

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2024
NAME OF PROVIDER OR SUPPLIER RANSON RIDGE ASSISTED LIVING & MEMORY		STREET ADDRESS, CITY, STATE, ZIP CODE 13910 HUNTON LANE HUNTERSVILLE, NC 28078		
(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 conducted on January 18, 2024. Records indicate this facility was first licensed as a Home for the Aged serving 100 residents on February 10, 2016. Therefore, the facility must meet the 2005 Rules for the Licensing of Adult Care Homes and the 2012 North Carolina State Building Code - General Construction - Section 407 Institutional Occupancy (Group I-2). Deficiencies were cited that require a Plan of Correction.	C 000		
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", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Findings on January 18, 2024: a. Davidson Room - the right hand door of the double exterior doors did not release upon activation of the fire alarm. 2. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on January 18, 2024: a. Davidson Room - the right hand door of the double exterior doors did not release upon activating the release switch by the door nor did it release upon activating the emergency releases located in the Nurses' Stations. Note: the door also did not release using the keypad. b. MCU - the two pairs of double doors exiting into the secure courtyard have emergency override switches at each door. These have been disabled and no longer release the magnetic devices for the doors.	C 101		

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C 154	Continued From page 2	C 154		
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: 1. Based on observation and interview, the facility did not equip each exit with a sounding device as required when there is at least one resident who is disoriented or a wanderer. Findings on January 18, 2024: a. MCU - interview with staff revealed that the facility has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer and none of the exterior doors have sounding devices on the doors that is activated when the door is opened.	C 154		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

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C 164	Continued From page 3 (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. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept clean and in good repair. Dust collecting on the radiation dampers in vents may prevent or delay them from closing properly during a fire. Findings on January 18, 2024: a. There was a pattern of exhaust fans with heavy accumulations of dust on the grilles and on the radiation dampers. 2. Observations revealed that the floors were not kept in good repair. Findings on January 18, 2024: a. Room 120 Bath - there is a crack in the shower floor tile running the width of the shower. b. MCU - the cove base on either side of the exterior exit door by Room 514 is coming off.	C 164		
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 4 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. Findings on January 18, 2024: a. Room 102 - there are three unsecured oxygen bottles on the floor.	C 166		
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. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain fire rehearsals quarterly on each shift of which contain 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 5 Findings on January 18, 2024: a. There was not a fire drill conducted on the third shift of the second quarter of 2023. b. There was not a fire drill conducted on the second shift of the fourth quarter of 2023. c. The staff members present were not listed on the rehearsal log. d. There was not a short description of what the rehearsal involved.	C 185		
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: 1. Observations revealed that all electrical outlets in wet locations do not have ground fault interrupters. Findings on January 18, 2024: a. Laundry - the outlets behind the washing machines are not GFCI protected.	C 188		
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	C 189		

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C 189	Continued From page 6 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 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 January 18, 2024: - Corridor across from the Torrence Creek Dining Room - the electrical panel box cover was not reinstalled properly and there are gaps in the wall around the cover. - Riser/Boiler Room - there is a 10" x 10" hole cut into the ceiling near the sprinkler riser that has not been patched. - Riser/Boiler Room - there are two 3" copper lines not sealed as they penetrate the ceiling. - Kitchen - there is a hole in the ceiling near the dishwashing area with a metal rod protruding from the ceiling and what appears to be a spray nozzle attached at the damaged area. The finishing tape at the joint behind this hole is peeling exposing the joint. There are yellow water stains around both of the damaged areas. - Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on January 18, 2024: - Torrence Creek Dining - the GFCI outlet near the sink did not trip when tested. - MCU - the exterior GFCI outlet outside the exit	C 189		

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C 189	Continued From page 7 by Room 514 did not trip when tested. 3. 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 January 18, 2024: a. Room 220 - the door rubs on the bottom, latch side, and requires excessive force to close. 4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment could not operate properly to suppress a fire. Findings on January 18, 2024: a. Laundry - the sprinkler heads have an accumulation of dust and cobwebs. 5. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Dryer exhausts are to be ducted to the exterior to prevent a build up of lint and heat. Findings on January 18, 2024: a. Laundry - all three exhaust ducts for the residential driers have been disconnected or have come loose. One is loose at the back of the dryer, one has fallen loose at the exterior wall and the third duct has been removed and the opening to the exterior has been stuffed with a rag. 6. Based on observation fire safety equipment	C 189		

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C 189	Continued From page 8 has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on January 18, 2024: a. Kitchen - the facility is not conducting monthly in-house checks on the hood suppression system. 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not operate as intended to suppress a fire. Findings on January 18, 2024: a. Kitchen - the nozzles for the hood suppression system are pointed at the shelving and not at the cooking surfaces.	C 189		
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	C 199		

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C 199	Continued From page 9 (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 January 18, 2024: a. AL Spa - the exhaust is not working in this room.	C 199		