STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED			
		IDENTITION THOM NOW DETA.	A. BUILDING: 01			R	
		HAL011377	B. WING			R 03/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
WILHAM	RIDGE	30 DALE ASHEVIL	A DRIVE .LE, NC 2880	5			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
{C 000}	Initial Comments		{C 000}				
	by Ed Miller, condu	uction Section Biennial Survey cted on May 3, 2024.					
	from the Biennial S	deficiencies not completed urvey, and several new ited that requires a new Plan					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND					
	 kept clean and in g New Findings on M a. 200 Bedroom & the room, has been b. 200 Bedroom F sliding door was had close completely shaddition, there was door from the inside c. 201 Bedroom s door had a hole three cord door. d. 203 Bedroom - has been removed. 	rvation, the walls were not ood repair. ay 3, 2024: & Restroom - the wall base for removed. Restroom - the Restroom rd to move and would not nut to provide privacy. In no finger pull to operate the e. shared Bathroom - the sliding ough one side of this hollow the wall base for the room,					

Division	of Health Service Re	egulation			FURIM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) Multiple A. Building:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED R 05/03/2024	
	HAL011377		B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WILHAM	RIDGE	30 DALEA		F		
			E, NC 2880			()(7)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 1	C 164			
	has been removed.					
	kept clean and in genew Findings on M a. 200 Bedroom and the clean. b. 202 & 204 Bedroom and clean. b. 202 & 204 Bedroom and clean commode was not clean commode was staired. floor was not clean front of the common front of the common There was a box will diapers on the floor d. 213 Bedroom St was not clean and the was stained/discolor overflowing. e. 213 Bedroom St unnecessary caulk	ay 3, 2024: and Restroom - the floor was rooms Shared Restroom - the and the floor around the ned/discolored. frooms Shared Restroom - the and the floor around and in de was stained/discolored. ith trash and a package of Shared Restroom - the floor the floor around the commode ored, and trash can is				
C 175	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (b) Each bedroom s furnishings in good resident: (7) individual clean bar in the bedroom	gs-Clean Towel, Towel Bar PHYSICAL PLANT 06 HOUSEKEEPING AND shall have the following repair and clean for each towel, wash cloth and towel or an adjoining bathroom; and apply to new and existing	C 175			
ivision of L	facilities. This Rule is not me 1. Based on obse					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A. BUILDING: 01		COM	PLETED
		HAL011377	B. WING			R 03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
VILHAM	PIDGE	30 DALE	A DRIVE			
	RIDGE	ASHEVIL	LE, NC 2880	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 175	Continued From pa	ge 2	C 175			
	resident. New Findings on M a. 200 Bedroom -	this double occupancy joining Restroom were				
{C 189}		Maintained Safe, Operating	{C 189}			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintain the fire sa condition. Holes or fire resistant rated v smoke to spread be Findings on May 3, a. Laundry Room- the exhaust fan in t New Findings on M b. Laundry Room the corner, there we with orange foam. Of for penetrations three	rvation, there is a failure to fety systems in a safe gaps at penetrations through walls could allow fire and eyond the area of origin. 2024: - There are large holes around he fire rated ceiling assembly.				
		rvation, the buildings plumbing ained in a safe manner.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
		B. WING			R 03/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
WILHAM	RIDGE		A DRIVE LE, NC 2880	5		
		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	COMPLET DATE
{C 189}	Continued From pa	ge 3	{C 189}			
	 water heaters ruster components. b. Women's Visito cover is missing. New Findings on M c. Men's Visitor R securely attached. could not be determ and per Staff in Chad. d. Bedroom 200 F work, and the bowl toilet paper. e. Bedroom 200 F was cracked and si against the wall. f. Bedroom 201 & toilet tank lid was m g. 202 Bedroom F not secure to the floth. 213 Bedroom F sink has separated presenting an open and five inches long. 3. Based on obse corridor doors are no perating condition New Findings on M a. Men's Visitor R 	uter metal jackets of the (2) d through exposing internal or Restroom- The floor drain ay 3, 2024: estroom- The toilet seat is not The status of this Citation hined as the door was locked arge, there was no key on-site Restroom - the toilet does not was covered with dry stained Restroom - the toilet tank lid tting up on the tank leaning & 203 shared Restroom - the hissing. Restroom - the commode was from the countertop, ing as wide as a quarter inch g around the sink. rvation, the smoke tight hot maintained in a safe and				
	diameter hole and through the corridor c. 213 Bedroom - diameter holes thro the door knocker w	er Room - there was a 1/4-inch 1/4-inch x 3/8-inch hole r door around the door handle. there were two 3/8-inch ugh the corridor door where as removed. the corridor door's latch bolt				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377		(X2) MULTIPLE CONSTRUCTION (A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
			A. BUILDING. VI			R
		B. WING			03/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
WILHAM	RIDGE	30 DALE ASHEVII	A DRIVE _LE, NC 28805	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
{C 189}	Continued From pa	ge 4	{C 189}			
	stayed retracted 4 o was closed.	out of 5 times when the door				
	maintain the electric operating condition New Findings on M a. 200 Bedroom - missing. Without the electrical component all that use this dev b. 201 Bedroom F are missing their co- plates, energized electrical receptacle plates. Without the electrical receptacle plates. Without the electrical component all that use these de d. 200 Corridor W electrical receptacle missing its cover pl energized electrical endangering all that e. 213 Bedroom F are missing their co- plates, energized electrical	ay 3, 2024: a telephone jack cover was e cover plate, energized nts are exposed, endangering ice. Restroom - the light switches over plates. Without the cover lectrical components are ing all that use these devices. the light switch and duplex e are missing their cover cover plates, energized nts are exposed, endangering				
{C 199}			{C 199}			
	provided with exhau two cubic feet per n					

Division of Health Service Regulation STATE FORM

If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		a. Building: 0		COMPLETED		
		B. WING			R 03/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
WILHAM	RIDGE		A DRIVE .LE, NC 28805	5		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLET DATE
{C 199}	Continued From pa	ge 5	{C 199}			
	these specified spa (1) soiled linen stor (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1.Based on observation maintaining its exha condition. This coul as well as mildew. Finding May 3, 202 b. Men's Visitor Rest working. The status determined as the of in Charge, there wat New Findings May cc. 200 Bedroom E exhaust ventilation	rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: ation, the facility is not aust fan in an operable ld cause unnecessary odors 4: stroom- The exhaust fan is not s of this Citation could not be door was locked and per Staff as no key on-site.				