STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088015	A. BUILDING: 01 B. WING _____	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBRIDGE HOUSE	10 SUGAR LOAF ROAD BREVARD, NC 28712

(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 Suzanna Fay conducted on September 19, 2024. This facility was first licensed July 27, 1997 for 60 beds. Based on this information, we are requiring that this facility meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction	C 000	Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of defieciencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state laws.	
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. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on September 19, 2024: a. A copy of of the most current Fire Official's Inspection report was not available for review.	C 111	Reports located and emailed to surveyor.	11/12/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Kimberly Renaud-Randall MCC/AIT
for
Zachary Buff ED/DVPO

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C 159	Continued From page 1	C 159		
C 159	Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (l) The requirements for laundry facilities are: (3) A minimum of one residential type washer and dryer each shall be provided in a separate room which is accessible by staff, residents and family, even if all laundry services are contracted. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide a minimum of one residential type washer provided in a separate room accessible to staff, residents and family. Findings on September 19, 2024: a. Beauty Salon - the residential washer was missing. Interview with staff revealed that they had ordered a new one.	C 159	New washer was purchased and installed in separate room accessible to staff, residents and families	1/2/2025
C 161	Outside Premises-Fence SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and This Rule is not met as evidenced by: 1. Observations revealed that the fence did not allow residents to exit safely. Findings on September 19, 2024: a. Courtyard - the gate drags on the sidewalk	C 161	Gate was repaired to allow for safe exit.	11/12/2024

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C 161	Continued From page 2 and only opens about 45 degrees.	C 161		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls were not kept clean. Findings on September 19, 2024: a. There was a pattern of dirt and debris behind the corridor handrails.	C 164	All facility rooms and common areas have been inspected. All walls have been cleaned and/or painted.	11/12/2024
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.	C 185		

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C 185	Continued From page 3 (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the records of rehearsals did not include a short description of what the rehearsal involved. Findings on September 19, 2024: a. The fire rehearsal logs did not include a short description of what the rehearsal involved.	C 185	All prior fire rehearsal logs have been corrected and short descriptions will be added to future rehearsals.	11/12/2024
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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 19, 2024: a. Room 114 - the door is splitting at the top hinge so that it no longer closes without lifting the door and pulling it closed.	C 189	All facility doors were inspected and repaired and/or replaced.	11/12/2024

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C 189	Continued From page 4 b. TV Room - the double doors are equipped with automatic closers. The right hand door closer did not function correctly to close and latch the door. c. Administrator's Office - the door does not latch when closed. 2. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Faucets securely mounted to maintain seal prevents water leaks. Findings on September 19, 2024: a. Beauty Salon - the faucet at the hair washing sink is not secure. 3. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Loose toilet seats could cause an injury from a slip or fall if the seat shifted while in use. Findings on September 19, 2024: a. Room 208 - the toilet seat is loose. 4. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on September 19, 2024: a. Riser Room - the fire extinguisher was last serviced in December of 2022.	C 189	Faucet has been secured All facility toilet seats were inspected and repaired and/or replaced as needed. The fire extinguisher was serviced.	11/12/2024 11/12/2024 11/12/2024
C 199	Exhaust Ventilation	C 199		

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C 199	Continued From page 5 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; (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on September 19, 2024: a. 100 Hall - the exhaust fans do not appear to be working. b. 200 Hall - the exhaust fans do not appear to be working.	C 199	Facility exhuast fans were inspected and all non working were repaired and/or replaced.	12/11/24