

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL062009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/06/2015
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NAME OF PROVIDER OR SUPPLIER
SANDY RIDGE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**326 BOWMAN ROAD
CANDOR, NC 27229**

(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	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on October 6, 2015.</p> <p>Records indicate this facility was first licensed on 11/19/1996 as a HA. The facility is currently licensed for 104 Beds including an 88 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1999 Rev) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</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,</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator

DATE

11/2/15

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C 101	Continued From page 1 Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing by not providing a fully sprinkled building. This deficiency affects all residents, staff and visitors by not providing the protection fire sprinklers provide. Findings on October 6, 2015: a. The covered porch near the vending area was not protected by the automatic fire sprinkler system. 2. Based on observation, the facility did not meet the NC State Building Code at the time of initial Licensing by not having all required exits with signs and or door swinging in the direction of egress. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on October 6, 2015: a. The cross-corridor exit doors near Bedroom 417 did not have an exit sign. b. The gate from the back courtyard swings into the space instead of out as required.	C 101	C101-1a Sprinkler has been installed Complete building has been inspected for any other deficiencies C101-2a Exit sign has been installed On 10/28/15 Complete building has been inspected for any other deficiencies C101-2b Gate will be reversed to swing outward by Nov 20, 2015 Complete building has been inspected for any other deficiencies	10/8/2015
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:	C 166		

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STREET ADDRESS, CITY, STATE, ZIP CODE

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CANDOR, NC 27229**

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C 168	<p>Continued From page 2</p> <p>1. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on October 6, 2015: a. The following connections of the commode to the floor was loose. Locations of specific examples include but are not limited to: i. Men Room Lobby, non-handicapped commode, ii. Restroom near Janitor closet on the 400 Wing</p> <p>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 October 6, 2015: a. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice.</p>	C 168	<p>C168-1ai Commode flange has been replaced 11/2/15 Complete building has been inspected for any other deficiencies</p> <p>C168-1aII Commode flange has been replaced 11/2/15 Complete building has been inspected for any other deficiencies</p> <p>C168-2a Stiff leg has been installed to eliminate potential for contact with drain 10/27/15</p>	
C 184	<p>Fire Safety-Evacuation plan</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing</p>	C 184		

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NAME OF PROVIDER OR SUPPLIER SANDY RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 326 BOWMAN ROAD CANDOR, NC 27229		
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C 184	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Based on Observation, the building failed to properly post and maintain the evacuation diagrams. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on October 6, 2015: a. The mounted evacuation diagrams were improperly oriented. Locations of specific examples include but are not limited to: i. Near Bedroom 303, ii. Near Bedroom 310, iii. Near Bedroom 413.	C 184	C184-1a Evacuation diagrams will be replaced to better show the correct orientation to be completed by 11/20/15 Building has been inspected for other locations that may be deficient C184-1aii Evacuation diagrams will be replaced to better show the correct orientation to be completed by 11/20/15 Building has been inspected for other locations that may be deficient	
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 Building was not maintain in a safe and operating condition, because the automatic roll-down fire door as blocked from completely closing. Findings on October 6, 2015: a. The automatic roll-down fire door between the dishwashing area and the dining room had a board positioned in the tack of the fire door that	C 189	C184-1aiii Evacuation diagrams will be replaced to better show the correct orientation to be completed by 11/20/15 Building has been inspected for other locations that may be deficient C189-1a Splash board has been removed 10/28/15 to allow fire door to completely close. Maintenance and Dietary have been made aware of the deficiency	

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C 189	<p>Continued From page 4</p> <p>would not allow the door to close completely in the event of a fire alarm activation.</p> <p>2. 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 October 6, 2015: a. The automatic roll-down fire doors between Kitchen and Dining had not been inspected as required by NFPA 80.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on October 6, 2015: a. The back leaf, of the cross-corridor double-egress pair of doors in the firewall, hits the doorframe and did not completely close, producing gaps that exceed acceptable clearances when the fire alarm system released the doors.</p> <p>4. 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 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 October 6, 2015: a. The chain bolt on the inactive leaf of the following rooms hits the receptor hardware and</p>	C 189	<p>C189-2a Installer of equipment has been contacted to assure fire doors are in compliance and has been in contact with Ed Miller/inspector 10/27/15</p> <p>C189-3a Double door fire doors have been repaired to allow closing of fire doors without interference from dragging top header 10/28/15</p>

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C 189	<p>Continued From page 5</p> <p>does not allow the door to close and latch in to its frame. When the inactive leaf does not latch then the active has nothing to latch into, thus the doors cannot be smoke tight. Locations of specific examples include but are not limited to:</p> <ol style="list-style-type: none"> i. Day Care Room Lobby, ii. Activity Room on 100 Wing. <p>5. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply. Findings on October 6, 2015:</p> <ol style="list-style-type: none"> a. Both shampoo sinks in the Beauty Shop had hoses long enough to reach gray water which were not equipped with a vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines <p>6. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on October 6, 2015:</p> <ol style="list-style-type: none"> a. The following corridor doors are locked with a barrel bolt on the outside and latching door knob. Locations of specific examples include but are not limited to: <ol style="list-style-type: none"> i. Bath in 300 Wing, ii. Soiled Utility near Nurse Station 300 Wing, iii. Bath in 200 Wing, iv. Bath in 100 Wing, v. Bath in 400 Wing, vi. Storage in 400 Wing, vii. Nourishment Room in 400 Wing. 	C 189	<p>C189-4a) Chain bolt has been repaired to allow the closure of door to latch without using pull cord 10/28/15</p> <p>C189-4a) Chain bolt has been repaired to allow the closure of door to latch without using pull cord 10/28/15</p> <p>C189-5a. Parts have been ordered to install vacuum breaker on 2 sinks in Beauty Salon to be completed by 11/20/15</p> <p>C189-6a (I-VII) Barrel bolts have been removed and replaced with electronic locks to allow egress eliminating any potential person locked in room 10/28/15</p>	
C 199	Exhaust Ventilation	C 199		

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C 199	<p>Continued From page 6</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</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:</p> <p>1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors.</p> <p>Findings on October 6, 2015:</p> <p>a. The exhaust ventilation did not remove the required amount of air. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> i. Bath on the 100 Wing, ii. Bath on the 200 Wing, iii. Residents Laundry, iv. Soiled Utility 200 Wing, v. Bath on the 400 wing. 	C 199	<p>C199 (1-5) Maintenance is checking to see why exhaust fans are not operating in these areas. Maintenance will inspect on a monthly basis for correct operation of units completion date by 11/20/15</p> <p>C199 (1a) (i-v) Maintenance is checking to see why exhaust fans are not operating in these areas. Maintenance will inspect on a monthly basis for correct operation of units completion date by 11/20/15</p>	