

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 R 09/25/2015
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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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(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 Follow-Up Construction Survey by Ed Miller on September 25, 2015. Deficiencies cited during Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{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 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. Findings on September 25, 2015: 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. 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.	{C 189}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 189}	Continued From page 1 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. 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.	{C 189}		