Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL011377 01/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **30 DALEA DRIVE WILHAM RIDGE** ASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 Initial Comments C 000 Biennial Construction Section Survey report by Tod Hancock conducted on January 10, 2024. This facility was first licensed on 02/01/1974. Therefore, this facility was surveyed for conformance with the 1967 edition of the North Carolina State Building Code, the 1971 Homes for the Aged and Infirm Minimum Desired Standards and Regulations and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. The facility is licensed for 54 beds. Deficiencies have been cited and a Plan of Correction is required. C 188 C 188 Electrical Outlets in Wet Locations Crown Electric will come out and fix or SECTION .0300 - PHYSICAL PLANT 3/1/2024 replace receptacle as needed. They 10A NCAC 13F .0310 ELECTRICAL OUTLETS will also diagnoise any other similar All adult care home electrical outlets in wet electrical deficiencies. We are currently locations at sinks, bathrooms and outside of waiting to get on their schedule to building shall have ground fault interrupters. complete the work. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner. Findings on January 10, 2024: a. Laundry- The receptacle behind the washing machine did not trip on test indicating the lack of ground fault protection. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT

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

TITLE (X6) DATE

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | | | | | | |
|---|--|---|--|--|-------------------------------|---------|--|--|--|--|--|
| | | | A. BUILDING. 01 | | | | | | | | |
| | | HAL011377 | B. WING | | 01/10/2024 | | | | | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STATE, ZIP CODE | | | | | | | | |
| WILHAM RIDGE 30 DALEA DRIVE | | | | | | | | | | | |
| (X4) ID | ASHEVILLE, NC 28805 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (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) | COMPLETE DATE | | | | | | |
| C 189 | 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult | | C 189 | C 189 a. Water heater will be fixed or replaced if needed. TP Howards plumbing have quoted work and we need to schedule. At time of quote they looked at our other water heaters for similar issues. | | 3/15/24 | | | | | |
| | 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. | | | C 189 b. Drain cover will be replaced by owner. | ру | 3/1/24 | | | | | |
| | | | | C 189 c. Toilet seat will be tightented oby owner. | or replaced | 3/1/24 | | | | | |
| | maintain the fire sa condition. Holes or fire resistant rated v smoke to spread be Findings on Januar a. Laundry Room- | ation, there is a failure to fety systems in a safe gaps at penetrations through walls could allow fire and eyond the area of origin. | | | | | | | | | |
| | | vation, the buildings plumbing tained in a safe manner. y 10, 2024: | | | | | | | | | |
| | water heaters are rinternal component b. Women's Visitor cover is missing. | ter metal jackets of the (2) usted through exposing s. Restroom- The floor drain stroom- The toilet seat is not | | | | | | | | | |
| C 199 | Exhaust Ventilation | | C 199 | | | | | | | | |
| | SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list | | | | | | | | | | |

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| | | HAL011377 | B. WING | | 01/10/2024 | | | | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | | | | |
| WILHAM RIDGE 30 DALEA DRIVE ASHEVILLE, NC 28805 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE COMPLETE | | | | | | | |
| C 199 | DINCE | | C 199 | C 199 Exhaust fans in both restroctive replaced. | oms will | 3/1/24 | | | | | | |

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