

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/18/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TERRACE RIDGE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 E HUDSON BLVD GASTONIA, NC 28054</b>
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(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 Biennial Construction Survey by Suzanna Fay and Ed Miller on October 18, 2017.</p> <p>Records indicate that this facility was licensed on November 26, 1997 is currently licensed for 74 residents. A 14 bed addition was approved on January 16, 2009. 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 and 2006 editions of the North Carolina State Building Code Volume I - Institutional Occupancy (Group I).</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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 at no cost;</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 101	Continued From page 1  This Rule is not met as evidenced by: 1. Observations revealed that the facility did not meet the building code requirements at the time of licensure.  Findings on October 18, 2017: a. Room 201 - the closet spaces did not have fire protection coverage.	C 101		
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.  Findings on October 18, 2017: a. The escutcheon plate on the sprinkler head outside of dining had dropped, leaving a gap in the ceiling. This item was corrected on site. b. Boiler Room/Riser Room - there were five pipes penetrating the sealing that were not fire caulked.	C 189		

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C 189	<p>Continued From page 2</p> <p>c. Room 201 - there is a hole at the sprinkler escutcheon.</p> <p>d. Attic by Room 204 - there is a 2" diameter hole in the smoke wall.</p> <p>e. 400 Hall storage room - there are two cable penetrations that need fire caulk.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Smoke resisting cross corridor doors are required to close completely in the event of a fire to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on October 18, 2017:</p> <p>a. The smoke doors at Room 205 did not close when released manually or by the fire alarm. The left leaf was dragging on the carpet preventing it from closing.</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <p>(1) soiled linen storage;</p> <p>(2) soil utility room;</p> <p>(3) bathrooms and toilet rooms;</p> <p>(4) housekeeping closets; and</p> <p>(5) laundry area.</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>	C 199		

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C 199	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Observations revealed that the facility did not provide exhaust ventilation at the rate of two cubic feet per minute per square foot in the required areas.</li> </ol> <p>Findings on October 18, 2017:</p> <ol style="list-style-type: none"> <li>a. Laundry room Janitor closet - the mechanical exhaust was not working.</li> </ol>	C 199		