

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL036035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/20/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WALDEN POND CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 OLDE COACH LANE</b> <b>CHERRYVILLE, NC 28021</b>		
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{C 000}	Initial Comments  Report by Kelly Myers  DHSR Construction Section conducted a Biennial Follow-up Survey on August 20, 2024, from 8:50 AM to 10:05 AM at the above referenced facility. At the time of the survey not all deficiencies were corrected and new deficiencies were noted therefore further action is required.  NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey.  2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.  The cited deficiencies are as follows:	{C 000}		
C 105	Initial Licensure-Meet NCSBC  SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State	C 105		

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

TITLE

(X6) DATE

Division of Health Service Regulation

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C 105	Continued From page 1  Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the emergency egress windows in the bedrooms were not able to be opened. This is not compliant with the rule. Take the necessary steps to ensure that all windows in sleeping rooms open without resistance.	C 105		
C 142	Corridor-Night Lights  SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was not a corridor night light in the hallway. This is not compliant with the rule. Take the necessary steps to install corridor light equal to 1-foot candle.	C 142		
C 162	Bedroom Furnishings-Bed  SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND	C 162		

Division of Health Service Regulation

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C 162	Continued From page 2  FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed is to have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; (e) This Rule shall apply to new and existing homes.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the mattress box spring material in back left bedroom was torn and exposing the foam padding. This is not compliant with the rule. Take the necessary steps to assess all mattresses and box springs to make sure they are in good condition.	C 162		
C 169	Fire Safety-Smoke Detectors  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These	C 169		

Division of Health Service Regulation

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C 169	<p>Continued From page 3</p> <p>detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that access to the attic was in the garage and the ceiling height was too high to reach with a six-foot ladder to confirm the presence of a heat detector. This is not compliant with the rule. Take the necessary steps to confirm and verify that there is a heat detector in the attic that is hard wired and sounds at the device or is connected to another sounding device. Provide documentation such as pictures or an invoice as proof of the presence of a heat detector and the rating. The heat detector must be of a minimum 194 degrees fixed temperature or 135 degrees rate to rise.</p> <p>2. At the time of the survey it was observed that there was a fire panel that was attached to a red bell in the staff room and a strobe light outside the staff bedroom that could not be tested due to staff not knowing how to operate the fire panel. This is not compliant with the rule. Take the necessary steps to train all staff on how to operate the fire panel and provide documentation with the Plan of Correction that the fire panel has been tested annually.</p> <p>3. At the time of the survey it was observed that there was a sleeping room for the live in staff off the kitchen and there was not a smoke detector outside the bedroom. This is not compliant with the rule. Take the necessary steps to install a</p>	C 169		

Division of Health Service Regulation

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C 169	Continued From page 4  smoke detector outside the staff sleeping room.	C 169		
C 171	Fire Safety- Evacuation Plan  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the emergency escape route map indicates the door exiting into the garage as an emergency exit which is prohibited. This is not compliant with the rule. Take the necessary steps to correct the emergency egress map and provide a copy of the updated route map with the Plan of Correction.	C 171		
C 172	Fire Safety-Four Rehearsals  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.	C 172		

Division of Health Service Regulation

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C 172	Continued From page 5  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire drills were not being conducted on all three shifts. This is not compliant with the rule. Take the necessary steps to conduct fire drills on all three shifts so that residents are trained to respond to the smoke detectors sounding any time of the day or night. Residents should be able to evacuate the building within 8 minutes or less without verbal prompting or physical assistance.	C 172		
{C 174}	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the master bathroom vinyl flooring was damaged at the shower. This is not compliant with the rule. Take the necessary steps to repair or replace the vinyl flooring. *This deficiency was previously cited during our July 8, 2021, biennial survey, take action to correct this deficiency.  NEW DEFICIENCIES  2. At the time of the survey it was observed that there were items behind the dryer. This is not compliant with the rule. Take the necessary steps	{C 174}		

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{C 174}	<p>Continued From page 6</p> <p>to keep this area free from lint and clothing items to prevent the potential for an accidental fire to start.</p> <p>3. At the time of the survey it was observed that the front handrail was loose and there was rotting trim at the front door. This is not compliant with the rule. Take the necessary steps to repair or replace.</p> <p>4. At the time of the survey it was observed that the back door has rusted areas and missing paint. This is not compliant with the rule. Take the necessary steps to repair or replace the door.</p> <p>5. At the time of the survey it was observed that there was nail heads exposed at the handrails on the back deck. This is not compliant with the rule. Take the necessary steps repair the top rails at the back deck.</p> <p>6. At the time of the survey it was observed that the ceiling texture above the range was peeling and chipping. This is not compliant with the rule. Take the necessary steps repair the ceiling.</p> <p>7. At the time of the survey it was observed that both bathrooms did not have GFCI protection. This is not compliant with the rule. Take the necessary steps to install GFCI receptacle.</p> <p>8. At the time of the survey it was observed that the kitchen rangehood was peeling paint, did not have a light bulb cover, light bulb did not work or was burnt out, and the filter was dirty.</p> <p>9. At the time of the survey it was observed that the air filter was dirty. This is not compliant with the rule. Take the necessary steps to routinely replace the air filter.</p>	{C 174}		

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{C 174}	Continued From page 7  10. At the time of the survey it was observed that all circuits were not labeled in the electrical panel and the fire panel/heat detection system was not identified.  11. At the time of the survey it was observed that the exterior dryer cap was full of lint. This is not compliant with the rule. Take the necessary steps to routinely clean the lint from vent line and dryer cap.	{C 174}		
C 177	Building Service Equipment-Hot Water  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the water heater was in a hall closet and the temperature pressure relief pipe goes through the floor and appears to terminate into the crawl space. The electrical wire was not being protected at the water connection with a wire clamp. These are not compliant with the rule. Take the necessary steps to extend and terminate the temperature pressure relief pipe outside the crawlspace and add a wire protector clamp at the wire connection.	C 177		



Division of Health Service Regulation

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C 180	<p>Building Service Equipment-Call System</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there is a bed in the staff quarters which makes this a bedroom for sleeping staff. There were switches on the wall in each bedroom for a call system that was not connected to a call box to indicate which switch was activated for assistance. This is not compliant with the rule. Take the necessary steps to repair or replace the the call assist system.</p>	C 180		