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
	HAL097016	A. BUILDING: 01 B. WING _____	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILKESBORO ASSISTED LIVING CENTER	206 OLD BRICKYARD ROAD 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 Tod Hancock conducted on April 16, 2024. Records indicate this facility was first licensed as a Home for the Aged serving 72 residents on January 1, 1998. There was a 30 bed addition approved on January 5, 2012. Therefore, the facility must meet the 1996 Rules for the Licensing of Adult Care Homes and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven Beds or More. The older portion of the facility was surveyed using the 1996 NC State Building Code, 1997 revision, Section 409 Group I - Unrestrained Occupancy and the newer addition using the 2009 NC State Building Code, Section 407 Group I-2 Occupancy. Deficiencies were cited that require a Plan of Correction	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 and interview with staff, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this rule. Findings on April 16, 2024: a. There were no records available to indicate the	C 111	C111 1A. Fire Marshal completed inspection on April 19, 2024. Please see attached report. Items addressed on report.	4-19-24 5-3-24

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kendra Byrd | TITLE: Administrator | (X6) DATE: 5-8-24

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C 111	Continued From page 1 Fire Marshall had inspected the facility.	C 111		
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: Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings on April 16, 2024: a. Room 303- The Emergency lights did not illuminate when tested.	C 189	C189 A. Maintenance director has replaced emergency light battery at room 303. The light now illuminates when tested. Director will continue to test and document all emergency lights monthly to ensure compliance.	5-3-24
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;	C 199		

Division of Health Service Regulation

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C 199	Continued From page 2 (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. Based on observation, the facility is not maintaining its exhaust fan in an operable condition. This could cause unnecessary odors as well as mildew. Findings on April 16, 2024: a. 400 Hall-Staff Station- The exhaust fan is not working. b. Room 400- The exhaust fan is not working. c. 400 Hall-Bathroom- The exhaust fan is not working.	C 199	C199 1a. b. and c. / areas on 400 Hall: Exhaust fans inspected by outside company and found to be working properly. Please see attached paperwork.	5-7-24

FIRE OFFICIAL INSPECTION ORDER
STATE OF NORTH CAROLINA)
COUNTY OF WILKES)
IN RE:)

TOWN OF NORTH WILKESBORO
FIRE OFFICIAL

TOWN OF NORTH WILKESBORO FIRE DEPRTMENT
709 NINTH STREET
NORTH WILKESBORO, NORTH CAROLINA 28659
336-838-2552 VOICE336-838-1299 FACSIMILE

NOTICE OF ORDER

YOU ARE HEREBY NOTIFIED that this is an official ORDER of the Town of North Wilkesboro Fire Official Fire Code stating the defects found to exist in the above referenced structure or building, and further requiring that you as owner, agent, or person in control of said structure or building have to complete the specified repairs or improvements.
You are further notified that as said owner, agent, or party in control of said building or structure may appeal this ORDER of the Town of North Wilkesboro Fire Official by serving upon the Town of North Wilkesboro Fire Official at the above address by mail or otherwise within _____ the specified grounds of appeal per Section 108 N.C. Fire Code.

Name of Facility: Wilkesboro Assisted Living — Phone#: — Date of Inspection: 4.19.24
Street & No.: 206 and 210 Bucking Road — Unit or Suite#: — City: North Wilkesboro — Zip Code: 28659
Name of Tenant: — Emergency Phone Number of Tenant:
Name & Address of Owner: — Emergency Phone Number of Owner:
Nature of Inspection: (✓) Routine ( ) Re-Inspection — ( ) Requested ( ) Fireworks — ( ) Certificate of Occupancy
Type of Construction: I II III IV V — Hydrant Location: (✓) Acceptable ( ) Not Acceptable — Functional: ( ) Yes ( ) No
Occupancy Category: Assembly Business Educational Hazardous Factory Institutional Mercantile Residential Storage

HYDRANT FLOW: — KNOX BOX Yes ( ) No ( ) — MANDATED CORRECTIONS DESCRIPTION & LOCATION — CODE SECTION

A EXITS & ESCAPES
1. Number of Exit Doors: _____ Adequate: Yes (✓) No ( )
2. Blocked ( ) Locked ( )
3. Exit Signs: Good (✓) Unsatisfactory ( ) Not Required ( )
4. Emergency Lights: Good (✓) Unsatisfactory ( ) Not Required ( )
5. Panic Hardware: Good ( ) Unsatisfactory ( ) Not Required ( )
6. Self-Closing Device: Good (✓) Unsatisfactory ( ) Not Required ( )
7. Number of Stairways: _____ Adequate: Yes ( ) No ( )
8. Open ( ) Closed ( ) Wood ( ) Metal ( ) Masonry ( )
9. Handrails Adequate: Yes ( ) No ( ) NA ( )
10. Landings Adequate: Yes ( ) No ( ) NA ( )
11 . Occupancy Card Posted: Yes ( ) No ( ) NA ( )
12. Other: Door Hardware missing Common Area ✓

B FIRE SYSTEMS
1. Fire Alarm: Yes (✓) No ( ) Adequate: Yes ( ) No ( )
2. Fire Alarm Last Serviced: 2023
3. Smoke Detectors: Yes (✓) No ( ) Adequate: Yes ( ) No ( )
4. Sprinkler System: Yes (✓) No ( ) Last Serviced 2024
5. Standpipe System: Yes (✓) No ( ) Last Serviced 2024
6. Number of Fire Extinguishers: _____
7. Date Last Changed: _____ Good ( ) Unsatisfactory ( )
8. Fixed Hood Extinguisher System: Yes (✓) No ( ) Not Required ( )
9. Date Last Serviced: 2024 Adequate: Yes ( ) No ( )
10. FDC Sign: Yes (✓) No ( )
11 . Spare Sprinkler Heads: Yes (✓) No ( )
12. Ceiling Clearance: Yes (✓) No ( )
13. Other: Remove Chairs From Sprinkler Stairway door ✓

C CONST.
1. Fire Rated Corridors-Walls: Yes (✓) No ( ) Adequate:Yes ( ) No ( )
2. Fire Rated Ceilings: Yes ( ) No ( ) Adequate: Yes ( ) No ( )
3. Flame Spread Rating Adequate: Yes (✓) No ( )
4. Fire and Draft Stopping Adequate: Yes (✓) No ( )
5. Other:

D HEATING
1. Heating System: Gas ( ) Electric ( ) Oil ( ) Wood ( ) Other ( )
2. Condition: Good (✓) Fair ( ) Unsatisfactory ( )
3. Chimney and Flues: Metal ( ) Masonry ( ) N/A ( )
4. Condition: Good ( ) Fair ( ) Unsatisfactory ( )
5. Other:

E ELEC.
1. Electrical: Good (✓) Fair ( ) Unsatisfactory
2. Excessive Use of Extension Cords: Yes ( ) No (✓)
3. Open Breakers: Yes ( ) No (✓)
4. Covers Missing on Electrical Boxes: Yes ( ) No (✓)
5. Proper Sized Fuses/Breakers: Yes (✓) No ( )
6. Electrical Panel Clearance: Yes (✓) No ( ) Adequate ( )
7. Other: Emergency Light out #13 ✓

F GENERAL
1. Housekeeping: Good ( ) Fair (✓) Unsatisfactory
2. Excessive Storing of Combustibles: Yes ( ) No (✓)
3. Storage Under Stairs: Yes ( ) No (✓)
4. Flammable Liquid Storage: Yes ( ) No (✓)
5. Chemical Storage: Yes ( ) No (✓)
6. Address Posted: Yes (✓) No ( )
7. Other: Clean Storage Room out ✓
Dryer Vent off Memory Care (Lint found) ✓

A true copy of this ORDER was delivered to _____ owner, agent, or person in control of the above premises by,

_____ TOWN OF NORTH WILKESBORO FIRE OFFICIAL

0633

THOMPSON'S BUSINESS SERVICES INC.

1201 SECOND ST.
N. WILKESBORO, NC 28659

Invoice

Date	Invoice #
5/8/2024	TMP050724N2

Bill To
WILKES ASSISTED LIVING 206 OLD BRICKYARD RD NORTH WILKESBORO, NC 28659

Description	Amount
05/07/2024	95.00T
SERVICE CALL - CUSTOMER CALLED IN REQUESTING SERVICE ON EXHAUST FANS THAT WERE NOT WORKING PROPERLY	
LABOR (EFF 06/01/22 LABOR RATE)	115.00T
-PERFORMED VISUAL INSPECTION -PERFORMED SYSTEM EVALUATION -FOUND COMMON EXHAUST VENTS WORKING PROPERLY -TESTED UNITS FOR OPERATION -UNITS ARE WORKING PROPERLY AT THIS TIME	
NO WARRANTY EXPRESSED	0.01T
NOT RESPONSIBLE FOR ANY WATER DAMAGE, PRODUCT LOSS OR BUSINESS INTERRUPTION. UNPAID BALANCE @ 20%/MO. - $50 SET UP FEE. CASH/CHECK. ADD 3% ON ALL IN STORE CREDIT CARD PURCHASES AND 4.5% ON ALL MANUAL ENTRY CREDIT CARD PURCHASES.	-0.01T
Sales Tax - REVISED 070111	14.70

Thank you for your business.

Total $224.70

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LITHONIA