

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/14/2015
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NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Greg Cates on October 14, 2015.</p> <p>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).</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000	<p><u>Preface</u></p> <p>The provider submits this Plan of Action (POA) in accordance with specific regulatory requirements. The Provider does not denote agreement with the Statement of Deficiency nor does it constitute an admission that the stated deficiency is accurate. The Provider submits this POA with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings if at any time the Provider determines that the findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider's policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis</p>	12/3/2015
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <ol style="list-style-type: none"> (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; <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply. <p>Findings on October 14, 2015:</p> <ol style="list-style-type: none"> 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 			

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

Julie Hapoth, Executive Director

STATE FORM

9JGG21

(X6) DATE

12/3/2015

If continuation sheet 1 of 8

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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	<p>C 164</p> <p><u>Action Plan</u></p> <p>The provider strives to ensure that the building, along with housekeeping and furnishings, is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, QA/Safety committee audits and meetings, and various other quality assurance measures are examples of the many components utilized.</p> <p><u>Corrective Action-</u></p> <p>1. Backflow-</p> <p>a. The tub manufacturer's literature specifies the referenced tub has a built in vacuum breaker designed to prevent back siphonage of gray water into the potable plumbing lines. (See attached sheet).</p> <p>b. Maintenance installed vacuum breakers on the shampoo sinks on 12/3/15.</p> <p><u>Id of Other Areas-</u></p> <p>The Maintenance Director inspected on 10/23/15 all other plumbing fixtures with hoses long enough to reach gray water to ensure they were equipped with vacuum breakers.</p>	12/3/15
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			

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C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <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, 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:</p> <p>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.</p> <p>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:</p> <p>a. Housekeeping had 3 open-ended metal sleeve with unsealed cable bundle penetrating the fire-resistance-rated ceiling assembly.</p>	C 166	<p>Measures-</p> <p>The Maintenance Director will ensure all replacement plumbing hoses installed in future will not be long enough to reach gray water or ensure they are equipped with vacuum breakers.</p> <p>Monitor-</p> <p>Findings will be shared with the facility Administrator and action taken where needed.</p> <p>C 166</p> <p>Action Plan</p> <p>The provider strives to ensure that the building, along with housekeeping and furnishings, is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, QA/Safety committee audits and meetings, and various other quality assurance measures are examples of the many components utilized.</p> <p>Corrective Action-</p>	12/3/15
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1. Grilles-
 - a. Maintenance on 10/23/15 removed the dust/lint from the sprinkler riser room and dietary manager's office grilles.

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C 189	<p>Continued From page 3</p> <p>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.</p> <p>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.</p> <p>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</p>	C 189	<p><u>Id of Other Areas-</u></p> <p>The Maintenance Director inspected on 10/23/15 all other grilles for dust/lint. Other grilles found with dust/lint were cleaned.</p> <p><u>Measures-</u></p> <p>The Maintenance Director and housekeepers will inspect grilles at least monthly to reduce risk of dust/lint accumulation.</p> <p><u>Monitor-</u></p> <p>Findings will be shared with the facility Administrator and action taken where needed.</p> <p>C 189</p> <p><u>Action Plan</u></p> <p>The provider strives to ensure that the building, along with all fire safety, electrical, mechanical and plumbing equipment is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, QA/Safety committee audits and meetings, and various other quality assurance measures are examples of the many components utilized.</p>	12/3/15

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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	Corrective Action- 1. Sprinkler System- a. The sprinkler riser accelerator setting was adjusted to recommended setting on 10/20/15 by the contract sprinkler vendor, 2. Fire/Smoke Barrier- a. The Maintenance Director on 10/30/15 sealed the conduit sleeves (3) in the identified housekeeping area. 3. Positive Latching- a. The Maintenance Director adjusted the referenced doors (419) on 10/30/15 to assure positive latching. b. The Maintenance Director adjusted the referenced doors (211) on 10/30/15 to assure positive latching. 4. Signs on Exit Doors- a. The referenced exit door signage was removed and replaced by the Office Manager on 10/30/15 with the recommended wording "Emergency Exit Only Alarm Will Sound".	12/3/15
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			

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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 189	5. Battery Back-up Emergency Lighting- a. Note- The referenced lighting was in place prior to the installation of the emergency generator and was left in place. The referenced lighting is a redundant system that is in addition to all lights illuminating egress pathways which are connected to the emergency generator. All referenced lights were inspected by HUD on 08/20/15 and all were operating properly. The referenced battery back-up lights (Foyer, nursing station side, corridor near #214, 200 Wing Bath) were corrected by the Maintenance Director on 10/27/15 and 11/05/15. 6. Duplicate of Example #2. See response above. <u>Id of Other Areas-</u> The Maintenance Director inspected on 10/30/15 all other doors for positive latching; smoke barrier walls and ceilings for penetrations; other battery back-up lighting for proper operation. The Office Manager inspected all exit doors for revised signage. No other concerns were identified.	12/3/15

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C189

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Measures-

The Maintenance Director, Executive Director and Resident Care Director discussed with facility staff, from 10/30/15 to 12/3/15, regarding observing and reporting fire door closures for correct operation and positive latching; walls and ceilings for penetrations.

The Administrator posted a reminder notice in the staff break room for all staff to log any maintenance areas of concern immediately on the maintenance log or in the case of emergent situation, to document on maintenance log and report to a Shift Supervisor for immediate attention.

Monitor-

All Department Managers assist maintenance director with a building inspection auditing fire/smoke barrier doors for positive latching; penetrations in fire/smoke barrier walls and ceilings; and testing of battery back-up emergency lighting.

Findings of audits will be reviewed at the quarterly QA meeting and action taken where needed.

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C199

C 199

12/3/15

Action Plan

The provider strives to ensure that the building, along with all fire safety, electrical, mechanical and plumbing equipment is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, QA/Safety committee audits and meetings, and various other quality assurance measures are examples of the many components utilized.

Corrective Action-

1. Exhaust Ventilation-
 - a. The exhaust ventilation fans were inspected/repared on 11/2/15 by an outside vendor.

Id of Other Areas-

The Maintenance Director inspected on 10/30/15 and 11/2/15 all other described exhaust fans for exhaust ventilation. No other concerns were identified.

Measura-

Exhaust fans have been added to the facility QA inspection list conducted by the Maintenance Director.

Monitor-

Findings will be reviewed at the quarterly QA meeting and action taken where needed.