemark Maintenance	5.8.2019

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