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
	HAL076003	A. BUILDING: 01 B. WING _____	10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSS ROAD RETIREMENT COMMUNITY	1302 OLD COX ROAD ASHEBORO, NC 27203

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 10-9-2019. Records indicate this Facility was first licensed on 8-1-1986, for 112 beds. There was an addition of 40 Special Care Beds submitted on 8-1-1994. Based on this information, the Assisted Living facility is required to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1978 North Carolina State Building Code (Revision 5) Section 409 Group I Institutional Occupancy. The Special Care Unit is required to meet the 1993 Rules for the Licensing of Domiciliary Homes, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1991 North Carolina State Building Code Section 409 Group I Institutional Occupancy.	C 000	correction 10-16-1983 was first Licensed	
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",	C 101		

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C 101	Continued From page 1 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 as relates to required smoke detectors. Findings on 10-9-2019: There is a space 9 feet wide by 18 feet deep, open to the corridor near the laundry on the AL side. This space does not meet the requirements which would permit it to be open to the corridor. Specifically, the space is not equipped with smoke detectors. 2. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction as relates to required separation of suites from exit corridors. Finding on 10-9-2019; There is a pass through opening, about 4 feet by 4 feet, through the wall to the main corridor from the Administration suite. There is also a secure sliding window between the suite and the adjacent Living room that has geps between the glass of greater than 1/2 inch. The Living room walls must be constructed as corridor walls because the Living Room is open to the main corridor. 3. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction as relates to required exit signs. The Building Code requires 2 separate exit paths marked with exit signs. Findings on 10-9-2019; a. There is no exit sign in the corridor near the nurse station on the AL side directing exiting	C 101	C101 #3 a. New exit sign has been installed in corridor directing exit toward specialunit- 10-18-19	10-18-19

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C 101	Continued From page 2 toward the connecting corridor to Special Care. b. There is an exit sign visible in only the outside direction from the junction between bedrooms 113 and 114. c. There is an exit sign visible in only the outside direction from the junction between bedrooms 119 and 120. 4. Based on observation, the facility failed to meet NFPA 13 in effect at the time of modification as relates to required sprinkler protection. NFPA 13 requires outside porches and overhangs of combustible construction, deeper than 4 feet that are of combustible construction to be sprinkler protected. Finding on 10-9-2019; There is a porch ceiling outside the AL side dining room that extends 16 feet from the building. The ceiling is of metal but wood supports have been installed. No sprinkler protection is provided. 5. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction as relates to required one-hour fire rated ceilings. Finding on 10-9-2019; There was no radiation damper provided in a 10 inch by 10 inch supply register in the beauty salon.	C 101 b. c. 4. 5.	New exit sign installed at junction of room 113 + 114 to give second Exit option. New exit sign installed at junction of room 119+120 to give second Exit option. All combustible materials have been removed from dining Room porch, to eliminate required sprinkler protection. Radiation Damper has been ordered on 10/15/19 and local HVAC company (Charlies Heating & Cooling) will install as soon as we received	10-18-19 10-18-19 10-22-19
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.	C 150		

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C 150	Continued From page 3 This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Finding on 10-9-2019: There was a lift stored in the corridor directly in front of and obstructing the exit near the sprinkler riser room in Special Care.	C 150	Staff was shown Lift Chair in Corridor causing obstruction to Exit-Staff was reminded Lift is to be stored at (posted designated area of Special Care) causing NO obstructions - (Being checked during Routine wall throughs) Dir. of Maintenance	10-14-19
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 observation, the warning device, "screamer," protecting the emergency release switch at the front exit from Special Care was not working. Malfunctioning warning devices could allow resident elopement.	C 154	Battery replaced in Screamer on Emergency release at front door of Special Care - (Emergency release Door switches are on monthly building Inspection list - Maintenance)	10-14-19
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	C 164		

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C 164	Continued From page 4 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.	C 164		10-14-19
	This Rule is not met as evidenced by: Based on observation, the building mechanical and plumbing systems are not kept clean and in good repair. Findings on 10-9-2019: a. The HVAC exhaust grill and radiation damper in the laundry had an excessive accumulation of dust/lint. b. The HVAC exhaust grill and radiation damper in the utility room had an excessive accumulation of dust/lint. c. The HVAC return grill and radiation damper in the corridor near room 46 had an excessive accumulation of dust/lint. d. The HVAC return grill and radiation damper in the corridor near the beauty salon had an excessive accumulation of dust/lint. e. The hopper in Special Care is very dirty.	a. b. c. d. e.	a. Grill & damper cleaned in laundry (exhaust & Damper on Monthly Inspection list - Dir. of Maintenance) b. Grill & damper cleaned in utility room. (on Monthly Inspection list Dir. of Maintenance) c. Grill & damper near room 46 cleaned. (on Monthly Inspection List. - Dir. of Maintenance) d. Grill & damper at Beauty Shop cleaned. (on Monthly Inspection List. - Dir. of Maintenance) e. Hopper water was adjusted for better usage - working & clean.	10-14-19 10-15-19 10-15-19 10-10-19
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 5 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the exit paths, interior and exterior, were not maintained uncluttered and free of obstructions and hazards. Findings on 10-9-2019; a. The exit door in the AL Dining room was very hard to open. b. The exit door from the AL Dining room leads to a 16 feet deep covered porch. Environmental curtains have been added all around the porch. The exit portal from the porch is zippered, will only open a few inches, and is impossible for walkers or wheelchairs to pass through. c. The exit gates outside of the Activity room in Special Care drag the ground and would not open fully for egress. d. There is a hole in the ground at a broken drain pipe directly by the patio outside the Activity room in Special Care.	C 166	a. Exit door in AL Dining room was adjusted to work properly. b. Environmental Curtains have been removed from porch, to have no issues for Exit. c. Exit gates outside Activity Room Special Care have been adjusted to open both IN+OUT for easy Exit. d. Hole in ground outside activity room in Special Care has been filled for safety, drain is no longer draining under patio.	10-9-19 10-22-19 10-16-19 10-16-19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR 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.	C 185		

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C 185	Continued From page 6 (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 10-9-2019: a. In the 1st quarter of this year, there were no rehearsals done during the 1st or 3rd shift. b. In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift. 2. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.	C 185	C185 Meeting held with Jason Jones, Lieutenant with Asheboro City fire Department and the fire & life Safety Educator to review and correct issues on rehersals and documentation;	11/01/19
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: Based on observation, the GFCI type receptacle on the porch outside the AL Dining room would not trip off when tested. GFCI type receptacles that won't trip present the hazard of serious electrical shock or electrocution.	C 188	GFCI receptacle on outside porch of AL dining room has been replaced with new, to work properly	10-10-19
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	Continued From page 7 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 required one-hour fire rated walls and/or ceilings were compromised in several 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 10-9-2019: a. The ceiling of the Dining room was broken above a light fivture, b. Hole in the wall behind the dryers in the resident laundry, c. Hole above the exit sign in the corridor near room 47, d. Unsealed penetrations (2) in the utility room near room 18, e. The ceiling was damaged in the exterior riser room. f. Unsealed penetrations in the ceiling of the mechanical room on the AL side, g. Hole in the ceiling in the Activity office in Special Care, h. Unsealed penetration in the ceiling of the Nursing office in Special Care, i. Unsealed penetration in the ceiling of the electrical room in Special Care, j. Holes in the wall behind the washer and dryer in the Special Care laundry, k. Hole in the wall behind the door in "dirty linen"	C 189	a. Light fixture reattached & ceiling repaired - 10-16-19 b. All holes repaired behind dryer in resident laundry - 10-16-19 c. Hole above exit sign has been caughed 10-22-19 d. Commercial fire caugh-sealed penetrations in utility at rm 18. 10-17-19 e. Ceiling repaired in exterior Riser Room. 10-17-19 f. Fire caugh sealed penetration in mechanical Rm on AL side. 10-17-19 g. Fire caugh sealed penetration in ceiling of Activity Office - 10-17-19 h. Fire caugh sealed penetration in ceiling - Nurse office - 10-17-19 i. Fire caugh sealed penetration in ceiling Electrial Room. 10-17-19 j & k. Holes behind washer/dryer & Behind Door - Fixed & caughed 10-18-19

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C 189	Continued From page 8 in Special Care I. Hole above the exit sign in the corridor near "dirty linen" in Special Care. Note; This deficiency was corrected during the survey. 2. Based on observation, many 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 10-9-2019; a. One of the smoke barrier doors near room 8 did not close completely and latch when activated by the fire alarm system because it was dragging against the frame. b. The door to room 1 will not latch when closed. c. The door to room 8 will not latch when closed. d. The door to the main laundry was blocked with a cart from being able to close. Note; This deficiency was corrected during the survey. e. The door to the resident bathroom in Special Care was propped open with a chair. Note; This deficiency was corrected during the survey. f. The door to the Administrative suite was found propped open. 3. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings on 10-9-2019: a. The combination exit sign/emergency light in the AL Activity room did not work on battery when tested. b. Both of the exit signs in the connecting corridor between AL and Special Care did not work on battery when tested.	C 189	a. Smoke barrier door adjusted to latch properly when activated by fire alarm system (Doors checked during Monthly Inspection-Dir. of Maintenance) 10-23-19 b. Room 1 door adjusted to latch. 10-22-19 c. Room 8 door adjusted to latch. 10-22-19 d. corrected on site - 10-9-19 e. corrected on site - 10-9-19 f. Administrative Suite door was adjusted & door prop has been removed. (check during Monthly Inspection - Dir. of Maintenance) 10-22-19 a. Exit/emergency light battery replaced, now working (check during Monthly Inspection - Dir. of Maintenance) 10-23-19 b. Both exit signs in Corridor at AL + Special Care, batteries replaced - working - (Check during monthly Inspection. Dir. of Maintenance) 10-23-19	

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C 189	Continued From page 9 c. There was a pattern of exit signs not working on battery throughout Special Care. 4. Based on observation, the sampling tube for the duct mounted smoke detector in the Mechanical room near the Activity office was very dirty and it appeared the sampling holes were oriented away from the airflow. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. 5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 10-9-2019; a. Items had been stacked all the way to the ceiling in both storage rooms near room 18. b. Items had been stacked to within 8 inches of the ceiling in Activity storage in Special Care. 6. Based on observation, the range hood fire suppression system was re-tagged in June of this year. There was no documentation of the required in house/owner's monthly inspections for July, August or September provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 7. Based on observation, a post holding up the pergola outside the Dining room in Special Care is coming apart. The damaged post presents a laceration risk.	C 189 c. 4. a. b. 6. 7.	Checking all Exit Signs throughout Special Care - (checking during Monthly Inspection - Dir. of Maintenance) started 10-23-19 Duct Smoke detectors in Mechanical Rm - Spcial Care - have been cleaned + good operating condition - (will check each Month during Inspection) 10-22-19 Items removed from top shelve to give 18" clearance to ceiling - Supervisor instructed on proper storage (will check monthly during inspection - Dir. of Maintenance) 10-23-19 (SAME-as-A. above) 10-23-19 Range hood fire suppression system will now be inspected monthly at time of fire extinguishers. Tag at system will be dated + signed (Dir. of maintenance) 10-24-19 Post on porch, have been checked and repaired where needed. 10-14-19	

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C 189	Continued From page 10 8. Based on observation, an electrical outlet expander was in use in the Activity room. Electrical outlet expanders are not approved for use in Institutional Occupancies.	C 189	8. Electrical outlet Expander was removed, staff notified, outlet Expanders are NO APPROVED to be used in any area of facility. (Dir. of Maintenance)	10-10-19
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 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 10-9-2019; The exhaust provided was not working in the bathroom off room 107.	C 199	C 199. Exhaust in bathroom 107 + adjoining Room is corrected, breaker was tripped - reset and working fine - (Exhaust are checked during monthly inspections. - Dir. of Maintenance)	10-17-19