

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 R 12/11/2024
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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on December 11, 2024. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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 December 11, 2024: a. 200 Hall Firewall - the right leaf of the cross-corridor double-egress doors, rubs on the frame and the door did not close when released from the hold-open devices. 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.	{C 189}		

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

TITLE

(X6) DATE

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{C 189}	Continued From page 1 Findings on December 11, 2024: a. 100 Hall, Front Storage - there is one hole over the door that is not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on December 11, 2024: a. Front Hall, Housekeeping - the door handle was repaired but the door now does not latch. New Deficiency: 7. Observations revealed that the plumbing and mechanical equipment was not maintained in a safe and operating condition. Leaks from equipment can damage ceilings and equipment and produce microbial growth. Findings on December 11, 2024: a. 200 Hall Women's Public Restroom - there is a leak above the ceiling over the door. The ceiling material is soft and crumbling and a drop of water fell out when touched.	{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:	{C 199}		

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{C 199}	Continued From page 2 (1) soiled linen storage; (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 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}		