PRINTED: 03/01/2017
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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
	HAL001159	A. BUILDING: 01 B. WING	02/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 Ed Miller and Billy Bryant, conducted on February 10, 2017. Records indicate this facility was first licensed on about December 8, 2014 for One Hundred (100) Resident Beds including a Thirty-two (32) Beds Special Care Unit. Based on the above information, the facility is required to meet the 2008 Rules for Adult Care Homes of Seven or More Beds; and the 2012 North Carolina State Building Code Section 409, Group I-2 Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on February 10, 2017: a. Bedroom A-16 - the toilet paper dispenser was broken and sitting on counter. 2. Based on Observation, the facility failed to	C 164	See Attached excel Spread sheet	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Executive Director 3/16/17

STATE FORM 6899 M28621 If continuation sheet 1 of 6

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C 164	Continued From page 1 provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on February 10, 2017: a. Bedroom 2 - the connection of the commode to the floor was loose. b. SCU Staff Bath - the hand wash sink was loosely attached to the wall. 3. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on February 10, 2017: a. Oxygen Room - four portable medical oxygen cylinders were stored standing up not secured to the structure. Deficiency corrected before Construction Surveyors departed the site	C 164	See attached excel spreadsheet See attached excel spreadsheet See attached excel spreadsheet	
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's	C 189	See attached excel spreadsheet	

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C 189	Continued From page 2 emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on February 10, 2017: a. A-Hall Cross-Corridor Door Exit sign - the exit sign on the corridor from A-hall area have both chevron punch-outs removed, indicating that you should turn left and right to exit, but the way out is left. 2. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on February 10, 2017: a. Bedroom A-13 - in the corridor side closet the fire sprinkler head was locked with Christmas tree, obstructing the sprinkler spray pattern. Deficiency corrected before Construction Surveyors departed the site b. A Hall Electrical Room - the semi-recessed pendent style fire sprinkler head was located up inside the escutcheon, obstructing the sprinkler spray pattern. c. Bedroom B-01 - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. d. Corridor near A Hall Residents Laundry - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. e. A Hall Soiled Linen - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat	C 189	see attached excel spread sheet See attached excel spread sheet See attached excel spread sheet See attached excel spread sheet See attached excel spread sheet See attached excel spread sheet	

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C 189	Continued From page 3 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on February 10, 2017: a. Main Electrical Room - the one-hour fire-resistance-rated ceiling assembly had a gypsum joint that was deteriorating and could not properly stop a fire. 4. Based on observation, the electrical system was not being maintained safe. Findings on February 10, 2017: a. Bedroom A-16 - there was a multi-plug adaptor with attachment plugs, plugged into an electrical power receptacle without over current protection. Deficiency corrected before Construction Surveyors departed the site b. Bedroom A-13 Bathroom - there was an electrical power receptacle loose in the wall. 5. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on February 10, 2017: a. Dining Room - the pair of corridor doors were being held open with the door closer stops, preventing the rapidly release of the door with a push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed the site. b. Activity Room - both corridor doors were tied open, preventing the rapidly release of the door with a push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed the site.	C 189	see attached excel spread sheet see attached excel spread sheet see attached excel spread sheet see attached excel spread sheet	

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C 189	Continued From page 4 6. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on February 10, 2017: a. Dining Room - the pair of corridor doors had a 3/8 inch gap between their meeting stiles.	C 189	see attached excel spread sheet	
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to prevent the use of unvented fuel burning room heater(s) portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on February 10, 2017: a. Executive Director Office - a portable electric	C 191	see attached excel spread sheet	

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C 191	Continued From page 5 space heater was found in this room.	C 191		