STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL085005	A. BUILDING: **01** B. WING _____	**03/30/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT RIDGE ASSISTED LIVING	**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 Ed Miller, conducted on March 30, 2023. Records indicate that this facility was first licensed on May 27, 1997, as a Home for the Aged serving 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 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",	C 101		

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

Katie Reilley | Executive Director | 5/12/2023

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C 101	Continued From page 1 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 does not meet the NC State Building Code at the time of initial Licensing or alterations, by not providing proper protection of Hazardous Areas. Laundries greater than 100 SF are required to have 1-hour fire-resistant-rated construction. All doors shall be ¾ hour approved listed and labeled fire doors. These doors must be self-closing or automatic closing by smoke detection. This could affect all if fire and smoke are not contained in the Room of origin. Findings on March 30, 2023: a. B-Hall, Community Laundry - the corridor door was labeled for 20 minutes and there was no door closer.	C 101	Maintenance Director installed new closer on 5/3/23	5/3/2023
	2. Based on observation and interviews with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the components required and or procedures to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through these door(s). Findings on March 30, 2023: a. C-Hall, SCU Entrance Doors - when the fire alarm system was activated, these Special Locking System controlled doors, did not release. The central emergency release switch did release the doors.		Modern Systems reprogrammed, tested and doors are releasing properly at this time. Maintenance Director or designee will conduct ongoing random testing to ensure compliance.	5/3/2023
	b. C-Hall, SCU Entrance Doors - when the local on/off emergency release switch was switched off, these Special Locking System controlled doors, did not release. The central emergency release switch did release the doors.		Modern Systems reprogrammed, tested and doors are releasing properly at this time. Maintenance Director or designee will conduct ongoing random testing to ensure compliance.	5/3/2023

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C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify	C 116		

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C 116	Continued From page 3 the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Based on observation, and interview with Maintenance Director the facility failed to submit construction documents and specifications for review and approval prior to replacement of the fire alarm control panel. Findings on March 30, 2023: a. A-Hall, Nurse Station - Interview with Maintenance Director revealed that the fire alarm panel was replaced about two years ago. There was no record that consultation with DHSR Construction Section was sought, or Approval given.	C 116	5/3/2023 Previous Owner and fire safety vendor, Modern Systems did not submit to DHSR based on replacing like for like equipment. The Director of Maintenance and Regional Director of Maintenance reached out to the owner of Modern Systems, and they have reached out to Ed Miller of DHSR to determine what he is requiring will suffice. On 5/9/23, the Maintenance Director received communication by Modern System, they need the building floor plan sent to them. On 5/10/23 The Maintenance Director emailed the facility floor plan to modern systems for architect approval. On 5/12/13 Regional Director of Maintenance contacted Modern System to inquire if they have received the blueprints needed. No response and awaiting to hear back.	
C 126	Bedrooms-Windows SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and	C 126	On 5/4/2023 Regional Director of Maintenance and Maintenance Director inspected all windows to verify this requirement. Determined that 29 window cranks had been removed. Installed 14 that were on hand and ordered 15 more for delivery on 5/5. Maintenance Director installed 5/8. Maintenance Director ordered additional cranks to keep on hand and will conduct on going inspections to ensure working properly and will replace as needed	5/8/2023

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C 126	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain residents' bedrooms with operable windows in good working order. This deficiency affects all residents who do not have an operable window so the resident can control the ventilation of their bedroom. Findings on March 30, 2023: a. B-Hall, Bedroom B07 (Vacant) - a working crank is required to open the window. The crank is missing its set screw and will not open the window.	C 126	Maintenance Director installed crank and set screw on 5/3. The Maintenance Director will conduct on going inspections to ensure working properly and will replace as needed.	5/3/2023
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND 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 compressed gas cylinders are not properly secured, they may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on March 30, 2023: a. A-Hall, Bedroom A12 Closet - five portable oxygen cylinders were standing up on the floor in a plastic beverage crate not properly chained or supported in a proper cylinder stan or cart. Staff corrected the deficiency before the Construction	C 166	Maintenance Director discarded plastic crate and placed bottles in approved storage rack. Director of Clinical Services conducted in-service to all team members on proper storage and handling of oxygen tanks. Training to be completed by 5/12/23. DCS or designee will conduct ongoing monitoring to ensure compliance.	3/30/2023

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C 166	Continued From page 5 Surveyor left the site. b. C-Hall, Bedroom C03 Closet - one portable oxygen cylinder was standing up on the floor not properly chained or supported in a proper cylinder stan or cart	C 166	Maintenance Director discarded plastic crate and placed bottles in approved storage rack. Director of Clinical Services conducted in-service to all team members on proper storage and handling of oxygen tanks. Training to be completed by 5/12/23. DCS or designee will conduct ongoing monitoring to ensure compliance.	3/30/2023
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 emergency equipment is 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 March 30, 2023: a. C-Hall, Laundry (Bulk) - the combination exit sign and emergency light fixture did not illuminate on backup power when tested. b. C-Hall, Kitchen - the combination exit sign and emergency light fixture did not illuminate on backup power when tested. c. C-Hall, Corridor Exit near Bedroom C10 - the exit sign had its right chevron directional indicator, punch-out darkened out, but it was still visible. With this chevron punch-out removed, the exit sign is directing you to turn right and left to exit, but the correct way out is to the left.	C 189	Maintenance Director replaced with new fixture. Maintenance Director replaced battery in exit sign and now working properly. 5/3/23 Maintenance Director ordered replacement exit sign and installed 5/10/23 Maintenance Director or designee will conduct ongoing monitoring to ensure emergency equipment is maintained in safe and operating condition to ensure compliance	4/28/2023 4/28/2023 5/10/2023

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C 189	Continued From page 6 2. 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 the room of origin. Findings on March 30, 2023: a. A-Hall, TV Equipment Room - there are two cables and a wiring bundle not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. A-Hall, TV Equipment Room - there is a penetration sealed with orange foam. Orange foam is not approved for penetrations through fire-resistance-rated construction. c. A-Hall, Nurse Station Charting Room - there are three cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. d. C-Hall, Janitor near Bulk Laundry - there are two holes where a light fixture was removed and not firestopped as they penetrate the fire-resistance-rated ceiling assembly. e. C-Hall, Laundry (Bulk) -the one-hour fire-resistance-rated gypsum wall panels has deteriorated to a point where the tape and joint compound has disappeared. f. C-Hall, Laundry (Bulk) - there is a 16-inch X 12-inch hole through the fire-resistance-rated wall assembly, behind the door. g. C-Hall, SCU Janitor - there was a hole not firestopped as it penetrates the fire-resistance-rated wall assembly. 3. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on March 30, 2023: a. B-Hall, Bedroom B07 - the corridor door does not latch into its frame when closed. b. C-Hall, Bedroom C03 - the corridor door does not latch into its frame when closed.	C 189	Maintenance Director applied fire caulking to penetrations. Maintenance Director removed foam and applied fire caulking to penetrations. Maintenance Director applied fire caulking to penetrations. Maintenance Director applied fire caulking to penetrations. Maintenance Director and Regional Director of Maintenance applied joint compound and tape to the seam. Maintenance Director removed duct tape and inspected cover over hole. Maintenance Director patched hole on 5/4/2023. Maintenance Director adjusted door on 4/22/2023 Maintenance Director adjusted door on 4/22/2023	5/3/2023 5/3/2023 5/3/2023 5/3/2023 5/3/2023 5/3/2023 5/4/2023 4/22/2023 4/22/2023

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C 189	Continued From page 7 4. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin. Findings on March 30, 2023: a. A-Hall, A11 Therapy Room - a fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke into the attic. b. A-Hall, A11 Therapy Closet - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling providing an opening that allows the spread of smoke and heat. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on March 30, 2023: a. C-Hall, Corridor near Bedroom C10 - the fluorescent light fixture lens was not secured to its light fixture.	C 189	Maintenance Director purchased and installed new escutcheon plate on 5/9/2023 Maintenance Director applied Fire Caulking to opening on 5/4/2023 Maintenance Director re-secured fixture lens. Maintenance Director or designee will conduct ongoing monitoring to ensure all building equipment. Is maintained in a safe and operating condition to ensure compliance.	5/9/2023 5/4/2023 4/23/2023
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 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	C 199		

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C 199	Continued From page 8 (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. Based on observation and testing with a thin plastic sheet, the facility does not provide working exhaust ventilation in required spaces. Findings on March 30, 2023: a. C-Hall, Laundry (Bulk) - the mechanical exhaust ventilation system is not working.	C 199	Maintenance Director replaced the motor. Maintenance Director or designee will conduct ongoing monitoring to ensure compliance	5/3/2023