

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER WALNUT RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 411 WINDMILL STREET WALNUT COVE, NC 27052		
(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 Tod Hancock, conducted on February 25,2025. Records indicate that this facility was first licensed on May 27, 1997 as a Home for the Aged. The facility is currently licensed for 63 residents including a 20 bed Special Care Unit. Therefore, the facility must meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code Section 409 Group "I" Institutional. The facility built a new Special Care Unit on June 8, 2009. The Special Care Unit must meet the 2005 Rules for the Licensing of Adult Care Homes and the 2009 North Carolina State Building Code - Section 407 - Group I-2. Deficiencies were cited that require a Plan of Correction.	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 there is a failure to	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 maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required to limit the spread of smoke and/or fire to the area of origin. Findings on February 25, 2025: a. Main Dining Room- There are (3) corridor doors equipped with an unapproved electromagnetic hold-open device that does not release on fire alarm activation. b. Activity Room- There are (3) corridor doors equipped with an unapproved electromagnetic hold-open device that does not release on fire alarm activation. c. Laundry Room- There is a corridor door equipped with an unapproved electromagnetic hold-open device that does not release on fire alarm activation. d. Kitchen- There is a corridor door equipped with an unapproved electromagnetic hold-open device that does not release on fire alarm activation.	C 189		