Fax Transmission

Attention to:-

Name: Melissa
Company:
Fax: 9197336592
Date: 08-29-2023
Time: 02:26:15 P

From:-

Name: Rose Glen Manor
Company: ALG Senior Living
Fax:
Telephone:
Pages: 9

RE: 2023 RGM SOD

Comments/Notes:

240 Independence Avenue
North Wilkesboro, NC 28659
PH: 336-818-3411
FAX: 336-990-0783

Rose Glen Manor

Fax

To: Melissa Hersh **From:** Penny Waters

Fax: **Pages:** 7 plus cover

Phone: **Date:** 8-29-23

Re: 2023 SOD Biennial Survey

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments: Please see the following completed SOD for Rose Glen Manor. If you have any questions, please let me know.

Thank you,
Penny Waters, ED

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL097015	A. BUILDING: 01 B. WING _____	07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE GLEN MANOR	240 INDEPENDENCE AVENUE NORTH WILKESBORO, NC 28659

(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 Suzanna Fay and Tod Hancock conducted on July 20, 2023. Records indicate this facility was first licensed on May 26, 2016. The facility is currently licensed for 60 including a 16 bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited and a Plan of Corrections is required.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the faility 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 159	Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (l) The requirements for laundry facilities are: (3) A minimum of one residential type washer and dryer each shall be provided in a separate room which is accessible by staff, residents and family, even if all laundry services are contracted. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have a minimum of one residential type washer and dryer provided in a separate room accessible by staff, residents and family. Findings on July 20, 2023: a. The facility has removed the residential washers and dryers from all three of the Residential Laundry rooms and are now using the	C 159	Washer & Dryer has been ordered delivered set up, and ready for resident use.	8/29/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kenny Watson TITLE: Executive Director (X6) DATE: 8-29-23

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C 159	Continued From page 1 rooms for storage.	C 159		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Findings on July 20, 2023: a. The vinyl siding outside of Room 214 is warped and buckling. b. The exterior soffit outside of Room 214 does not fit in the opening and is being supported by wires. There are gaps in the soffit that will allow pests to enter the facility.	C 160	Adjusted &Fixed	8/23/23
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 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		

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C 164	Continued From page 2 This Rule is not met as evidenced by: 1. Observations revealed that the walls and ceilings were not kept clean and in good repair. Findings on July 20, 2023: a. Outside Electrical Room - there is an old leak that has left water stains around the edges of the sheetrock joint tape which is peeling away from the ceiling. There are black mildew stains around the leak and along the back wall. b. Riser Room - there is a 6" diameter bubble of paint on the ceiling near the vent. c. 100 Hall Visitor's Bath - the paint finish on the walls over the sink is bubbling and there are water stains running down the wall from a previous leak. d. Room 101 - the door header on the right bedroom opening is damaged. The sheetrock finish has been knocked off exposing the corner beads. e. Service Hall Linen Closet - there is an 8" diameter brown and gray spot in the back left corner on the ceiling. f. Beauty Salon - there are water stains on the ceiling. g. Room 219 Bath - the wall corners and walls are heavily scuffed and damaged.	C 164	A- Fixed sheetrock, repaired ceiling B- Re-painted ceiling C- Re-painted ceiling and wall D- Fix sheet rock and re-painted E- re-painted ceiling F- re-painted ceiling G- painted, and put corner guards on	8/7/23 8/7/23 8/7/23 8/8/23 8/7/23 8/16/23 7/28/23
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	C 166		

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C 166	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not free of all obstructions and hazards. Padlocks on the exterior side of doors in habitable spaces may allow an occupant to become trapped. Findings on July 20, 2023: a. Kitchen - there is a padlock on the cooler door that, if engaged, prevents the emergency release inside from operating.	C 166	A- Removed lock	7/26/23
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 and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on July 20, 2023: a. The fire alarm panel was in trouble mode indicating trouble with a smoke detector in Room	C 189	A- Put in new smokehead	7/26/23

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C 189	Continued From page 4 217. Interview with staff revealed that the detector was ordered. 2. 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. Findings on July 20, 2023: a. Outside Electrical Room - the fire caulk around the propane line above the transfer switch has pulled loose leaving gaps in the fire resistant rated ceiling. b. Service Hall - there is a small gap at the base of the exit sign outside of the Employee Lounge. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on July 20, 2023: a. Service Hall Storage Room - boxes were stored within 18" of the base of the sprinkler head. The boxes were moved at the time of survey. b. Room 212 - laundry baskets were stored on top of the wardrobe unit within 18" of the bottom of the sprinkler head. The baskets were removed at the time of survey. 4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Use of materials that are not fire resistant rated could allow fire and smoke to spread beyond the area of origin.	C 189	A- Re-sealed B- Resealed A-Removed same day B- Removed same day 7/20/23	8/7/23 8/7/23 7/20/23 7/20/23

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C 189	Continued From page 5 Findings on July 20, 2023: a. Main Data Room - pipe wrap tape was used to wrap the cables in the sleeves. Pipe wrap tape does not meet the required fire resistant rating for sleeve penetrations. 5. Observations revealed that the building was not maintained in a safe and operating condition. Kickdowns and wedges are obstructions to these doors being closed rapidly to contain smoke or fire. Findings on July 20, 2023: a. AL Living Room - the doors has a kickdown device attached to the door. b. 200 Hall AL Living Room - the corridor door has a kickdown device attached to the door. c. 300 Hall Living Room - both of the corridor doors have kickdown devices attached to the doors. 6. 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 July 20, 2023: a. AL Living Room - the doors do not automatically close and latch. b. 200 Hall Living Room - the door rubs at the bottom of the door preventing it from closing and latching automatically. c. AL Dining Room - the doors are not synchronized to allow the door with the astragal to close last preventing them from automatically closing and latching.	C 189	A- replaced with fire block foam A- took off kickdowns, replaced with magnetic locks B- adjusted and synchronized C- took off kickdowns, replaced with magnetic locks A- adjusted and fixed B- sanded bottom of doors down and fixed C- adjusted and synchronized	8/10/23 8/14/23 8/14/23 8/14/23 8/14/23 8/14/23 7/25/23

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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 maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on July 20, 2023: a. 100 Hall - the exhaust fans on the far side of the smoke barrier wall are not working. b. 200 Short Hall - the exhaust fans are not working.	C 199	A- fans were accidently turned off, they have been turned back on B- fans were accidently turned off, they have been turned back on	7/28/23 7/28/23