

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/24/2016
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NAME OF PROVIDER OR SUPPLIER MALLARD RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9420 NORTH HIGHWAY 150 CLEMMONS, NC 27012
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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
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{C 000}	Initial Comments Report of Follow-up Survey by Dennis Harrell on 3-24-2016. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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: 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: Several portable medical oxygen cylinders were stored in an unapproved beverage crate. Findings on 3-24-2016: Three medical oxygen cylinders were stored in no container at all.	{C 166}	<i>See Attached</i> 	
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	{C 189}		

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

Mary Lutz

TITLE

ED

(X6) DATE

4-19-2016

Division of Health Service Regulation

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{C 189}	Continued From page 1 (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: 2. Based on observation, several cross-corridor doors are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch 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 through the corridor to the remainder of the facility. Finding on 3-24-2016: b. A Wing door did not close completely and latch	{C 189}		
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Date: 4-18-2016

DHSR – Plan of Corrections for Building Biennial follow up Survey on 3-24-2016

C166 – Housekeeping maintained free of Hazards – 3 Portable medical oxygen cylinders were not stored in the appropriate crate.

Correction – We have notified the company that provides the oxygen crates and they provide additional crates

C189 – Building Equipment Maintained safe operating –

Cross- corridor door not close completely and latching

Correction – re-positioned latch and put new bolts to hold the latch in place