

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075001 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 03/19/2015 |
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| NAME OF PROVIDER OR SUPPLIER RIDGE REST | STREET ADDRESS, CITY, STATE, ZIP CODE 354 WOODLAND DRIVE COLUMBUS, NC 28722 |
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| (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 | <p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 3-19-2015.</p> <p>Information gathered from our Master Facility File indicates that this facility was first licensed for 12 beds on 8-1-1979. An old fire inspection report provided by the Owner indicates that the oldest portion of the building was in operation as early as 1968 as Ridgecrest. There were 5 bedrooms added to the building in 2006 but the capacity stayed at 12 beds. Based on this information, the older portion of the facility was surveyed using the 1967 NC Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. The newer portion of the building was reviewed using the 2002 NC State Building Code, the 2000 rules for Adult Care Homes of Seven or More Beds, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds.</p> <p>Note; The newer portion of the building is protected with an NFPA 13R fire sprinkler system.</p> | C 000 | | |
| C 111 | <p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on review of documents, a current fire alarm inspection report was not available in the</p> | C 111 | | |

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

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| C 111 | Continued From page 1 home for review. | C 111 | | |
| C 189 | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <p>a. Hole in the ceiling of the pantry.</p> <p>b. Several holes in the basement ceiling had been sealed with residential fire foam. Residential fire foam used to seal many holes throughout the facility. Fire foam is not approved for use in Institutional Occupancies.</p> <p>2. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. 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 include:</p> | C 189 | | |

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| C 189 | Continued From page 2 Two portable medical oxygen cylinders were stored in no container or rack. | C 189 | | |