



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

SECOND NOTICE

*Attn: Wendy Chester
15 pages*

June 14, 2018

Tammy Tate-(via e-mail only)
26 Melody Rose Lane
Asheville, NC 28804

RE: North Ridge Assisted Living # 4 - FC Biennial Construction Survey
26 Melody Rose Lane
Asheville Buncombe County
FID #920790 Fcl011294

Dear Ms. Tate:

The Division of Health Service Regulation (DHSR) - Construction Section conducted a Biennial Survey of your facility on April 4, 2018. This survey was conducted by Wendy Chester. As a result of this survey, deficiencies were cited which required an acceptable Plan of Correction that was to be returned to our office by May 30, 2018.

As of the date of this letter, the Construction Section has not received your Plan of Correction. Enclosed is a copy of the letter and Statement of Deficiencies that was mailed or emailed to you.

You will need to type or print clearly your correction action and then **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by June 29, 2018. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
CONSTRUCTION SECTION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Sincerely,

Wendy Chester

Wendy Chester
Architectural/Engineering Technician
DHSR - Construction Section

cc: DHSR - Adult Care Licensure Section
County Building Inspection Department-(via e-mail only)
Buncombe County DSS-(via e-mail only)

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011294	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER NORTH RIDGE ASSISTED LIVING # 4	STREET ADDRESS, CITY, STATE, ZIP CODE 26 MELODY ROSE LANE ASHEVILLE, NC 28804
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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
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C 000	<p>Initial Comments</p> <p>Report by Wendy Chester</p> <p>DHSR Construction Section conducted a Biennial Survey on April 4, 2018 from 8:30 AM to 10:45 AM at the above referenced facility. DHSR records indicate the home was licensed on March 1, 1988 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 (1987 Revision) Family Care Home Minimum Standards and Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (1984 Revisions) North Carolina Building Code - Section 409.1 (g) Residential Care Facilities.</p> <p>At the time of our visit we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 122	<p>Corridor</p> <p>IV. The Building C. Physical Environment 7. Corridor (10 NCAC 42C .2208) a. Corridors must be a minimum clear width of three feet. b. Corridors must be lighted sufficiently with night lights providing 1 foot-candle power at the floor. c. Corridors must be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: 1) The Rule requires that Corridors must be lighted sufficiently with night lights providing 1 foot-candle power at the floor.</p>	C 122	<p>C122 The administrator will monitor the lighting monthly and document findings. The staff have been instructed to call administrator</p>	

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

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C 122 Continued From page 1

During the survey no night lights were observed in the Corridor. Only overhead lights were observed and they are too high and bright to meet this requirement.

Install night lights in the Corridor. Provide photos for completed work.

C 122

if any lights go out before work through. The administrator will address the issue and 7/10/18 document when completed

C 123: Outside Entrances/exits

IV. The Building
C. Physical Environment
8. Outside Entrances/Exits (10 NCAC 42C .2209)

a. All floor levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible.

b. At least one entrance/exit door must be a minimum clear width of three feet and another must be a minimum clear width of two feet and eight inches.

c. At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.)

d. All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. (This limits each door to one locking device which meets the criteria set forth in this standard.)

e. All entrances/exits must be free of all obstructions or impediments to allow for full

C 123

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C 123	<p>Continued From page 2</p> <p>instant use in case of fire or other emergency.</p> <p>f. All steps, porches, stoops and ramps must be provided with handrails and guardrails.</p> <p>g. In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each required exit door must be equipped with a sounding device that is activated when the door is opened. The sound must be of sufficient volume that it can be heard by staff. A central control panel that will deactivate the sounding device may be used, provided the control panel is located in the bedroom of the person on call within the home.</p> <p>This Rule is not met as evidenced by:</p> <p>1) The Rule requires that at least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp.</p> <p>At the time of the survey it was observed that the ramp off the Front Porch did not end level with grade and that a small concrete angle had been installed. The angle of the concrete does not meet the rise/ length requirement.</p> <p>Ensure that the ramp terminates at ground level as per the rise/ length requirement and extend handrails accordingly. Provide photos as documentation.</p> <p>2) The Rule requires that all exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. (This limits each door to one locking device which meets the criteria set forth in this standard.)</p> <p>During the survey it was observed that the Kitchen storm door had a finger-lock mechanism which requires two movements. The Staff</p>	C 123		
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C 123	<p>Continued From page 3</p> <p>removed the locking mechanism while still on site.</p> <p>No further action is required.</p> <p>3) The Rule requires that all entrances/exits must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.</p> <p>It was observed during the survey that at the exit door end of the Corridor a Resident wheel chair was being stored.</p> <p>Remove the wheelchair from the Corridor and keep Corridor clear of obstructions. Provide photos as documentation.</p> <p>4) The Rule requires that all steps, porches, stoops and ramps must be provided with handrails and guardrails.</p> <p>At the time of the survey it was observed that handrails were not provided at the steps off the Corridor and Kitchen steps nor the house side of the Front Porch ramp. Guardrails were not installed on any of the porches or ramps.</p> <p>Consult with your local building official and install Code and Rule compliant handrails and guardrails. Provide photos as documentation.</p>	C 123	<p>C123</p> <p>The property manage is waiting for a letter from the local County inspector to inform the facility what if anything has to be repaired</p> <p>60-90 Days</p>
C 125	<p>Floors</p> <p>IV. The Building</p> <p>C. Physical Environment</p> <p>10. Floors (10 NCAC 42C .2211)</p> <p>a. All floors must be of smooth, non-skid material and so constructed as to be easily</p>	C 125	

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C 125	<p>Continued From page 4</p> <p>cleanable.</p> <p>b. Scatter or throw rugs are not to be used.</p> <p>c. All floors must be kept in good repair.</p> <p>This Rule is not met as evidenced by:</p> <p>1) The Rule requires that all floors must be kept in good repair.</p> <p>At the time of the survey it was observed that there was wrinkling of the carpet in the Living Room main traffic pattern.</p> <p>Repair/ replace the carpet in the Living Room. Provide photos as well as invoices indicating work performed as documentation.</p>	C 125	<p>C125</p> <p>The flooring will be monitored for repairs weekly and repaired. Documentation will reflect repairs</p>	7/30/18
C 126	<p>Outside Premises</p> <p>IV. The Building</p> <p>C. Physical Environment</p> <p>11. Outside Premises (10 NCAC 42C .2215)</p> <p>a. The outside grounds must be maintained in a clean and safe condition, in accordance with the rules of the Division of Health Services governing the sanitation of residential care facilities.</p> <p>b. If the home has a fence around the premises, the fence must not prevent residents for exiting or entering freely or be hazardous.</p> <p>c. General outdoor lighting must be adequate to illuminate walkways and drives.</p> <p>This Rule is not met as evidenced by:</p> <p>1) The Rule requires that the outside grounds must be maintained in a clean and safe condition.</p> <p>At the time of the survey it was observed that there were items being stored on the Porch nearest the parking area and at the rear of the Home. Some of the items need to be discarded</p>	C 126		

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C 126	<p>Continued From page 5</p> <p>and others were improperly stored. The items include wet plywood, broken furniture, garden tools, a lawn mower (in the path of egress), a bathroom sink, broken pots, and a tarp.</p> <p>Dispose of broken or damaged items and properly store the remaining items. Provide photos as documentation.</p> <p>2) The Rule requires that the outside grounds must be maintained in a clean condition.</p> <p>During the survey it was observed that the siding around the Home is dirty and that the gutters need to be cleaned.</p> <p>Pressure wash the siding and gutters. Provide photos of all elevations of the Home as documentation.</p> <p>3) The Rule requires that the outside grounds must be maintained in a condition.</p> <p>It was observed during the survey that in the Crawlspace there was evidence of an animal nesting area in a bale of insulation.</p> <p>Remove the insulation bale and debris created from nesting. Provide a photo as documentation.</p> <p>4) The Rule requires that the outside grounds must be maintained in a safe condition.</p> <p>At the time of the survey it was observed that in the Kitchen window there was a piece of plywood blocking the gap in the window created by the A/C unit on the left side (as viewed from the outside). The right side contained the proper gap closure mechanism.</p>	C 126	<p>C126 The administrator will monitor the outside facility for items not belonging. The SIC had just replaced the bathroom sink and was in the process of cleaning. All areas in tag C126 will be addressed, documented and repaired.</p>	7/30/18
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C 126	Continued From page 6 Remove the plywood and replace with the proper gap closure mechanism. Provide a photo as documentation.	C 126		
C 127	<p>Building Service Equipment-Maintained Safe</p> <p>IV. The Building</p> <p>D. Building Service Equipment (10 NCAC 42C .2214)</p> <p>1. The building and all fire safety, electrical, mechanical, and plumbing equipment must be maintained in a safe and operating condition.</p> <p>This Rule is not met as evidenced by:</p> <p>1) The Rule requires that the building must be maintained in a safe and operating condition.</p> <p>At the time of the survey it was observed that the guttering at the Kitchen Porch exit door was dripping and that the fascia covering has slipped down either due to improper repair or water damage behind the cover. This is at a location of a prior repair.</p> <p>Review the fascia for damage and repair if necessary. Repair the gutter so that water does not drip and is carried away from the building. Provide photos as documentation.</p> <p>2) The Rule requires that the building must be maintained in a safe condition.</p> <p>At the time of the survey it was observed that all the Homes operable windows have special knowledge push button latches that take multiple actions and excessive finger strength to open and which are not allowed. This has been previously cited and continues to be a safety concern.</p>	C 127	<p>C127 The gutters are in repair and will be monitored monthly and documented on.</p> <p>C127 The window latches are serviced and check monthly for easy operation. The staff and residents receive inservice on the proper way to open window safely.</p>	7/30/18

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C 127	<p>Continued From page 7</p> <p>Remove and replace these latches with latches that take no special knowledge or effort. Once complete provide documentation photos as well as invoices/ receipts indicating all work performed.</p> <p>3) The Rule requires that the building must be maintained in a safe condition.</p> <p>It was observed during the survey that the Laundry exhaust wall cap was coated with lint, not sitting flush on the wall, and the backdraft flap was stuck open. Additionally there was debris behind the appliances and the metal flex ducting turned at an angle greater than 180 degrees potentially trapping lint in the curve.</p> <p>Repair/ replace the wall cap, clean out the lint from the cap and ensure that the duct line is less severely angled/ turned and is also clean of lint. Provide photos and a description of work performed as documentation</p> <p>4) The Rule requires that the electrical equipment must be maintained in a safe and operating condition.</p> <p>During the survey it was observed that the Staff Bathroom overhead fixture has a short.</p> <p>Repair/ replace the fixture. Provide photos and receipts detailing work performed.</p> <p>5) The Rule requires that the electrical equipment must be maintained in an operating condition.</p> <p>It was observed at the time of the survey that there were bulbs burnt out or missing in Resident Bedroom five and the share Resident Bedroom one.</p>	C 127	<p>C127 cont The staff sign that they have received inservice. The inservice is upon hire and yearly.</p> <p>All issues listed under tag C127 will be repaired and monitored monthly and documented</p>	<p>7/30/18</p> <p>7/30/18</p>
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C 127	<p>Continued From page 8</p> <p>Replace all missing or burnt out bulbs. Provide photos and receipts as documentation.</p> <p>6) The Rule requires that the plumbing equipment must be maintained in a safe and operating condition.</p> <p>During the survey it was observed that the toilet was loose in the Bathroom with the shower.</p> <p>Tighten the toilet so that it is not loose. Provide a description of the repair work performed.</p> <p>7) The Rule requires that the plumbing equipment must be maintained in a safe and operating condition.</p> <p>At the time of the survey it was observed that in the Resident Bathroom the sink was loose. Additionally, the faucet was missing the aerator and water sprayed uncontrolled out of the basin.</p> <p>Secure the sink to the base or to the wall so that it remains stationary. Replace the faucet aerator so that the water spray is controlled within the basin.</p> <p>8) The Rule requires that the plumbing equipment must be maintained in a safe and operating condition.</p> <p>During the survey it was observed that the water heaters in the Pantry were piped into the crawlspace and no pan drain terminations exited out of the crawlspace.</p> <p>Make arrangements to have the pan drain terminations properly exit the crawlspace. Provide photos as well as invoices/ receipts indicating</p>	C 127		
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**26 MELODY ROSE LANE
ASHEVILLE, NC 28804**

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C 127	Continued From page 9 work performed.	C 127		
C 137	<p>Fire Safety-Evacuation Plan</p> <p>IV. The Building E. Fire Safety Requirement (10 NCAC 42C .2213) 5. A written fire/disaster plan including a diagrammed drawing which has the approval of the local fire department, must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff.</p> <p>This Rule is not met as evidenced by: 1) The Rule requires a written fire/disaster plan including a diagrammed drawing which has the approval of the local fire department, must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff.</p> <p>During the survey it was observed that there was a centrally located diagram of the floor plan layout for the Resident use floor, but there were no markings indicating acceptable evacuation plan routes.</p> <p>Provide a diagrammed drawing indicating locations of exits and a marked plan of evacuation as documentation.</p>	C 137	<p>C137 Fire/Disaster A new diagrammed drawing which has been placed in the facility and reviewed with each resident on admission and is a part of the orientation for new staff to sign they have received training</p>	7/30/18
C 140	<p>Housekeeping and Furnishings</p> <p>IV. The Building F. Housekeeping and Furnishings (10 NCAC</p>	C 140		

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C 140	<p>Continued From page 10</p> <p>42C .2212)</p> <ol style="list-style-type: none"> 1. Each home must: <ol style="list-style-type: none"> a. have walls, ceilings, and floors or floor coverings kept clean and in good repair; b. have no chronic unpleasant odors; c. have furniture clean and in good repair; d. have an approved sanitary classification at all times. e. be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; f. have an adequate supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings on hand at all times; g. make available the following items as needed through any means other than charge to the personal funds of recipients of State-County Special Assistance-- <ol style="list-style-type: none"> (1) protective sheets and clean, absorbent soft and smooth pads; (2) bedpans, urinals, hot water bottles, and ice caps; (3) bedside commodes, walkers, and wheelchairs; h. have television and radio, each in good working order. i. have curtains, draperies or blinds, where appropriate. <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1) The Rule requires that each home must have walls kept clean. <p>During the survey it was observed that the walls of Bedroom three were dusty and dirty especially under the window, near and on the baseboard heater, and the window frame</p>	C 140	<p>C140</p> <p>The administrator will do weekly walk through to check the cleanliness and everything is in good repair.</p> <p>Documentation will reflect monitoring</p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011294	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER NORTH RIDGE ASSISTED LIVING # 4	STREET ADDRESS, CITY, STATE, ZIP CODE 26 MELODY ROSE LANE ASHEVILLE, NC 28804
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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 140	<p>Continued From page 11</p> <p>Clean the walls thoroughly. Provide photos of the walls as documentation.</p> <p>2) The Rule requires that each home must have walls and floors kept clean.</p> <p>It was observed at the time of the survey that there were multiple areas of concern regarding cleaning the walls and the floors. These are as noted below:</p> <p>a. The Resident Shower tiles and grout on both the wall and floor of the shower need cleaning.</p> <p>b. The tub in the Staff Bathroom was coated in soap scum.</p> <p>c. The Staff Bathroom walls and floors, both tile and wallboard, were moldy and mildewed.</p> <p>Clean these areas thoroughly and maintain them in a clean state. Provide photos as documentation.</p> <p>3) The Rule requires that each home must have furniture clean and in good repair.</p> <p>At the time of the survey it was observed that there was a china hutch in the Dining Room and the right side drawer was broken or improperly seated.</p> <p>Repair the drawer. Provide a photo as documentation.</p> <p>4) The Rule requires that each home must be maintained free of all obstructions and hazards.</p> <p>During the survey it was observed that there appeared to be a cord emanating from a source in the Dining Room across the threshold in the doorway into the Staff Bedroom.</p>	C 140		

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NAME OF PROVIDER OR SUPPLIER NORTH RIDGE ASSISTED LIVING # 4	STREET ADDRESS, CITY, STATE, ZIP CODE 26 MELODY ROSE LANE ASHEVILLE, NC 28804
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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 140	Continued From page 12 Relocate the cord so that it does not conflict with foot traffic which poses a trip hazard. Provide a photo as documentation.	C 140		