

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 06/22/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS 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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on June 22, 2017.</p> <p>Records indicate this facility was first licensed on August 1, 1970. The facility is currently licensed for sixty-five Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code, Institutional Occupancy, and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</p>	C 000		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the exterior grounds were not maintained in a safe condition.</p> <p>Findings on June 22, 2017: a. One of the rocking chairs on the front porch was broken at the arm rest and at the base rendering it unsafe for use.</p>	C 160		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND</p>	C 164		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 06/22/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS 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 164	<p>Continued From page 1</p> <p>FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observations, the facility did not maintain doors in good repair.</p> <p>Findings on June 22, 2017:</p> <p>a. Exit door by the offices - the door did not close and latch.</p> <p>b. Exit door at "Coke" porch - the door was sticking and difficult to open.</p> <p>2. Observations revealed that the floors were not kept in good repair.</p> <p>Findings on June 22, 2017:</p> <p>a. Exit door by the offices - the rubber base was pulling away from the wall to the right of the door.</p> <p>b. Room 33 - the carpet was heavily stained.</p> <p>3. Observations revealed that the facility did not maintain the walls clean and in good repair.</p> <p>Findings on June 22, 2017:</p> <p>a. Room 35 - there was a 3" hole in the wall behind the door just above the base.</p> <p>b. Shower by Room 19 - the upper walls have black mildew spots around the perimeter of the room.</p> <p>4. Observations revealed that the facility's fixtures were not maintained in good condition.</p>	C 164		

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 06/22/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS 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 164	<p>Continued From page 2</p> <p>Findings on June 22, 2017:</p> <p>a. Bath by Room 35 - the sink faucet was not secure.</p> <p>b. Bath by Lounge - the toilet seat is too large for the fixture.</p> <p>5. Observations revealed that the facility did not maintain the ceilings in good repair.</p> <p>Findings on June 22, 2017:</p> <p>a. Shower room by Room 19 - the ceiling around the air supply vent is stained, cracked and puckered.</p>	C 164		
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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors with automatic self closing hardware devices to which the hardware devices did not operate correctly. This could effect all occupants of the facility in the event of a fire if the doors did not close in order to resist the passage of smoke or the spread of fire from the area of origin.</p>	C 189		

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 06/22/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS 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 189	<p>Continued From page 3</p> <p>Findings on June 22, 2017:</p> <p>a. The corridor doors had closers. The following doors did not close and latch upon activation of the fire alarm:</p> <ol style="list-style-type: none"> 1.) Room 19 2.) Room 21 3.) Room 29 4.) Room 31 5.) Room 33 6.) Room 34 7.) Room 36 8.) Employee Lounge. <p>2. Based on observation, the facility's fire safety equipment was not maintained in operating condition.</p> <p>Findings on June 22, 2017:</p> <p>a. Exit by "Coke" porch - the glass bar was missing from the pull station and the pull was not secure.</p> <p>b. The exit light at the cross corridor door (kitchen side) did not illuminate on battery backup.</p> <p>3. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Findings on June 22, 2017:</p> <p>a. Pantry - there are two small penetrations where the electrical conduit is secured to the ceiling.</p> <p>4. Based on observation there is a failure to maintain the facility's fire safety equipment in a</p>	C 189		

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 06/22/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS 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 189	<p>Continued From page 4</p> <p>safe operating condition. Doors that open to corridors are required to close completely and latch in the event of a fire. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on June 22, 2017:</p> <ul style="list-style-type: none"> a. Dining room - the door does not stay latched. b. Living room - the corridor door does not close and latch. c. Shower by Room 19 - the door does not close completely. <p>5. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device that is used to keep a door open is an impediment to quickly closing a door to aid in containing smoke and/or fire. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on June 22, 2017:</p> <ul style="list-style-type: none"> a. The Living room doors were propped open with furniture. <p>6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. To be able to resist the passage of smoke resident room doors must not have gaps or holes in the door.</p> <p>Findings on June 22, 2017:</p> <ul style="list-style-type: none"> a. There were holes around the door hardware at the following rooms: <ul style="list-style-type: none"> 1.) Room 14 2.) Room 19 3.) Room 22 	C 189		

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 06/22/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS 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