

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL095008</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/04/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DEERFIELD RIDGE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>287 BAMBOO ROAD</b><br><b>BOONE, NC 28607</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                                    | Initial Comments<br><br>Report of a Construction Section Biennial Follow<br>Up Survey by Tod Hancock conducted on June 4,<br>2024.<br><br>Deficiencies have been cited and a Plan of<br>Correction is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {C 000}                                                                                   |                                                                                                                          |                                                                    |
| {C 189}                                                                    | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation and review of the Fire<br>Sprinkler inspection report, the building's sprinkler<br>system was not maintained in a safe and<br>operating condition. This would affect all if the fire<br>was not contained in the room of origin.<br>Findings on June 4, 2024:<br><br>a. Entrance Portico- The sprinklers are rusted<br>and pitted and should be replaced. | {C 189}                                                                                   |                                                                                                                          |                                                                    |

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

TITLE

(X6) DATE