

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL005015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2023
NAME OF PROVIDER OR SUPPLIER FOREST RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 151 VILLAGE PARK DRIVE WEST JEFFERSON, NC 28694		
(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 Biennial Construction Section Survey report by Tod Hancock conducted on September 6, 2023: This facility was licensed on 07/12/2002 for 60 residents with a (18 BED SCU). Based on this information, we are requiring that this facility meet the the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Regulations for Adult Care Home of Seven or More Beds and the 2002 Edition of the North Carolina State Building Code, Section 407.1 -Institutional Occupancy I-2. Deficiencies have been cited and a Plan of Correction is required.	C 000		
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: 1. Based on record review, the facility did not maintain all of the inspection reports available for review. Findings on September 6, 2023: a. The facility did not have a current sprinkler system test report.	C 111		
C 183	Fire Extinguishers	C 183		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 183	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility has failed to maintain the fire safety components in a safe and operating condition. This could allow a fire to spread at a faster rate. Findings on Septemebr 6, 2023: a. Rooms 222 & 211- The fire extinguishers did not indicate that they were ready for use.	C 183		
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 the facility is not maintaining it exhaust system in an operable manner.	C 189		

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C 189	Continued From page 2 Findings September 6, 2023: a. Vending Room- The exhaust fan is not operating.	C 189			