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
	HAL076005	A. BUILDING: 01 B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRABELLA ASHEBORO	2925 ZOO PARKWAY ASHEBORO, NC 27204

(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 September 10, 2024. This facility was licensed on July 17, 1996, and is currently licensed for 96 Beds with a 24 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited that require a Plan of Correction	C 000		
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 an interview with the Executive Director the facility failed to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings on September 10, 2024: a. There was no Fire Official (Fire Marshal) report available for review. b. There was no National Fire Alarm and	C 111	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION a) ED contacted the Fire Marshal and the inspection was completed. b. The National Fire Alarm and signaling Code (NFPA 72) has been completed.	9/19/24 9/19/24

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

Tori Darling-Behrendt — Executive Director — 11/15/24

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C 111	Continued From page 1 Signaling Code (NFPA 72) report available for review.	C 111		
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, by failing to ensure that egress from all areas can be accomplished without the use of keys, tools, special knowledge, or effort. This could affect all if the exit cannot be opened trapping someone inside. Findings on September 10, 2024: a. Kitchen - The walk-in freezers, have an inside door releasing device that turns the outside catch unlocking the door. The inside releasing device was not accessible and operable. 2. 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. Findings on September 10, 2024:	C 189	SECTION .0300 - PHYSICAL PLANT 10a ncac 13f .0311 OTHER REQUIREMENTS a.) Kitchen - The rack that was in the cooler blocking the door releasing device has been removed allowing the the releasing device to be accessible and operable.	10/1/24

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C 189	Continued From page 2 Memory Care/SCU: a. Hall at Room C2- There is a large hole in the ceiling. 3. Based on observation there is a failure to maintain the facility's fire safety equipment, installed at the time of construction, 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 September 10, 2024: a. Employee Break Room- The door closer has been removed.	C 189	Memory Care/SCU: a.) Mep Painting and Wall covering repaired the hole in the ceiling. a.) The employee break room door closer has been connected.	9/30/24 11/15/24