STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029011	A. BUILDING: 01 B. WING ______	08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MALLARD RIDGE ASSISTED LIVING	9420 NORTH HIGHWAY 150 CLEMMONS, NC 27012

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C 000	Initial Comments Report of Biennial Construction Survey by Suzanna Fay conducted on August 31, 2023. Records indicate this facility was first licensed on June 3, 1998 for 100 beds including 32 Special Care beds. Based on this information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for the Licensing of Adult Care Homes, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 2002 Edition of the North Carolina State Building Code Section 409.1 Group I- Institutional - Unrestrained. Deficiencies were cited and a Plan of Corrections is required.	C 000		
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:	C 154		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE ED (X6) DATE 9/18/23

[signature] ED 9/28/2023

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C 154	Continued From page 1 1. Observations revealed that the facility has residents known to be disoriented or a wanderer which requires that each exit door accessible by residents to be equipped with a sounding device that is activated when the door is opened. Findings on August 31, 2023: a. SCU Courtyard - the alarm for the door exiting into the courtyard was turned off or not working properly and did not alarm every time the door was opened.	C 154 A	Alarm turned on. Battery check Morning manager walk through to ensure alarms set.	8/31/23
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 safe condition. Exterior courtyards for SCU should be secure. Findings on August 31, 2023: a. The courtyard gate lock was disengaged which may allow for elopement. The lock was secured at the time of survey.	C 160 A	Gate has lock, landscaper have been ask to notfiy when Finished.	8/31/23
C 162	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are:	C 162		

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C 162	Continued From page 2 (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Observations revealed that the outdoor walkways and drives were not illuminated. Findings on August 31, 2023: a. The exterior emergency light at the A Hall exit did not illuminate on test. b. The exterior emergency light outside of the Main Electrical Room did not illuminate on test. c. The exterior emergency light outside of the B Hall exit by Room B-21 did not illuminate on test. d. SCU Courtyard - the exterior emergency light did not illuminate on test.	C 162	A replaced 9/26/23 Maint. monthly B replaced 9/26/23 Checks in Tels. C replaced 9/26/23 for all D replaced 9/26/23 Emergency lights	
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 facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility.	C 166		

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C 166	Continued From page 3 Findings on August 31, 2023: a. Oxygen Storage - there was one bottle on the floor unsecured. There were several tall bottles in shallow plastic crates without any other means of restraint. One of the metal racks had a damaged unit and the oxygen bottle was leaning. 2. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on August 31, 2023: a. SCU Nurse Station - there was a drawer cabinet with a lamp on top directly in front of one of the electrical panels.	C 166	A Oxygen room arranged 9/14/23 organized Assisted Living Director to monitor room Weekly. A Cabinet has been removed and placed in correct location. 9/31/23 MC Director to monitor daily, placed yellow tape & Do not block Sticker in front of Panels.	
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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the	C 189		

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C 189	Continued From page 4 spread of smoke or fire to the area of origin. Findings on August 31, 2023: a. The left door of the cross corridor doors leading into the Service Hall did not latch when released by the fire alarm. 2. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on August 31, 2023: a. Room A-05 Bath - the toilet was not secure to the floor. 3. 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 or walls could allow fire and smoke to spread beyond the area of origin. Findings on August 31, 2023: a. Room A-15 - the escutcheon ring on the sprinkler head in the bedroom is missing leaving a hole in the fire resistant rated ceiling. b. A Hall - there is an unsealed cable penetration over the exit door by the Sunroom. c. A Hall Electrical - the fire caulk is coming out of one of the sleeve penetrations. d. AL Nurse Station - there is one unsealed cable penetration in the ceiling in the back corner. e. Main Electrical - the ceiling is damaged around two conduits leaving holes in the fire resistant rated ceiling. f. B Hall Laundry - there is a 2" diameter hole in the wall behind the dryer. g. Room C-01 - the sprinkler head in the right	C 189 A A A B C D E F G	adjusted latch to allow door to close Mant. Director will complete walk thru checks monthly. toilet seat replaced educated nursing team to inform. maint. w/ all toilet adjustments when making rounds. twin City Sprinkler replaced Fire caulked Fire caulked Fire caulked fire caulked twin City Sprinkler replaced maint. monthly walk-through / room checks TELS	9/1/23 9/1/23 9/14/23 9/11/23 9/11/23 9/11/23 9/11/23 9/14/23

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C 189	Continued From page 5 closet is missing its escutcheon ring. h. Linen Storage - there are four 1" diameter holes in the ceiling that were not patched when the light was replaced. i. SCU Director's Office - there are two 1/4" diameter holes through the door above and below the door hardware. j. Room C-07 - the sprinkler head in the bedroom has dropped leaving a gap in the fire resistant rated ceiling. k. SCU Spa - the sprinkler head over the tub is missing its escutcheon ring. 4. 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 August 31, 2023: a. Sunroom- the door rubs on the floor and requires excessive force to open. 5. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on August 31, 2023: a. Equipment Room A - the emergency light did not illuminate on test. b. Equipment Room B - the emergency light did not illuminate on test. c. Equipment Room C - the emergency light did not illuminate on test. d. Kitchen - the emergency light outside of	C 189 H i J K A A B C D	Holes Patched Holes Patched Twin City replaced Twin City replaced Mant. Monthly Walk through Checks. TELS repaired Mant. Monthly Walk through. TELS replaced replaced replaced replaced	9/12/23 9/12/23 9/14/23 9/14/23 9/25/2023 9/25/2023 Mant. Monthly 9/25/2023 Walk through 9/25/2023 Checks. 9/25/2023 TELS

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C 189	Continued From page 6 Housekeeping has been removed from its base. e. Kitchen - the emergency light near the hood suppression system did not illuminate on test. 6. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on August 31, 2023: a. Equipment Room C - the fire extinguisher did not receive its annual service. 7. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Loose toilet seats can cause an injury from falling. Findings on August 31, 2023: a. B Hall Spa - the toilet seat was loose. 8. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on August 31, 2023: a. B Hall Exit by Java Station - the cover plate for the exterior outlet had fallen off. The cover was replaced at the time of survey. b. B Hall Java Station - the Mechanical Room off of the Java Station has an open junction box on the right wall. 9. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an	C 189 e A A A B	replaced 9/25/23 Mant. Monthly Walk through. TELS Serviced 9/26/23 Carolina Fire Added to Carolina Fire Systems list for Annual inspection. They didn't have listed. toilet seat tightend up 9/1/23 Educated CNAs to notify Mant. of equipment issues. replaced 9/14/23 Monthly Walk throughs. replaced 9/14/23 Monthly Walk throughs.	

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C 189	Continued From page 7 impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on August 31. 2023: a. A Hall Living Room - the corridor door has a kickdown device attached to the door. b. Director of Community Relations Office - the corridor door has a kickdown device attached to the door. 10. 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 August 31, 2023: a. Storage D - there are boxes, bags and decorations stored within 18" of the ceiling.	C 189 A B A	removed 9/14/23 removed 9/14/23 Both removed and will not be replaced. removed 9/14/2023 Educated LEDs to keep area free.	
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.	C 199		

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C 199	Continued From page 8 (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 August 31, 2023: a. Housekeeping across from Room B-21 - the exhaust fan is not working. b. Kitchen - the exhaust fans in Housekeeping and in the Toilet Room are not working.	C 199	A exhaust fan working 9/26/2023 B motor has been repaired 9/15/23 Monthly Maint. Walkthrough TELS.	

AKEdwards 9/28/2023