

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2015
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NAME OF PROVIDER OR SUPPLIER RIDGE CREST RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 RIDGE CREST LANE MOUNT AIRY, NC 27030
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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
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C 000	<p>Initial Comments</p> <p>This report is of a Biennial Construction Survey done by Bob Getchell on April 9, 2015.</p> <p>Information from the DHSR Master Facility and LTI Files this facility was first licensed or submitted for licensure on 11-24-1997, for 28 residents. Based on this information, we are requiring the facility to meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code with 1997 revisions, Section 409 - Institutional Occupancy.</p> <p>Deficiencies were noted which will require a new plan of correction.</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>MAY 12 2015</p> <p>RECEIVED</p>		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>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: 1. Based on observation, the current fire reports were not available at the time of the survey.</p> <p>Findings include: The following reports were not available at the time of the survey: a) Fire Marshalls Report.</p>	C 111		<p>SEE ATTACHED REPORT DATED 1-26-15</p>	5/8/15
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER</p>	C 189			

Division of Health Service Regulation

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

Nancy J. Smith

TITLE

SPN ADM

(X6) DATE

5-12-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1086010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2015
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C 189	<p>Continued From page 1</p> <p>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 building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a. The attic smoke barrier wall over the private dining room has unprotected penetrations by pipe and cable.</p> <p>b. The 1-hour fire resistance rated kitchen ceiling has unprotected penetrations by conduit over the (i) Ansul tank, and, (ii) Ansul pull station.</p> <p>c. The pantry has an unprotected penetration in the wall behind the door,</p> <p>d. The service corridor mechanical room ceiling has (i) an unsealed conduit penetration, (ii) a split ceiling, and, (iii) Unprotected hole next to the duct in the ceiling.</p> <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p>	C 189	<p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>i - COMPLETED</p> <p>ii - REPAIRED COMPLETE</p> <p>iii - COMPLETED</p>	<p>4.10.15</p> <p>4.10.15</p> <p>4.10.15</p> <p>4.10.15</p> <p>4.10.15</p> <p>4/10/15</p>
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C 189	Continued From page 2 2. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not activating the fire alarm in a timely manner. Findings include: There are sprinkler escutcheons dropped or missing in the following locations: a) Storage at Med Room, b) Activity closet, c) Bedroom 220 (ALL missing), d) Soiled Utility, e) Mechanical Room at resident laundry, f) Resident laundry, g) resident laundry closet, h) Walk-in refrigerator. 3. Based on observation, the building electrical system was not maintained in a safe manner because GFCI outlets are defective. This would effect all residents by potentially exposing them to a shock hazard Findings include: GFCI outlets will not trip when tested in the following locations: a) Kitchen at the grill, b) In the whirlpool bathroom. 4. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not activating the fire alarm in a timely manner. Findings include: There are HVAC duct detector sample tubes that are dirty in the Kitchen Mechanical Room. 5. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by blocking sprinkler coverage. Findings include:	C 189	A - G DONE H - DONE A - REPLACED B - REPLACED CHECKED ALL OTHER GFI PLUGS. ALL ARE GOOD. CA CHECKED AND CLEANED ALL TUBES. (MK)	5/7/15 CA 5/8/15 4-13-15 4-13-15 4-13-15

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C 189	<p>Continued From page 3</p> <p>There are sprinkler heads blocked by insulation in the attic over room 221.</p> <p>6. Based on observation, the building was not maintained in a safe manner by not maintaining a door that is required to be self-closing. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include: a. The Soiled Utility Room has had the door closer removed.</p> <p>7. Based on observation, the building HVAC returns were not maintained in a safe manner by not cleaning off dirt and dust buildup.. This would effect all residents by exposing them to airborne contaminants.</p> <p>Findings include: a. The HVAC returns are caked up with dust and dirt and need cleaning.</p> <p>8. Based on observation, the building electrical system was not maintained in a safe manner by allowing residents to use expansion blocks in the outlets. This would effect all residents by potentially overloading electrical circuits in the bedrooms.</p> <p>Findings include: Outlet expansion devices were observed in the Director of Nursing Office. Provide a UL-listed, grounded power strip with over current protection per NFPA 70.</p>	C 189	<p>CHECKED ALL HEADS 5/7/15 ALL ARE CLEAN. CIA</p> <p>CLOSER INSTALLED 5/7/15 NO OTHERS MISSING CIA</p> <p>CHECKED AND CLEANED 4/13/15 ALL RETURNS. MK</p> <p>INSTALLED UL APPROVED 5/6/15 SURGE STRIP. NO OTHER OUTLET EXPANSION DEVICE KNOWN. CIA</p>	

MOUNT AIRY FIRE DEPARTMENT

INSPECTION REPORT FORM

ADDRESS 1000 Ridgcrest Ln		CITY Mt. Airy	STATE NC.	ZIP 27020
BUSINESS NAME Ridgcrest Retirement			PHONE 786-9100	
MANAGER MAKING REPORT R. Hooker			DATE 1-26-15	
INSP DATE/START TIME 1-26	END DATE/TIME	INSPECTION REASON Reg.	INSPECTION BY RH JS AC	NEXT INSPECTION 1-2016
OWNER/MANAGER Carroll Hooker		ADDRESS 637 N. Main St.		
CITY Mt. Airy	STATE NC.	ZIP CODE 27020		
PHONE	CELL PHONE 374-0753	PAGER		

SECTION #	COUNT	DESCRIPTION OF VIOLATION	STATUS
901.6.1	1	Need a copy of ^{sprinkler} NFPA 25 report	OK <i>JH</i>
1011.2	1	Exit light not working dining room pass through	OK <i>JH</i>
909.11	1	Hood System needs 6 month service + inspection	OK <i>JH</i>
1006.3	1	Emergency light in front of business manager's office	OK <i>JH</i>

ALL VIOLATIONS WERE RESOLVED UPON RE-INSPECTION

JH
 J. Severer, Captain
 Mount Airy Fire Department

RE-INSPECTION DATE	RE-INSPECTION NON-COMPLIANCE FEE
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THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE FEES ARE LEGAL OBLIGATIONS OF THE ABOVE-NAMED BUSINESS. No fees will be charged until the 2nd re-inspection. A fee will be charged for each violation found not corrected at the time of the 2nd re-inspection. The fees are as follows: \$100.00 for the first violation and \$50.00 for each subsequent violation.

J. H. [Signature]
 Fire Code Official's Signature

Carroll Hooker [Signature]
 Name of Person Responsible and Title

To pay this inspection fee:
 This notice with your check or money order to the City of Mount Airy Finance Dept. OR: You may pay by cash, check, or money order in person at the Mount Airy Finance Dept. in the Municipal Building, 300 South Main Street, weekdays from 8:00 a.m. - 4:30 p.m. or you may pay through the drive-thru window weekdays from 8:30 a.m. - 4:30 p.m. or drop your payment by check or money order in the night drop located beside the drive-thru window. There is a \$20.00 charge for returned checks. If any question, call the Mount Airy Fire Department at (336) 788-3570.

Ryan