Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: **01** B. WING _____	R **02/12/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	**240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910**

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on February 12, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{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; This Rule is not met as evidenced by: New Deficiency: 1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches	C 101		

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C 101	Continued From page 1 shall be located and properly identified at each nurses station serving the locked unit. An additional on/off emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on February 12, 2025: a. B Hall - there are two exit from B Hall into the Courtyard. Neither the key pad nor the emergency release on the Dining door was working to release the door. Interview with staff revealed that they were aware of the door issue and had ordered the necessary parts to repair. The Living Room exit did release to exit into the Courtyard, but the outside push release to re-enter the facility was not working.	C 101	3/12/25 - Contractor came out and replaced the dining room door that was broken, causing the door not to open. 2/13/25 - Maintenance Director, Brian Puhl replaced the fuse inside the exit push release. It now unlocks the door.	
{C 148}	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Observations revealed that the corridor handrails are not capable of supporting a 250 pound concentrated load. This could cause a resident to slip or fall if the rail failed to support their weight. Findings on February 12, 2025: b. C Hall - the handrail at the end of the long hall was not secure and has no support brackets in the middle where the two sections of rails meet.	{C 148}	2/17/25 - Maintenance Director placed 2 additional brackets on the handrail to help with additional support.	

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{C 160}	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Findings on February 12, 2025: a. A Hall - there is a 3" diameter hole in the siding outside of Laundry. b. A Hall - a section of siding has slid down outside of Laundry leaving the sheathing exposed. This was corrected at the time of survey but has slid down since the last survey and is currently detached. d. SCU Courtyard - the exterior trim on the door from the Living Room (B Hall) is damaged and pulling away from the wall. e. SCU Courtyard - the bottom piece of siding along B Hall has multiple holes from getting hit with the mower or weed eater.	{C 160}	2/14/25 - Maint Director placed a cover over the hole in the siding outside of A Hall. Maint Director fixed the siding to prevent it from falling down on A Hall. 2/13/25- Maint Director has requested for new siding to be delievered. Waiting for the correct color to be instock then will replace.	
{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;	{C 164}		

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{C 164}	Continued From page 3 (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, ceilings and floors were not kept clean and in good repair. Findings on February 12, 2025: e. C Hall First Community Bath - there is an approximately 6" x 8" section of broken and missing tile at the shower floor under the shower head. f. C Hall Second Community Bath - there is an approximately 6" x 6" section of broken and missing tile at the shower floor under the shower head. 2. Observations revealed that the furniture was not clean and in good repair. Findings on February 12, 2025: a. Most of the bathroom vanities have been replaced with a galvanized metal counter that has a shelf. The finish on the shelf is rusting and the finish is flaking off. b. B Hall Activity Storage - the door handle is loose and the door is damaged around the door hardware.	{C 164}	2/19/25- Maint Director replaced all tile in the showers for both the 1st and 2nd community showers. 2/17/25 - Maint Director removed all shelves with rusting. 2/17/25 - Maint Director placed a cover over the ole in around the door handle.	
{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	{C 189}		

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{C 189}	Continued From page 4 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. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on February 12, 2025: a. B Hall - the left fire door did not close when released by activating the fire alarm. b. The right door of the cross corridor doors at the smoke barrier wall near the main entrance did not fully close when released. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on February 12, 2025: New Deficiency: a. A Hall - the exit sign/emergency light over the front exterior door is not illuminated. 4. 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.	{C 189}	2/14/25 - Fire doors were adjusted to close correctly. 2/13/25 - Exit lightw as replaced by Maint Director.	

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{C 189}	Continued From page 5 Findings on February 12, 2025: a. Dietary Storage - there is a small hole in the ceiling at the right wall. b. There is a pattern of holes where the old phone lines were removed throughout the facility. c. There is a pattern of unsealed penetrations where the new phone lines were installed. d. Room A02 - there is an unsealed tv cable penetration in the ceiling near the door. e. A Hall Central Bath - there is a junction box recessed in the ceiling that has gaps around the edges. g. Kitchen - there is an unsealed water line penetration. h. Kitchen - there is an 18" x 24" patch that has water damage from a leak. The area is stained and the finishing tape is falling off along the edge of the patch compromising the fire resistant rated ceiling assembly. New deficiency: there is a 30" wide patched area running the width of the kitchen from the exterior door. The finish along the patched area is bubbled and flaking. i. Dining - there is an unsealed conduit penetration over the electrical panel and there is a short exposed cable hanging through a hole in the ceiling near the door. j. Administrator's Office - there are several unsealed cable penetrations as well as the cable bundles over the new data equipment installation. k. B Hall exit by Room 10 - there is an unsealed cable bundle to the left of the exit sign. m. C Hall - there is a crack in the ceiling and the sheetrock is separating outside of Room C11. The crack was patched but is splitting open again. A section of the sheetrock ceiling beside the crack has separated and dropped approximately 3/4" below the ceiling leaving openings in the fire resistant rated assembly. n. C Hall Living Room - there is an unsealed	{C 189}	2/17/25 - All holes in the ceiling were covered with appropriate caulking. All foam was removed and replaced with the appropriate caulking by Maint Director.	

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{C 189}	Continued From page 6 cable penetration over the television. 6. 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 February 12, 2025: b. A Hall Men's Bath - the door does not completely close to latch and provide privacy. d. C Hall Living Room - the door rubs and requires excessive force to close. 7. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on February 12, 2025: a. Room A16 Toilet - the toilet is not secure to the floor. 8. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function during a fire. Findings on February 12, 2025: a. A Hall Soiled Linen Closet - the heat detector is hanging from its wires. 9. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Use of materials that are not fire	{C 189}	2/19/25 - Doors were adjusted to shut correctly by Maint Director. 2/13/25 - Toilet was secured by Maint Director. 2/14/25 - Heat Detector was resecured by Maint Director.	

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{C 189}	Continued From page 7 resistant rated could allow fire and smoke to spread beyond the area of origin. Findings on February 12, 2025: a. Administrator's Office - there is one cable penetration at the parking lot wall sealed with an orange material that does not meet the requirements of the fire resistant rated ceiling. 10. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on February 12, 2025: a. B Hall Room 5 - the grille for the HVAC vent over the door is missing. 11. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Override switches that are accessible to residents and are not protected with an alarm to alert staff may allow for elopement of residents. Findings on February 12 2025: a. B Hall - the master override switch to release all of the magnetic locks on the exit doors is mounted on the corridor wall outside of the Med Room. The switch is equipped with an alarm box which did not alarm when opened.	{C 189}	2/17/25 - All holes in the ceiling were covered with appropriate caulking. All foam was removed and replaced with the appropriate caulking by Maint Director. 2/21/25 - Grille was replaced by Maint Director 2/17/25 - Alarm box was replaced by Maint Director.	
{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	{C 199}		

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{C 199}	Continued From page 8 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 February 12, 2025: a. C Hall C14 Bath - the exhaust fan is not working.	{C 199}	2/14/25 - Ehaust fan was replaced by Maint Director	