Division of Health Service Regulation

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 _____	08/07/2019

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 a Construction Section Biennial Survey by Ed Miller and Frank Strickland, conducted on August 7, 2019. 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. Deficiencies were cited that require a Plan of Correction.	C 000		
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		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 2005-101 Existing Licensed Fac -No Less than 71 Rules 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on August 7, 2019: a. MCU Exits - 0 of 3 staff interviewed had their key to operate the on/off emergency release switches at the unit's exit doors. This is not in accordance with the NC State Building Code requirement that if on/off emergency release switches are of the keyed type, then all staff responsible for evacuation of the locked unit must carry emergency release switch keys. b. MCU Nurse Station - the master on/off emergency release switch is inaccessible. The switch has a locked clear plastic cover and staff did not have keys. 2. Based on observation, the Building does not meet the code requirements in effect at the time of initial Licensing or alteration, by not providing all required exits or exit access doors with exit signs. This could affect residents, staff, and visitors by not providing egress directions for a prompt evacuation of the building. Findings on August 7, 2019: a. Smoke Barrier near Bedroom 307 - there is no exit sign directing you to exit through the Smoke Barrier Doors. The corridor leading to the smoke barrier doors is over 20 feet long from the smoke barrier to the intersection corridor where you can choice two ways to exit. In addition, the smoke barrier doors have been painted to look	C 101	Keys have been provided for Memory Care Unit staff to operate emergency release switches. Keys have been provided for Memory Care Unit staff for access to emergency release switch. Fire Inspector was consulted and we were instructed to remove exit sign above doors. Please see attached email.	8/14/19 8/14/19 8/8/19

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C 101	Continued From page 2 like a book case. b. MCU Dining - when exiting the MCU Dining room there is no exit sign to your left directing you to the back exit.	C 101	Exit sign has been installed.	8/9/19
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Maintenance Director, the facility has unresolved deficiencies cited on their current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on August 7, 2019: a. The Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report, in accordance with NFPA 25 performed on August 7, 2019, listed several deficiencies. Review the list and have the required deficiencies corrected.	C 111	Deficiencies have been corrected.	8/7/19
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; (e) This Rule shall apply to new and existing	C 164		

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C 164	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Based on observation, the building Floors are not kept clean and in good repair. Findings on August 7, 2019: a. C-Hall Corridor near Bedroom C-08- the carpet is fraying. b. Bedroom C-08- the carpet is fraying. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on August 7, 2019: a. Bedroom C-05 Bathroom - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.	C 164	A quote was obtained to replace all carpet in Memory Care Unit and is scheduled for 9/12/2019. All vents and dampers in Memory Care Unit were cleaned.	8/15/19
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 mechanical systems, the facility failed to provide an environment free of hazards. This could affect all residents, staff and visitors, if equipment in disrepair injured someone. Findings on August 7, 2019:	C 166		

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C 166	Continued From page 4 a. B-Hall Exterior Mechanical Room - the gas regulator strap is loose. b. Dryer Room with Gas Dryer - the low combustion air inlet is blocked with the installation of a generator panel. 2. Based on Observation, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on August 7, 2019: a. Beauty Shop - the shampoo sink has a sprayer hose long enough to reach gray water, and there is no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixtures present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 3. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on August 7, 2019: a. Laundry - the electromagnetic hold open device for this door is not properly secured to the wall.	C 166	Strap was repaired Ductwork is scheduled to be installed to supply combustion air at the top and bottom as required by 9/6/19. Vacuum breaker is present. Device was repaired.	8/9/19 8/8/19 8/8/19
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.	C 189		

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C 189	Continued From page 5 (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, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on August 7, 2019: a. Corridor across from Bedroom D-05 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. D-Hall - a emergency light is not secure to the wall c. Exit at the Entrance to MCU - the exit sign has the left chevron directional indicator punch-out removed, indicating that you should turn left down the service hall to exit, but the way out is straight into the MUC. The path to the left is less than 6 feet wide, the door to the service hall does not swing in the path of egress and you must pass through a laundry that has a locked entrance door. d. Laundry Back Exit - the exit sign has the left chevron directional indicator punch-out removed, indicating that you should turn left to exit, but the way out is straight. e. Kitchen Back Hall - there was no emergency lighting provided and the evacuation map directs you through this room. f. MCU Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observation, the Fire Alarm system was not maintained in a safe and operating	C 189	Battery was replaced. Light has been secured. Chevron has been covered. Lock has been removed. Chevron has been covered. Emergency light was installed. Battery was replaced.	8/8/19 8/8/19 8/8/19 8/8/19 8/8/19 8/9/19 8/8/19

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C 189	Continued From page 6 condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on August 7, 2019: a. Laundry - the fire alarm system's heat smoke detector is dangling from the ceiling by its power/operational wires. b. B-Hall Exterior Mechanical Room - the fire alarm system's smoke detector is dangling from the ceiling by its power/operational wires. c. Resident Care Director - the fire alarm system's smoke detector is dangling from the ceiling by its power/operational wires. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on August 7, 2019: a. Kitchen - the commercial kitchen hood's baffle filters are dirty and grease laden. 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on August 7, 2019: a. D-Hall Utility - the attic access door is open at the time of Survey. This is not in conformance with the NC State Building Code, which requires the fire-resistance-rating of the ceiling must be maintained. Note: Deficiency corrected before Construction Surveyors departed site. b. D-Hall Exterior Mechanical room - 3 three-inch PVC pipes are not properly firestopped	C 189	Smoke detector has been repaired. Smoke detector has been repaired. Smoke detector has been repaired. Semi-annual cleaning is scheduled for September 2019. Corrected before surveyor left site.	8/9/19 8/9/19 8/9/19 8/7/19

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C 189	Continued From page 7 with fire collars, or another approved method, as they penetrate the one-hour fire fire-resistance-rated ceiling assembly. c. AL Dining - there is a gap at the base of the front exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Service near Laundry - there is a 12-inch x 12-inch hole above the acoustical ceiling tile not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Service near Laundry - there is a sprinkler riser above the acoustical ceiling tile not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. Service near Laundry - there is a flexible duct above the acoustical ceiling tile not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. Service near Laundry - the walls above the acoustical ceiling tile have multiple cables and holes not sealed smoke tight. h. Kitchen Door to Service Hall - the corridor door does not close and latch into its frame on its own power. i. MCU Corridor near Bedroom C-05 - there is a gap at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 5. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on August 7, 2019: a. MCU Bedroom Closet - the closet doors are equipped with barrel bolts hardware mount high on the door. These locks do not provide an override feature, allowing exiting from the locked	C 189	Fire Collars installed. Repaired with fire caulk. Hole was repaired. Repaired with fire caulk. Repaired with fire caulk. Repaired with fire caulk. Repaired door closer. Repaired with fire caulk. Barrel bolts removed.	8/14/19 8/15/19 8/13/19 8/13/19 8/13/19 8/13/19 8/14/19 8/15/19 8/13/19

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C 189	Continued From page 8 area. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 7, 2019: a. D Hall Patio near Bedroom D-14 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle makes a buzzing sound when the test button is pushed and does not trip. 7. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on August 7, 2019: a. Front Canopy - the fire sprinkler heads are missing their escutcheon plates, exposing openings through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. AL Dining - the escutcheon on the fire sprinkler plate near the attic access door has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 8. Based on observations and record review, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on August 7, 2019: a. Laundry - the fire sprinkler heads are debris-loaded with lint. 9. Based on Observation, corridor doors are not maintained in a safe and operating condition.	C 189	GFI replaced. Escutcheon plates replaced. Escutcheon repaired. Sprinkler heads were cleaned.	8/9/19 8/9/19 8/13/19 8/13/19

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C 189	Continued From page 9 Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on August 7, 2019: a. Library - the corridor door has a chair holding the door open. b. Living Room - the corridor door has a chair holding the door open. c. Bedroom C-06 - the corridor door tie open. d. Bedroom B-07 - the corridor door has a brick holding the door open. e. Bedroom B-02 - the corridor door has a paper towel holding the door open. f. Resident Care Director - the corridor door has a wedge holding the door open.	C 189	Door is not being held open with an unapproved device. Door is not being held open with an unapproved device. Door is not being held open with an unapproved device. Door is not being held open with an unapproved device. Door is not being held open with an unapproved device. Door is not being held open with an unapproved device.	8/12/19 8/12/19 8/12/19 8/12/19 8/12/19 8/12/19
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		

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C 199	Continued From page 10 This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on August 7, 2019: a. A-Hall - the required exhaust ventilation system does not work on this wing. b. Service Hall near Laundry Half Bath - the required exhaust ventilation system does not work. c. Kitchen Mop Room, Half Bath and Interior Can Wash - the exhaust ventilation system does not work. 2. Based on Observation the facility failed to provide ventilation equipment in rooms required to be mechanically exhausted. Findings on August 7, 2019: a. Laundry Storage - there is no ventilation system in this room and the room is being used to store items that have a chemical odor.	C 199	Exhaust fan repaired. Exhaust fan repaired. Exhaust fan repaired. Chemicals have been moved.	8/12/19 8/14/19 8/14/19 8/15/19