

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>
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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C 000	Initial Comments  Report of a Biennial Construction Survey by Suzanna Fay and Ed Miller on October 18, 2017.  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).  Physical plant deficiencies were noted which require a plan of correction.	C 000	<b>Disclaimer</b>  The provider submits this Plan of Action (POA) in accordance with specific regulatory requirements. The Provider does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that the stated deficiencies are 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.	
C 101	Existing Licensed Fac- No less than '71 Rules  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;	C 101	The provider strives to ensure that physical plant requirements meet applicable building code requirements. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are examples of the many components utilized.  <b>Corrective Action:</b> A sprinkler head was added to each closet space in room #201 on 11/08/17 by the sprinkler contractor.  <b>ID of Other Areas:</b> Maintenance conducted from 10/18/17 through 10/23/17 an additional inspection to ensure no other unidentified missing sprinkler heads. No other areas were found.  <b>Measures:</b> The Maintenance Director added a quarterly inspection to the preventative maintenance check sheet to enhance monitoring of sprinkler building code requirements to assist with identifying potential areas needing correction/repairs.	11/08/17

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

TITLE

(X6) DATE



Ivy Lopez

Executive Director

11/10/17

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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	Continued from Page 1  Department managers will assist in conducting monthly inspections.  <u>Monitoring:</u> Negative findings will be reported to the Administrator and discussed, when appropriate, during the quarterly QAA meeting.	
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	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, safety committee audits and meetings, and various quality assurance measures are examples of the many components utilized.  <u>Corrective Action:</u> 1. a. The referenced escutcheon cover was adjusted immediately by maintenance to eliminate the gap. b. The boiler room/riser room pipes penetrating the ceiling were already fire caulked. Maintenance re-caulked the areas on 10/23/17 where the caulking viewed from the floor appeared thin. Caulking now more readily visible from the floor. c. Sprinkler escutcheon was adjusted by maintenance in room #201 on 10/23/17 to cover the hole at the escutcheon. d. Penetration in attic smoke barrier wall near room #204 was fire caulked by maintenance on 10/23/17. e. The 400 Hall storage room cables penetrating the ceiling were already fire caulked. Maintenance re-caulked the area around the cables on 10/23/17 where the caulking viewed from the floor appeared thin. Caulking now more readily visible. 2. a. The referenced smoke door was adjusted by maintenance on 10/23/17 to ensure proper closing and a positive latch.  <u>ID of Other Areas:</u> Although the surveyors did a thorough inspection of the remaining smoke barrier doors, resident room doors, other doors, escutcheon covers, and smoke barrier ceiling and wall penetrations, maintenance	10/23/17

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C 189	Continued From page 2  c. Room 201 - there is a hole at the sprinkler escutcheon. d. Attic by Room 204 - there is a 2" diameter hole in the smoke wall. e. 400 Hall storage room - there are two cable penetrations that need fire caulk.  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.  Findings on October 18, 2017: 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.	C 189	Continued from Page 2  conducted from 10/18/17 through 10/23/17 an additional inspection to ensure no other unidentified findings. No other areas were found.  <b>Measures:</b> The Maintenance Director added a monthly inspection to the preventative maintenance check sheet to enhance monitoring of penetrations, escutcheon covers and door closure to assist with identifying areas needing adjustments/repairs not identified by a maintenance request slip.  Department managers will assist in conducting monthly inspections.  <b>Monitoring:</b> Negative findings will be reported to the Administrator and discussed, when appropriate, during the quarterly QAA meeting.	
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.	C 199	The provider strives to ensure exhaust ventilation meet applicable building code requirements. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are examples of the many components utilized.  <b>Corrective Action:</b> The exhaust ventilation fan was inadvertently wired, when recently installed, to operate only while HVAC unit was running. Installer re-wired unit on 10/26/17 to run continuously in accordance with regulation.  <b>ID of Other Areas:</b> Maintenance conducted from 10/18/17 through 10/23/17 an additional inspection to ensure no other unidentified exhausts fans were not operating. No other areas were found.  <b>Measures:</b> Maintenance Director will add a monthly inspection to the preventative maintenance check sheet to ensure exhaust ventilation is working in all areas.	10/26/17

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C 199	Continued From page 3  This Rule is not met as evidenced by: 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.  Findings on October 18, 2017: a. Laundryroom Janitor closet - the mechanical exhaust was not working.	C 199	Continued from Page 3.  <u>Monitoring:</u> Negative findings will be reported to the Administrator and discussed, when appropriate, during the quarterly QAA meeting.	