

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL012040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/25/2015
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NAME OF PROVIDER OR SUPPLIER JONAS RIDGE ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 9061 HWY 181 JONAS RIDGE, NC 28641
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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 6-25-2015.</p> <p>Records indicate this Facility was first licensed or submitted for licensure on or about 1-8-1979 and an addition to the building was completed in 1982. Another addition was completed in 1986 for a total capacity of 57 residents. Therefore, the original facility and the first addition are required to meet the 1977 Minimum and desired Standards and Regulations for Homes for the Aged and Infirm and the second addition to meet the 1984 Minimum Standards and Regulations to Homes for the Aged and Disabled. The entire facility is required to meet the applicable portions of the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the 1978 North Carolina State Building Code, Section 409.1(c), Institutional (I) Occupancy- Unrestrained, Group 1-2.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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</p>	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

James Ware

Vice President, Renicare Solutions

7-29-15

STATE FORM

580

HYPW21

If continuation sheet 1 of 7

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER JONAS RIDGE ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 9051 HWY 181 JONAS RIDGE, NC 28841
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C 101	<p>Continued From page 1</p> <p>Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by: Based on observation the facility did not meet the NC State Building Code as relates to storage and fire separations. Improper storage could allow a fire to spread beyond the room of origin. Findings include: Rooms 13 and 40, which are much larger than 100 sq. feet and were originally intended to be a bedrooms, are now being used for combustible storage. The rooms are separated from the corridor by only 1 3/4" thick solid wood doors without closers. Because of the recent change of use of these rooms to storage rooms, the provisions of the current NC State Building Code must apply. *Table 508.2.5 of the 2012 NC State Building Code requires that storage rooms, larger than 100 square feet in Institutional Unrestrained occupancies must be sprinkler protected and separated from the remainder of the facility by a 1 hour fire resistance rated fire barrier constructed in accordance with Section 707. *Section 707.5 states that fire barrier walls must extend continuously from the top of the floor to the bottom of the roof deck. *Section 707.6 requires that openings for doors shall be protected in accordance with Section 715. *Table 715.4 requires that doors in 1 hour fire barriers must be a minimum of 3/4 hour fire rated and equipped with closers.</p>	C 101	<p>Both rooms, 13 and 40, since the survey have been cleared out and are ready to be used as resident rooms. Staff has been notified not to use resident rooms for storage.</p>	<p>6-30-15 6-30-15 + 7-28-15</p>
C 150	Corridors-Free of equipment and Obstructions	C 150		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL012840	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/25/2015
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NAME OF PROVIDER OR SUPPLIER JONAS RIDGE ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 8081 HWY 181 JONAS RIDGE, NC 28641
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C 150	<p>Continued From page 2</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: Based on observation, the corridor to the exit near room 14 was obstructed by 2 wheelchairs and a cart to only about 3 feet of clear space. Obstructed corridors could delay or prevent an evacuation in an emergency. Note, this deficiency was corrected during the survey.</p>	C 150	corrected during survey	6-29-15
C 168	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, a rug outside the exit near the main laundry presents a trip hazard. A trip hazard at an exit could delay or prevent an evacuation in an emergency. Findings include: When the exit door near the main laundry was opened, it caused the rug outside the door to roll up several inches high across the exit path from the building. Note, this deficiency was corrected during the survey.</p>	C 168	corrected during survey	6-29

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C 186	Continued From page 3 2. Based on observation there was a hasp and padlock on the closet door in room 40. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room.	C 186	The lock and hasp were removed from closet.	7-9
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 facility failed to be maintained in a safe and operating condition because of cross-corridor smoke and fire doors not closing and/or not latching when closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. The cross-corridor doors near the Dining room are equipped with latching hardware. When the doors were activated by the fire alarm system one door failed to close and latch because it was dragging on the floor. b. The cross-corridor doors near room 17 are equipped with latching hardware. When the doors were closed by activation of the fire alarm	C 189	① Adjustments to the fire door latching hardware were made at both locations. And at the dining room the door frame had to be adjusted	7-9

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C 189	Continued From page 4 system, one door failed to latch closed. 2. Based on observation, the battery powered emergency lights throughout the building would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 3. 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: a. Holes (2) in ceiling in Doctor's office, b. Holes in wall and ceiling in mechanical room near room 19, c. Hole in ceiling in room 5, d. Holes and damaged gypsum board in ceiling in kitchen, e. Holes in walls in pantry, f. Unsealed penetration at gas line in main laundry, g. Hole in ceiling of storage room near room 37. 4. Based on observation, the corridor door to the community bathroom near room 16 did not fit the opening well enough at the top to resist the passage of fire and smoke. Corridor doors that do not properly fit present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. 5. Based on a review of documents, the fire extinguishers are not being inspected monthly as required. Failure to perform monthly safety inspections could cause the extinguishers to fail	C 189	② The battery powered lights are being removed due to the building having a back up generator ③ All holes in gypsum board filled with compound to maintain the fire rating ④ An attempt to adjust the door hinges and frame will be made, or the door will be replaced ⑤ The extinguishers have been inspected, and this task has been taken by the administrator.	by Aug. 21 7-9 by Aug 21 6-26

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C 189	<p>Continued From page 5</p> <p>to work when needed.</p> <p>6. 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: A portable medical oxygen cylinder was stored in no container or rack in the oxygen storage room. Note, this deficiency was corrected during the survey.</p> <p>7. Based on observation, the facility was not maintained in a safe condition because of unsealed openings in an electrical panel. Unsealed openings in electrical panels could allow staff to contact energized electrical parts. Findings include: There were 2 blank covers missing in the electrical panel in the mechanical room near room 19.</p> <p>8. Based on observation, the hose on the hair wash wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.</p> <p>9. Based on observation, the stucco covering the exterior of the building was badly deteriorated and falling off in several locations. Deteriorated and missing stucco may allow water to infiltrate through the blocks into the building.</p> <p>10. Based on observation, the ice machine drain</p>	C 189	<p>⑥ was corrected during Survey</p> <p>⑦ Blank covers were installed, and the rest of the building was check for any others</p> <p>⑧ A vacuum breaker will be installed on the sink. The rest of the building will be check for any other possible locations for siphoning.</p> <p>⑨ The stucco will be repair to stop any water from entering the building</p>	<p>6-25</p> <p>7-9</p> <p>by Aug. 21</p> <p>by Aug. 21</p>

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C 189	Continued From page 6 line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 189	⑩ The drain was relocated to maintain a 2 inch clearance from the floor.	T-9
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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include: The exhaust fan was not working in the 1/2 bathroom near room 20.	C 199	The fan motor will be repaired or replaced to meet the requirement.	by Aug 21