

PRINTED: 08/07/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/09/2015
NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 711 WATKINS DR DOBSON, NC 27017		
(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 Biennial Construction Survey by Dennis Harrell on 7-9-2015. Records indicate this facility was first licensed or submitted on 8-1-1970 as a Home fore the Aged. The facility is currently licensed for 65 Beds. 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 1958 Edition, of the North Carolina Building Code(s), Institutional Occupancy.	C 000	CONSTRUCTION SECTION AUG. 07 2015 RECEIVED	
C 101	Existing Licensed Fac- No less than 71 Rules 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; This Rule is not met as evidenced by: 1. Based on observation the facility failed to meet the Building Code in effect when first licensed. Specifically, Section 402.1 adopted to the 1958	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Jessy Miller
7TMV21

Admin.

8-4-15

If continuation sheet 1 of 4

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C 101	Continued From page 1 NC State Building Code on 07/14/1959. Section 402.1 required unless sprinkler systems were installed, fire detecting devices be installed in all spaces. Findings include: There were no fire detecting devices (a heat or smoke detector connected to the existing fire alarm system) provided in the full bathroom off the corridor and in several 1/2 baths off the corridor. NOTE: Fire detecting equipment is not being required in a closet in a bedroom if that closet can be considered inside the "box" of the bedroom already provided with detection. 2. Based on observation, a new 165,000 BTU gas dryer has been installed in the laundry room and there are no combustion air or make up air inlets provided. Contact your local Building/Mechanical Inspector to determine if air inlets are required and if so, what size and configuration they must be.	C 101	ten heat detectors were ordered on 7/31/15 and will be installed in all baths off the corridor no later than 9/21/15. Top half of existing window in laundry room will be converted to a screened, louvered, make up air inlet. Conversion will be completed by 8/15/15.	
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 a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result	C 111	Contacted Industrial Fire & Safety and scheduled an inspection of fire alarm system to be completed by 9/15/15.	

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C 111	Continued From page 2 in the fire alarm system not operating properly in the event of an actual fire. 2. Based on a review of documents, the last Fire and Building Safety report was dated 5-19-2014. Buildings that are not inspected and approved annually as required could result in an unsafe condition.	C 111	Fire prevention inspection was done by Surry County Fire Marshall's office on 4/16/15 and will be faxed and mailed along with this document.	
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 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 present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include but are not limited to: a. Hole in wall of 1/2 bath off corridor by room 16, b. Holes in walls of supply closet by room 15, c. Holes in was of full bath by room 23, d. Holes in walls of room 29, e. Holes in walls of room 30, f. Hole in wall of med room, g. Holes in wall of janitor closet,	C 189	All holes have been filled with: Fire Barrier Sealant CP2SWB+ intumescent. Completed on 8/3/15.	

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C 189	Continued From page 3 h. Holes in wall of kitchen, j. Hole in wall of Administrator's office, k. Pattern of holes in almost all walls separating the corridor from spaces off the corridor, l. The heat detector in the linen closet by room 39 was hanging by the wires. Ceiling fixtures must be properly mounted to maintain the fire resistance rating of the ceiling. 2. Based on observation, the battery powered emergency light in the corridor near room 23 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. 3. Based on observation there was a hasp and padlock on the water heater closet located off the laundry. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the space. 4. Based on observation, there was an open drain in the corridor near the dining room where a water cooler had been removed. Drains that are not properly sealed can allow noxious and combustible gases to enter the facility.	C 189	Heat detector in linen closet will be repaired by 8/15/15 Emergency light was replaced with a new fixture on 7/14/15. Hasp and padlock were removed on 7/14/15 Drain was capped on 7/14/15.	



Surry County Fire Marshal's Office

FIRE PREVENTION INSPECTION REPORT
ORDER TO COMPLY
1218 State Street, Suite 800
Mount Airy, NC 27030



Occupant Name:	Riverwood Assisted Living	Inspection Date:	04/16/2015
Address:	711 West Atkins Street	Inspection Type:	Fire Prevention, Institutional
Suite:		Inspected By:	Jimmy Ashburn
City:	Dobson		(336) 783-9040
Section:	67		

NO APPARENT VIOLATIONS WERE NOTED AT THIS TIME. If you have any questions, you may contact the Surry County Fire Marshal's Office at (336) 783-9040.

Inspector Comments: No Violations