Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIDEN.	A. BUILDING:	01	COIVII	LEIED
		HAL049032	B. WING		10/0	4/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ATRIA L/	AKE NORMAN		RIAGE CLUB			
	-		VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		on Biennial Survey report by nd Ed Miller on 10/04/2018:				
	This facility was first licensed as a Home for the Aged on 03/18/2002 and an Addition constructied on 02/29/2004. This facility is currently licensed for a total capacity of ONE HUNDRED TWENTY BEDS W/20 BED SCU Therefore, we are requiring that this facility meet the 1996 Minimum Standards and Regulations for Homes for the Aged; the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds; and the 1996 Edition of the North Carolina State Building Code, Section 409-Institutional Occupancy, Group I as well as the 2002 Edition of the North Carolina State Building Code, Section 409-Institutional Occupancy, Section 308.2- Group I.					
C 101	SECTION .0300 - F 10A NCAC 13F .03 PHYSICAL PLANT The physical plant in care home shall be	01 APPLICATION OF REQUIREMENTS requirements for each adult	C 101			
	licensed facilities or facilities shall meet requirements in effections in service of renovation, or alterathe requirements for no addition or renovation.	r portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less ments found in the 1971				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMPI	SURVEY LETED
			B. WING			
	HAL049032				10/0	4/2018
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S RIAGE CLUB	STATE, ZIP CODE		
ATRIA L	AKE NORMAN		VILLE, NC 2			
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C 101	Continued From pa	ge 1	C 101			
		omes for the Aged and Infirm", available at the Division of ulation at no cost;				
	meet the Building C (magnetic locks) or construction or alte any required emerg	ations, this facility does not code for the Special Locking the exit doors at the time of ration. The Code requires, "If lency release switch is of the ff must carry emergency				
	at each magnetical locking type with ke SCU who are responsible to the second was the only staff magnetic to the second was the only staff magnetic to the second was the second with the second was the second with the secon	gency release switch located y locked exit door was of the yed switching. All staff in the onsible for evacuation of carrying keys. The med tech nember carrying a release other staff that were no release switch keys.				
C 110	Construction-Meet	Sanitary Requirements	C 110			
	disposal and dietary the rules of the North Carolina Divis which are incorpora subsequent amend the Sanitation of Ho Homes, Sanitarium Educational and Ot					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL049032	B. WING		10/0	4/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ATRIA L	AKE NORMAN		RIAGE CLUB VILLE, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	COMPLETE DATE
C 110	Continued From pa	ige 2	C 110			
	Resources, Division 2728 Capital Boule Copies may be obta Health Services Se	ironment and Natural n of Environmental Health, vard, Raleigh, North Carolina. ained from Environmental ction, 1632 Mail Service orth Carolina 27699-1632 at no				
	This Rule is not met as evidenced by: 1-Based on interview and observation, this facility did not meet the "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", specifically 15A NCAC 18A .1317(a) which requires the facility to have an effective policy in place to prevent bed bugs from entering and how to mitigate future bed bug infestations.					
	Findings on 10/04/2	2018:				
	Based on interview with facility Executive Director [ED], bed bugs were first observed in 10/02/2018.					
	inspection and serv	est Management Company rice records show that bed d (and treated) in Room 018.				
	currently unoccupie bug bites were obso notified. Interview w	ty ED, room WSW2 is ed and resident relocated after erved and family menbers with facility ED revealed that ead been treated by pest				
		at the time of survey, revealed were harboring behind a wall				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMPI	SURVEY LETED		
		HAL049032	B. WING		10/0	4/2018		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE				
			RIAGE CLUB					
AIRIAL	AKE NORMAN	MOORES	VILLE, NC 2	28117				
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	CTIVE ACTION SHOULD BE COMPLETE NCED TO THE APPROPRIATE DATE			
C 110	Continued From pa	ge 3	C 110					
	The cover for the b was evidence on th	ne party wall between rooms. ox was still removed. There e surrounding wall that at one killed by hand after crawling ction box.						
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair;		C 164					
	(e) This Rule shall facilities. This Rule is not modern and 1-Based on observing the shall be shall facilities.	apply to new and existing						

Findings on 10/04/2018:

The following rooms have ceilings that are damaged due to condensation and staining:

- (a) Dining Room #1
- (b) Resident Care Coodinator's Office
- (c) Main Kitchen
- (d) Room SL09
- (e) HVAC Room #1
- (f) HVAC Room #2
- 2-Based on observation, this facility has failed to keep the ceilings free of penetrations and good repair.

Findings on 10/04/2018:

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HAL049032	B. WING		10/0	
HAL049032			10/0	410040
	ADDRESS, CITY, S		1 .0.0	4/2018
		STATE, ZIP CODE		
ATRIA I AKE NORMAN	RRIAGE CLUB SVILLE, NC 2			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 164 Continued From page 4 The following rooms have penetrations in the fire-rated ceiling construction that are not protected: (a) HVAC Room #1 (b) HVAC Room #2 (c) Housekeeping/DD HALL (d) Riser Room/DD HALL 3-Based on observation, this facility has failed to keep the interior walls clean and good repair. Findings on 10/04/2018: The wall behind the washer/dryers in the Main Laundry have openings that are not in good repair. 4-Based on observation, this facility has failed to maintain the HVAC components clean. Findings 10/04/2018: All of the return-air grilles have particulate build-up and require cleaning in all the Bathrooms, Dining Halls and Kitchens. C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (c) Adult have because shalls				
 (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, this facility is not free or 	:			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL049032	B. WING	<u></u> .	10/0	4/2018
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S RIAGE CLUB	STATE, ZIP CODE		
AIRIA I AKE NORMAN			VILLE, NC 2			
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C 166	Continued From pa	ge 5	C 166			
		hazards. Storage closer than rinkler head could impair the inkler.				
		2018: storage on the shelves in the 3 that is at the ceiling.				
C 189	C 189 Building Equipment Maintained Safe, Operating		C 189			
	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.					
		ation, this facility has failed to fety components in a safe and				
	operated as designalarm test was cond	ne trouble mode, however it ed for detection when the fire ducted. Technicians were g the matter and are				
		ation, this facility has failed to afe and operating condition.				
	Findings 10/04/2016 The Elevator Lobby	8: /Exit pathway adjacent to				

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			D. WING			
		HAL049032	B. WING		10/0	4/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ATRIA L	AKE NORMAN		RIAGE CLUB VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 6	C 189			
	was brought in from hurricane Florence 3-Based on observa	ked by outdoor furniture that in the outside Courtyard due to and never returned by staff. ation, this facility has failed to ding fire protection systems in				
	Findings 10/04/201 There are HVAC flepenetrate the exit a lay-in ceiling. The donnector at the plaresist the passage frooms: (a) HVAC Room at Room #2. (b) HVAC Room #2 There are transfer (access corridor wal passage of smoke)	exible duct connectors that ccess corridor walls above the ucts do not have a suitable ace they penetrate in order to of smoke from the following ross the Hall from Activity grilles that penetrate the exit ls that do not prevent the from the following rooms: oss the Hall from Activity room				
	maintain the fire sa operating condition Findings 10/04/201	8: ons have sprinkler heads s: ere				
	5-Based on observa	ation, this facility has failed to				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
,	o. oo2011011		A. BUILDING: 01			
		HAL049032	B. WING		10/04/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ΔΤΡΙΔ Ι	AKE NORMAN	140 CARF	RIAGE CLUB	DRIVE		
AINAL	ARE NORWAN	MOORES	VILLE, NC 2	8117		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 7	C 189			
	maintain the HVAC condition.	components in a operating				
	operational at the form (a) Laundry Room/N (b) Laundry Room/N (c) Bath Room/GSN (d) HVAC Room #2 6-Based on observation and the electric operating condition Findings 10/04/201 The following location has failed: (a) Laundry Room/N (b) Kitchenette/PL5 7-Based on observation and the plumb operating condition Findings 10/04/201 Findings 10/04/201	ntilation system is not ollowing locations: GSW02 WW02 W 04 ation, this facility has failed to cal components in a safe and components in a safe and components in a safe and component c				

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