

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/23/2024
NAME OF PROVIDER OR SUPPLIER FALLS RIVER VILLAGE ASSISTED LIVING CO		STREET ADDRESS, CITY, STATE, ZIP CODE 1110 FALLS RIVER AVENUE RALEIGH, NC 27614		
(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 October 23, 2024. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}	Topic: Physical Plant, Application of Physical Plant Requirements Regulatory: 10A NCAC 13F .0301 Corrective Action: Service Hall Door not releasing after 15 seconds or 15 pounds of pressure for 3 seconds. Parts ordered and received. Attempted to repair was unsuccessful. Contacted Contractor Stanley Access Technology on 12/19/2024 to repair. Identification: All Facilities will be in compliance with physical plant requirements and doors will release after 15 seconds or with force of 15 pounds or more. Monitor: Maintenance Director and/or Maintenance Assistant will complete weekly checks to ensure that all exterior doors release after 15 seconds or 15 pounds of pressure are applied for 3 seconds to release device.	
{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 the time of construction, change in service or bed count, addition, renovation or alteration. For delayed egress locks, the initiation of an irreversible process which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible	{C 101}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Barbara Kuepinger

Executive Director

TITLE

(X6) DATE

12/19/2024

STATE FORM

6899

QFV422

If continuation sheet 1 of 3

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{C 101}	Continued From page 1 process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Findings on October 23, 2024: a. Service Hall - the delayed egress door did not begin the irreversible process of releasing the latch when pressure was applied to the push bar release for more than 3 seconds. Interview with staff revealed that they were not able to repair in house and have ordered new devices.	{C 101}	Topic: Physical Plant Housekeeping and Furnishings Regulatory: 10A NCAC 13F .0306 Corrective Action: Front Entry Door - end cap missing, sharp metal edges exposed. Parts ordered and received. Door will be repaired by 12/20/2024	
{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 facilities. This Rule is not met as evidenced by: 2. Observations revealed that the facility was not free of all hazards. Missing cover plates on push bar controls leaves screws and the door mechanisms exposed. This could cause an injury from cutting, scraping or pinching. Findings on October 23, 2024: a. Front entry door - the end cap is missing on the push bar leaving screws and sharp metal edges exposed. Replacement parts are on order.	{C 166}	Identification: Adult Care Homes shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. Monitor: Maintenance Director will inspect all doors weekly to ensure that they are in working condition and free of all obstructions and hazards	

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{C 189}	Continued From page 2	{C 189}	Topic: Physical Plant Other Requirements	
{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: 3. 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 October 23, 2024: g. 400 Hall Housekeeping - the sprinkler head on the left is missing its escutcheon ring. The wrong size escutcheon ring was installed and does not cover the opening. j. Room 801 - the closet sprinkler head is missing its escutcheon ring. The wrong size escutcheon ring was installed and does not cover the opening.	{C 189}	Regulatory: 10A NCAC 13F .0311 Corrective Action: 400 Hall Housekeeping - sprinkler head had wrong size escutcheon ring and did not cover opening. Escutcheon ring replaced on 12/19/2024 Room 801 - Closet sprinkler head had wrong size escutcheon ring and did not cover opening. Escutcheon ring replaced on 12/19/2024 Findings: Building and all fire safety, shall be maintained in safe and operating condition. Monitor: Maintenance Director and/or Maintenance Assistant will conduct monthly inspections on fire system to include sprinkler heads and escutcheong rings.	