

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER KERNER RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD KERNERSVILLE, NC 27284
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on July 16, 2015.</p> <p>Records indicate this facility was first licensed or submitted for licensure April 29, 1999, as a Home for the Aged serving 66 residents, 14 of which reside in the Special Care Unit. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 w/99 revisions North Carolina State Building Code Section 409 Institutional Occupancy - Group I.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</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</p> <p>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 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:</p>	C 101		

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

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C 101	Continued From page 1 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on July 16, 2015: a. The exit doors for the SCU have magnetic locks installed and some of the emergency release switch requires a key to operate. Interview with staff in the area revealed that they did not have the proper keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times. Also not all staff were aware of the need for a key to exit.	C 101		
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 record review, and interview with Executive Director, the facility failed to provide the annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on July 16, 2015: a. Records indicate that the last annual Fire	C 111		

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C 111	Continued From page 2 Marshal Inspection Report was performed on March 18, 2014.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on July 16, 2015: a. In the Bedroom B10, the commode was dried-up, allowing sewer gases for entering the Building. 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on July 16, 2015: a. In Bedroom C03's Bathroom the connection of the commode to the floor was loose.	C 164		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	<p>Continued From page 3</p> <p>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 observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on July 16, 2015:</p> <p>a. The Smoke Barrier Wall in the Attic near the SCU has two PVC pipe penetrations sealed with orange foam. This orange foam is not approved to seal penetrations in fire-resistance-rated construction.</p> <p>b. The Smoke Barrier Wall in the Attic near Bedroom A01 has a metal sleeve penetration not secured to the wall and the cables inside the sleeve were not properly sealed.</p> <p>c. The Smoke Barrier Wall in the Attic near Bedroom A02 has three, 3 inch or larger PVC conduits that penetrate the wall and are not firestopped sealed.</p> <p>d. The Smoke Barrier Wall in the Attic near Bedroom B01 has an iron fire sprinkler pipe penetration whose firestop seal had cracked and displaced thus not sealed properly.</p> <p>e. In the Outside Mechanical Room behind the dryer there was a sleeve penetrating the fire-resistance-rated construction not completely</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>sealed with firestop sealant.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because new construction had left some areas without fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on July 16, 2015: a. In the Activity Room on the D hall, a new closet was built, eliminating the fire sprinkler protection for that area before.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on July 16, 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to: i. Across from Bedroom A14, ii. Across from Bedroom A12, iii. Next to Bedroom B12, iv. Across from Bedroom C04, v. Med Room, vi. Mech Room behind dryer. b. In the Kitchen the wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed or on normal power.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>doors the 1996 NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on July 16, 2015:</p> <p>a. The Utility Room across from Bedroom D08, had a 45 min rated, self-closing corridor door that did not close and latch on its own power.</p> <p>5. Based on observation, and interview with Executive Director, the facility failed to provide and/or maintain the automatic roll-down fire door. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on June 26, 2015:</p> <p>a. The automatic roll-down fire door between Kitchen and SCU Dining had not been inspected as required by NFPA 80.</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on July 16, 2015:</p> <p>a. The sample tubes for the HVAC duct mounted smoke detectors in the Mech Room near Bedroom C08 were dirty. Deficiency corrected before Construction Surveyors departed the site</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>timely manner and cannot contained fire in the Room of origin. Findings on July 16, 2015:</p> <p>a. The fire sprinkler escutcheon plate had dropped down from the ceiling. Locations of specific examples include but are not limited to:</p> <p>i. Corridor near from Bedroom C03.</p> <p>b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling. Locations of specific examples include but are not limited to:</p> <p>i. Corridor near from Bedroom A01.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin Findings on July 16, 2015:</p> <p>a. The pair of corridor doors to A Hall Library had a 1/2 inch gap between their meeting stiles,</p> <p>b. The pair of corridor doors to B Hall Living room had a 3/8 inch gap between their meeting stiles,</p> <p>9. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on July 16, 2015:</p> <p>a. A portable medical oxygen cylinder was stored standing up not secured to the structure in the Med Room.</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>10. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on July 16, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2015, there has been no record keeping of the monthly inspections.</p> <p>11. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on July 16, 2015: a. The Spa across from Bedroom B01 had a corridor door with two 1/4 inch diameter holes beside the door latching device.</p> <p>12. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on July 16, 2015: a. The corridor door to the Sun Room had a wedge holding the door open, Deficiency corrected before Construction Surveyors</p>	C 189		

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C 189	Continued From page 8 departed the site, b. The corridor door to the Bedroom B07 had a wedge holding the door open, c. The corridor door to the Bedroom B11 had a wedge holding the door open, d. The corridor door to the Activity Room on D Hall had a sewing machine holding the door open, e. The corridor door to the SCU Dining Room had a mechanical kick-down holding the door open, f. The corridor door to the SCU Clean Linen had a mechanical kick-down holding the door open.	C 189		
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: 1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff	C 199		

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C 199	Continued From page 9 and visitors by subjecting them to odors. Findings on July 16, 2015: a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to: i. Men Toilet Room on the Service Corridor near Bedroom A02, ii. Women Toilet Room on the Service Corridor near Bedroom A02, iii. Kitchen Toilet Room, iv. Kitchen Housekeeping Room v. Toilet Room at Lockers vi. Bedroom C03 Bathroom	C 199		