NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 12, 2019
Jennifer Hudson (via e-mail only)
Po Box 658
Newland, NC 28657

RE: HA Complaint Construction Survey
FID #920610 Hal012040
Jonas Ridge Adult Care
9051 Hwy 181
Jonas Ridge Burke County

Dear Ms. Hudson:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Complaint survey of your facility on August 28, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by September 27,

2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by September 27, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by September 27, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Dennis Harrell

Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Burke County DSS - with attachment-(via e-mail only)

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 _____	08/28/2019

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 Construction Section Biennial Survey by Dennis Harrell on 8-28-2019. A Complaint Follow Up Survey was conducted at the same time. Records indicate this Facility was first licensed on 1-8-1979, and an addition to the building was completed in 1982. Another addition was completed in 1986 for a total capacity of 57 residents. Therefore, the original facility and the first addition are required to meet the 1977 Minimum and desired Standards and Regulations for Homes for the Aged and Infirmed and the second addition to meet the 1984 Minimum Standards and Regulations to Homes for the Aged and Disabled. The entire facility is required to meet the applicable portions of the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed and the 1978 North Carolina State Building Code, Section 409.1(c), Institutional (I) Occupancy-Unrestrained, Group I-2. Deficiencies were cited which will require a plan of correction.	C 000 C111	Due to a misinterpretation of the regulations by the owner and HVAC company during the permitting process, items and deadlines were missed. A on site inspection by the Burke Co. Insp. dept. was completed and passed but the final was not given due to question about state requirements. We are taking steps by contacting the proper representatives at DHSR and Burke Co. to ensure the final steps of the permitting process are completed. During future projects we will work closer with DHSR and engineers to prevent such challenges, as this has been quite the learning process.	10-12-19
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: Based on observation, the installation of new HVAC equipment was mostly complete with the	C 111		

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C 111	Continued From page 1 following exception; On the day of the survey, a technition was onsite installing a duct mounted smoke detector. Based on interview with the owner/maintenance director the project (project HA-3198) is ready and waiting inspection by the local authorizes. Based on a review of documents, there were no approved Building Inspection documents available for the several new gas pack/air conditioning units recently installed. New air conditioning systems must be inspected and approved.	C 111		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL 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: Based on interview with staff, some residents are considered confused and/or disoriented. Based on observation, the Wander Guard alarm	C 154	The unit was replaced that day to secure the perimeter. We have upped the frequency of testing to ensure the safty of our residents	8-28-19

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C 154	Continued From page 2 provided did not work at the exit near the oxygen room.	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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the exit door near the community laundry was at first stuck and then continued to be very hard to open after it was unstuck. Exits that could stick or be difficult to open could delay or prevent an evacuation in an emergency. 2. 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 8-28-2019: Two portable medical oxygen cylinders were stored in no container or rack in the oxygen room. 3. Based on observation, the hose on the shower wands at the tubs in the bathrooms off the Long Hall and the 300 Hall were long enough to reach the tub basin and there were no vacuum breakers provided. Hoses on water fixtures that are long	C 166	1. The bottom of the door was ground down and the frame was adjusted for proper closure. 2. Our medical supply company was notified and all tanks have a proper storage rack 3. Inline vacuum had to be ordered and have been installed in all locations	8-29-19 8-28-19 9-27-19

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C 166	Continued From page 3 enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 166		
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, 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 8-28-2019; a. One of the fire doors near room 205 did not close completely and latch when activated by the fire alarm system. b. The door to the resident laundry will not latch when closed. c. The door to bedroom 207 will not latch when closed. d, The door to the living room was blocked open with a table. i. The door to bedroom 203 does not fit the opening properly to be resistant to the passage of	C 189	a. The latching mechanism was adjusted for proper operation. We are now testing all fire doors monthly b. Adjustments to the hinge and strike now allow the door to funtion properly c. Adjustments to the hinge and strike now allow the door to funtion properly d. The table has been moved so staff and resident cannot block the door open. i. A metal stripe was added to the door frame to close the gap and restore the fire rating.	8-29-19 8-28-19 8-28-19 8-28-19 9-26-19

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C 189	Continued From page 4 smoke. 2. Based on observation, the required one-hour 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 on 8-28-2019: a. Unsealed penetration in the ceiling of the maintenance room, b. Hole in the ceiling of the kitchen at the exit sign, c. Unsealed penetrations in the ceiling of the "Mechanical Closet" on 300 Hall. 3. Based on observation, the roof flashing was damaged at a fire wall on the left side of the building. The damaged flashing could cause a leak and compromise the one-hour fire rated ceiling. 4. Based on observation, the corridor smoke detector near room 107 was hanging by the wires. Smoke detectors that are not properly mounted compromise the one-hour fire rated ceiling and may not work properly in a fire. Note; This deficiency was corrected during the survey.	C 189 2 a,b,c 3 4	UL Rated fire sealant was used to fill the hole and penetrations in the drywall to restore the fire rating. The flashing was sealed and a layer of stucco was applied to prevent possible leaks The detector was twisted back onto its base.	8-28-19 9-10-19 8-28-19
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	C 199		

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C 199	Continued From page 5 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. Findings on 8-28-2019; The exhaust provided was not working in "Environmental Services" on 300 Hall.	C 199	A new exhaust fan motor has been ordered and will be installed for proper ventilation.	9-30-19