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	HAL085005	A. BUILDING: **01** B. WING _____	**08/25/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT RIDGE ASSISTED LIVING	**411 WINDMILL STREET** **WALNUT COVE, NC 27052**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Ed Miller on August 25, 2017. Records indicate that this facility was first licensed as a Home for the Aged serving 63 residents, 20 of which are housed in the Special Care Unit, on 5-27-1997. 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 6-8-2009. Therefore, 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 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	C 101		

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C 101	Continued From page 1 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. Based on observation, the Building did not meet the code requirements in effect at the time of initial Licensing, by not providing all the required exits with exit signs. This could affect residents, staff, and visitors by not providing egress directions for a prompt evacuation of the building. Findings on August 25, 2017: a. Intersection of A Wing and B Wing - there is no exit sign at this intersection directing the occupants from A Wing and B Wing to travel in this direction to egress out the front door. b. Intersection of C Wing Corridors at MC Staff Station - there is no exit sign at this intersection directing the occupants from the front corridor to turn and egress towards the left side exit.	C 101		
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. Based on record review, and interview with Executive Director and Facility Manager the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule.	C 111		

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C 111	Continued From page 2 Findings on August 25, 2017: a. The last annual Fire Marshal Inspection Report was performed on November 17, 2015.	C 111		
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. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on August 25, 2017: a. Beauty Shop - the HVAC return grille with its radiation damper has an excessive accumulation of dust/lint. b. B Wing Activity - the HVAC return grille with its radiation damper has an excessive accumulation of dust/lint. c. Service Hall Janitor - the exhaust grille with its radiation damper has an excessive accumulation of dust/lint. d. C Wing Living Room - the HVAC return grille with its radiation damper has an excessive accumulation of dust/lint.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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C 166	Continued From page 3 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: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on August 25, 2017: a. AL Med Room - a portable medical oxygen cylinder is stored standing up and not secured.	C 166		
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. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Technician/Manager the Facility failed to	C 185		

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C 185	Continued From page 4 document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on August 25, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	C 185		
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 was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on August 25, 2017: a. B Wing Smoke Barrier - the back leaf, of the double-egress cross-corridor doors, hit its floor and did not close when the fire alarm system released the doors. 2. Based on Observation, fire rated doors of hazardous or Incidental areas are not being	C 189		

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C 189	Continued From page 5 maintained in a safe and operating condition. This could affect all smoke/fire is not contained in Room of origin. Findings on August 25, 2017: a. Bulk Laundry (100+SF) - the corridor door (20 min rated, self-closing) had its door closer arm removed and cannot latch into its frame, on its own power. b. Bulk Laundry (100+SF) - the corridor door was not rated for 45 minutes as required. 3. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on August 25, 2017: a. C Wing Back Side Exit - the exit sign on the Nurse Station side has both chevron directional indicators punch-outs removed, indicating that you should turn left and right to exit, but the way out is only left. 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on August 25, 2017: a. Business Office - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. B Wing intersection of two Corridor near Bedroom B-21 - 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. c. B Wing Corridor near Bedroom B-21 - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and	C 189		

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C 189	Continued From page 6 heat. d. B Wing Riser Room - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Porte-Cochere - the six-fire sprinkler are missing their escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. f. AL Wellness Office - there are multiple gaps around two cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. g. Exterior TV, Telephone, and Medicinal - there are gaps around the previously sealed refrigerant line not firestopped as it penetrates the fire-resistance-rated ceiling assembly. h. Time Clock Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 25, 2017: a. B Wing Housekeeping in Sitting Room - a med cart is stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to 29-inches. This prevents quick access in any emergency. b. Porte-Cochere - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester. 6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on August 25, 2017: a. B Wing Utility - the corridor door did not latch into its frame when closed. b. Private Dining - the pair of corridor doors did	C 189		

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C 189	Continued From page 7 not close completely and latch. c. A Wing Living - the pair of corridor doors did not close completely and latch. d. Dining Room - the front corridor door hit its doorframe and did not latch into its frame when closed. e. Bedroom C3 - the corridor door did not latch into its frame when closed. f. Bedroom C- the corridor door hits its frame, requiring extra force and/or effort to close the door so it can latch. 7. Based on observation and interview with Executive Director, the facility failed to provide and/or maintain the automatic roll-down fire door. This would affect all residents, staff, and visitors by not having emergency equipment in proper working order. Findings on August 25, 2017: a. Kitchen - the automatic roll-down fire door between Kitchen and MC Dining had not been inspected as required by NFPA 80	C 189		