

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/05/2024
NAME OF PROVIDER OR SUPPLIER TERRABELLA NORTHRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 NEWTON ROAD RALEIGH, NC 27609		
(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 Biennial Construction Follow Up Survey by Tod Hancock conducted on November 5, 2024. Deficiencies were cited which require a Plan of Correction.	C 000		
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	C 116	all plans for Alarm system have been re-submitted to proper departments.	11/7/24

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/05/2024
NAME OF PROVIDER OR SUPPLIER TERRABELLA NORTHRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 NEWTON ROAD RALEIGH, NC 27609		
(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 116	Continued From page 1 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 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 interviews with Staff the facility performed remodeling and did not submit Construction Documents for review and approval. Findings November 5, 2024: a. The FACP and the associated devices, alarms and signaling system are being replaced. Review of records revealed that the facility did not submit plans to the Division of Health Service Regulation/Construction section for review and approval.	C 116		
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.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/05/2024
NAME OF PROVIDER OR SUPPLIER TERRABELLA NORTHRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 NEWTON ROAD RALEIGH, NC 27609		
(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 189	Continued From page 2 (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 maintain the fire system's safety components in a safe and operating condition. This could affect all occupants who rely on timely notification of emergencies. Findings November 5, 2024: a. The Fire Alarm Control Panel (FACP) was signaling in trouble mode. Staff indicated that an audible annunciator was malfunctioning and the replacement part had been ordered.	C 189	All defected Modules from fire alarm system been replace and we continued working with contractor to ensure every recall module has been replaced.	11/10/24
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 (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:	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/05/2024
NAME OF PROVIDER OR SUPPLIER TERRABELLA NORTHRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 NEWTON ROAD RALEIGH, NC 27609		
(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 199	Continued From page 3 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the buildup humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings November 5, 2024: a. MCU-Housekeeping- the fan is not working.	C 199	Electrical issues been corrected and new exhaust fan has been installed in the housekeeping closet.	11/20/24