STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036023	A. BUILDING: **01** B. WING _____	**10/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE RIDGE ASSISTED LIVING	**1251 E HUDSON BLVD GASTONIA, NC 28054**

(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 Biennial Construction Survey by Ed Miller and Greg Cates on October 14, 2015. Records indicate that this facility was licensed on November 26, 1997, for 74 residents. Therefore, we are requiring that this facility meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply. Findings on October 14, 2015: a. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines. The hoses are at	C 164		

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C 164	Continued From page 1 the following locations to include but not limited to: i. Bath 400 Wing Tub, b. The shampoo sinks in the Beauty Shop had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines	C 164		
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 failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on October 14, 2015: a. The HVAC return and ventilation grilles with their radiation dampers have an excessive accumulation of dust/lint at the following locations. Locations of specific examples include but are not limited to: i. Sprinkler Riser Room ii. Manager's Office	C 166		

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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, interview with Maintenance Tech, Executive Director and review of documents, the Building was not maintained in a safe and operating condition; because maintenance on the sprinkler system components was not perform in a timely manner. This would affect all residents, staff and visitors, if the protection fire sprinklers provide was delayed. Findings on October 14, 2015: a. Examination of the fire sprinkler riser revealed the accelerator had been set very low by Sprinkler personal to avoid activating the alarm system due to high pressure. 2. 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 October 14, 2015: a. Housekeeping had 3 open-ended metal sleeve with unsealed cable bundle penetrating the fire-resistance-rated ceiling assembly.	C 189		

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C 189	Continued From page 3 3. 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 the doors not positively/automatically latching into their frame under normal operating conditions. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on October 14, 2015: a. The corridor door assembly to Bedroom 419 does not latch unless you lift up the door leaf. b. The corridor door assembly to Bedroom 211 did not latch to its doorframe. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the exit door have signage that reads "NO EXIT! Alarm will Sound ". This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on October 14, 2015: a. Most exit doors were equipped with paper signage that deters usage of the doors. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on October 14, 2015: a. The self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include	C 189		

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C 189	Continued From page 4 but are not limited to: i. Foyer, nurse station side, ii. Corridor near Bedroom 214, iii. Bath on the 200 Wing 6. 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 October 14, 2015: b. Housekeeping had 3 open-ended metal sleeve with unsealed cable bundle penetrating the fire-resistance-rated ceiling assembly.	C 189		
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 requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing the facility	C 199		

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C 199	Continued From page 5 failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on October 14, 2015: a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to: i. Housekeeping, ii. Solid Utility.	C 199		