

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2015
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NAME OF PROVIDER OR SUPPLIER WALNUT RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 411 WINDMILL STREET WALNUT COVE, NC 27052
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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 10-8-2015.</p> <p>This facility was first licensed as a Home for the Aged serving 63 residents, 20 of which are housed in the Special Care Unit, on 5-27-1997. Therefore the facility must meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code Section 409 Group "I" Institutional. The facility built a new Special Care Unit on 6-8-2009. Therefore the Special Care Unit must meet the 2005 Rules for the Licensing of Adult Care Homes and the 2009 North Carolina State building Code - Section 407 - Group I-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 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>	C 101		

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

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to properly install the Special Locking devices(magnetic locks) as required by Section 1012.6.E of the 1996 NC State Building Code. Section 1012.6.E. requires an on/off emergency release switch to be located within 3 ft. of each magnetically locked exit door. Special Locking devices that are not properly installed could prevent an evacuation in an emergency. Findings include: The emergency release switches provided adjacent to the locked doors were a momentary push-button type that automatically relocked the doors when the button was released. A momentary switch is not an "on/off" type switch.</p> <p>2. 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: Room B21, which is much larger than 100 sq. feet and was originally intended to be a bedroom, is now being used for combustible storage. The room is separated from the corridor by only a 20 minute fire rated door without a closer. Items found stored in the room includes 16 mattresses, 8 wood headboards, 2 wood night stands and an upholstered chair. Because of the recent change of use of this room to a storage room, 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</p>	C 101		

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C 101	<p>Continued From page 2</p> <p>in accordance with Section 707.</p> <p>*Section 707.5 states that fire barrier walls must extend continuously from the top of the floor to the bottom of the roof deck.</p> <p>*Section 707.6 requires that openings for doors shall be protected in accordance with Section 715.</p> <p>*Table 715.4 requires that doors in 1 hour fire barriers must be a minimum of ¾ hour fire rated and equipped with closers.</p> <p>3. Based on observation, does not meet all of the licensure rules required for a Special Care unit. 10A NCAC 13F .1304 requires direct access to a secure outside area be provided.</p> <p>Findings include.</p> <p>The courtyard and the gate to allow egress from the courtyard has latching that is easily opened for egress.</p>	C 101		
C 150	<p>Corridors-Free of equipment and Obstructions</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:</p> <p>1. Based on observation, there was considerable combustible storage in the corridor at the exit near the entrance into Special Care. Storing combustibles in the corridor could make the corridor unusable for evacuation in a fire. Note: This deficiency was corrected during the survey.</p> <p>2. Based on observation, there were several</p>	C 150		

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C 150	Continued From page 3 folding tables stored in the corridor at the exit near the vending machines reducing the width of the exit corridor to about 3.5 feet. Storage in the corridor could delay or prevent an evacuation in an emergency.	C 150		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained free of hazards as relates to the use of temporary extension cords. Findings include: a. An extension cord was being used for permanent wiring in the laundry. b. The extension cord at the laundry was extended through the laundry room door. Note: These deficiencies were corrected during the survey. 2. Based on a review of documents, the range hood fire suppression system in the kitchen is not being inspected monthly as required. Failure to perform monthly safety inspections could cause the fire suppression system to fail to work when needed. Findings include: The fire suppression system had not been inspected since July.	C 166		

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C 183	<p>Fire Extinguishers</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.</p> <p>This Rule is not met as evidenced by: Based on observation, the fire extinguisher in the corridor in Special Care is in an unlocked cabinet that is difficult to open. The cabinet was so difficult to open that staff at first thought it was locked.</p>	C 183		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the smoke barrier cross-corridor doors are equipped with latching hardware. When the doors were closed by activation of the fire alarm system, some doors failed to close completely and/or latch. Cross-corridor doors that do not close completely and latch present the possibility that a fire that</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include:</p> <ol style="list-style-type: none"> a. One of the smoke barrier doors near room B11 did not latch when closed. b. One of the smoke barrier doors near the Activity room did not close completely or latch. <p>2. Based on observation, a fire rated corridor door is prevented from closing quickly and latching to resist the passage of fire and smoke. 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; The ¾ hour fire rated door from the corridor to the laundry room was wedged open.</p> <p>3. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. 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;</p> <ol style="list-style-type: none"> a. The Business office door was wedged open. b. The Resident Care Director's office door was wedged open. c. The dining room door was wedged open. d. The door to the service corridor was wedged open. e. The Dietary office door was wedged open. f. The sitting room door was propped open. g. The Beauty salon door was wedged open. h. The Business office door was wedged open. i. Wedges were found at the pair of living room doors indicating they are sometimes wedged open. 	C 189		

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C 189	<p>Continued From page 6</p> <p>4. 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 and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> a. Holes in the ceiling in the water heater closet off the laundry. b. Unsealed pipe penetration in the attic smoke barrier wall near the laundry. c. Unprotected PVC penetrations in the ceiling of the storage/electrical room near room A09. d. The range hood duct in the attic was wrapped with yellow unclad insulation. <p>5. Based on observation, the battery powered emergency light in the corridor near the Nurse station in Special Care 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.</p> <p>6. Based on observation the sampling tube for the duct mounted smoke detector in the mechanical room off the resident laundry was installed with the sampling holes oriented directly away from the air flow. Sampling tubes that are not properly installed may cause the duct detector to not work properly in the event of a fire.</p> <p>7. 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.</p>	C 189		

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C 189	Continued From page 7 Findings include: Several portable medical oxygen cylinders in the Medroom were stored in unapproved beverage crates or in no container at all.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Finding includes: There was a portable electric heater found in the Administrator's office.	C 191		
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	C 199		

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C 199	<p>Continued From page 8</p> <p>requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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: 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 system was not working in the assisted bath/shower room in the Special Care Unit.</p>	C 199		
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