STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: **01** B. WING _____	**07/13/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	**250 HOPKINS ROAD** **KERNERSVILLE, NC 27284**

(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 Construction Section Biennial Survey by Dennis Harrell on 7-13-2017. Records indicate this facility was first licensed on 4-29-1999, as a Home for the Aged serving 66 residents, 14 of which reside in the Special Care Unit. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes for Seven or More Beds, and the 1996 w/99 revisions North Carolina State Building Code Section 409 Institutional Occupancy - Group I.	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: 1. 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 no container or rack in room D-04.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift	C 185		

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C 185	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there was no rehearsal done during the 2nd shift. b. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift. c. In the 3rd quarter of last year, there was no rehearsal done during the 3rd shift. d. In the 4th quarter of last year, there was no rehearsal done during the 3rd shift. 2. Based on a review of documents, some of the records available onsite did not include the time or shift when the rehearsal was done.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	Continued From page 2 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, battery powered emergency lights 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. Mal-functioning lights include the following areas: a. Corridor near room A-07, b. Mechanical room off the small dining room. 2. Based on observation, the fire alarm system is not being maintained in a safe and operating condition. Findings include: a. The fire alarm system was equipped with a "Silence" feature that did not work. b. The system was very difficult to reset when activated. c. There is no access door provided at the duct mounted smoke detector in the mechanical room off D Hall. With no access door, the sampling tube has likely never been cleaned. 3. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and	C 189		

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C 189	Continued From page 3 the remainder of the facility. Findings include: a. One smoke barrier door near A-01 did not automatically latch when closed by the fire alarm system. b. The same smoke barrier door near A-01 was very difficult to open if latched manually. c. One smoke barrier door near C-08 did not latch when closed by the fire alarm system. d. The double doors to the TV room do not automatically latch when closed. e. The double doors to the Library do not automatically latch when closed. f. The door to bedroom B-07 was propped open. g. The door to the Sunroom was wedged open. 4. Based on observation, one of the ceiling fire dampers is closed above the air handling unit in the mechanical room off D Hall. A closed damper means an area is receiving little or no ventilation. 5. Based on observation, the outside door to the sprinkler room was difficult to close and latch to prevent unauthorized entry. It was found unlatched/unlocked during the survey.	C 189		