

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER WILLOW RIDGE MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 MILTON ROAD CHARLOTTE, NC 28205		
(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 Ed Miller, conducted on August 14, 2024. Records indicate this facility was first licensed on March 7, 1988. The facility is currently licensed as a 52 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 8) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1987 Minimum Standards and Regulations for Homes for the Aged in effect at the time of initial licensure. 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;	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 This Rule is not met as evidenced by: 1. Based on observation and interviews with Staff, the facility failed to meet the Code requirements in effect at the time of alterations by not having all the components required to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the doors. Findings on August 14, 2024: a. Entire Building - activation of the fire alarm system did not release the exit doors and the double-egress cross-corridor doors in the smoke barriers. b. Fire Alarm Control Panel - the "Special Locking System" does not have an informational wiring diagram posted at the FACP.	C 101	make new keys Let Ray know Let Ray know	10-11-24 8-14-24 8-14-24
C 128	Bathrooms-Minimum Facilities SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (1) Minimum bathroom and toilet facilities shall include a toilet and a hand lavatory for each 5 residents and a tub or shower for each 10 residents or portion thereof; This Rule is not met as evidenced by: 1. Based on observation and interview with administrator, the facility failed to meet the Rule requirements in effect at the time of construction or alterations by not having all the required number of plumbing fixtures for the number of residents.	C 128		

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C 128	Continued From page 2 Findings on August 14, 2024: a. Entire Building - with the 100 Hall, Front Tub/Shower Room locked-up, and no keys available to unlock the door, the facility can only provide adequate bathing facilities for 40 residents. The facility has a current Census of 40 residents.	C 128	→ Change door lock - Give Everyone a key	8-16-24	
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 with staff, the facility did not equip each exit accessible to residents, with a sounding device as required when there was at least one resident who was disoriented or a wanderer. Findings on August 14, 2024: a. 100 Hall, Back Exit - this exit door, had a sounding device that did not alarm when the exit door was opened.	C 154	→ put new battery in	9-25-24	

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STATE FORM

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C 166	Continued From page 4 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 and interview with Maintenance Director, the Building was not maintained free of hazards because access for inspections was denied. This will prevent any deficiency that may be discovered with regular inspections from being corrected. Findings on August 14, 2024: a. 100 Hall, Dietary Office - there was no key on-site to allow access into this area for inspection. b. 100 Hall, Front Bath/Tub Room - there was no key on-site to allow access into this area for inspection.	C 166	(A) Got key from Dietary manager 8-18-24 (B) Changed Door handle 8-16-24	
C 183	Fire Extinguishers 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 failed to properly maintain the fire extinguishers and associated equipment. This could hamper the staff's ability to extinguish a small fire and permit it to grow larger.	C 183		

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C 183	Continued From page 5 Findings on August 14, 2024: a. Back Hall, Kitchen - the type "K" portable fire extinguisher was sitting on the floor, not mounted as required by NFPA 10.	C 183	put it back on hook	8-15-24	
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 building was not maintained in a safe and operating condition. Fire rated openings in Firewalls were not maintained in proper working condition. This could affect all by not containing fire/smoke in the fire compartment of origin. Findings on August 14, 2024: a. 200 Hall, Firewall - the right leaf of the cross-corridor double-egress doors, hit a scrap piece of wire, not allowing the door to close, when the fire alarm system released the hold-open devices. Facility Staff corrected this deficiency before the Construction Surveyor left the site. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency.	C 189	(a) Fixed same day	8-14-24	

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C 189	Continued From page 6 Findings on August 14, 2024: a. Back Hall, Dining - the exit sign had its right chevron directional indicator, punch-out removed. With this chevron punch-out removed, the exit sign was directing you to turn right to exit, but the correct way out was straight. 3. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on August 14, 2024: a. 100 Hall, Front Storage - there were two holes not firestopped as they penetrated the fire-resistance-rated ceiling assembly. b. 100 Hall, Front Storage - a cable with its firestopped sealant was pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. 4. Based on observation, the building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system did not work properly when needed. Findings on August 14, 2024: a. Back Hall, Kitchen - the last semi-annual maintenance, for the commercial kitchen hood's fire suppression system, was performed in May 2024. Since then, there has been no documentation of the required monthly in-house/owner inspections. 5. Based on Observation, the Building doors were not maintained in a safe and operating condition, because some building components	C 189	(A) Change cover Cover fixed on 10/7/24 (B) fill with fire CAULK fixed on 10/11/24 (C) signed off on them	8-15-24	

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C 189	Continued From page 7 fail to function as originally intended. Findings on August 14, 2024: a. Administration Area -IT Closet - the doorknob was installed backwards, and the room is large enough to stand in, which presents the possibility that someone could be locked in a room. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on August 14, 2024: a. Front Hall, Housekeeping - the door handle loosely fits the hole through the door. This allows gaps around the handle that do not allow the door to be smoke tight. b. 100 Hall, Bedroom 109 - the corridor door did not latch into its frame when closed. c. 100 Hall, Bedroom 105 - the corridor door did not latch into its frame when closed. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 14, 2024: a. 200 Hall, Bedroom 201 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed. b. 100 Hall, Clean Linen - electrical panel 1HL has an open breaker slot. This allows access to energized components that were not guarded against accidental contact.	C 189	(A) turned handle around - Tighten door handle up - Adjusted latch - Adjusted Latch (A) Change GFCI (B) put spacer in it	8-16-2024 8-15-2024 8-15-2024 8-15-2024 10-10-2024 8-15-2024	
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 195			

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C 195	Continued From page 8 (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 hot water, at fixtures used by residents, was not maintained in the operating temperature range of 100 degrees Fahrenheit to 116 degrees Fahrenheit. Findings on August 14, 2024: a. 200 Hall, Women Public Restroom - the sink's hot water temperature reached 80 degrees Fahrenheit, after running the hot water for ten minutes. Maintenance Tech turned up water temperature on the connected water heater.	C 195			
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;	C 199	(A) Adjusted mixing valve to get water up	8-14-24	

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C 199	Continued From page 9 (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 and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on August 14, 2024: a. 200 Hall, Bath/Tub Room - the exhaust ventilation system was not functioning. b. 100 Hall, Laundry - the exhaust ventilation system was not functioning.	C 199	(A) replace exhaust fan - In process (B) get new exhaust fan - In process	

 9/19/24