

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/20/2024
---	---	---	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WALDEN POND CARE HOME

**101 OLDE COACH LANE
CHERRYVILLE, NC 28021**

(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 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 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 000}

C 105

Division of Health Service Regulation

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

TITLE

(X6) DATE

Bernice Horch

Administrator

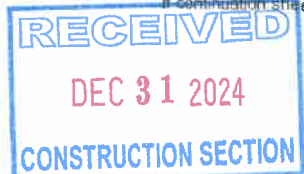
12-20-24

STATE FORM

6899

9PBN22

If continuation sheet 1 of 9



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/20/2024
NAME OF PROVIDER OR SUPPLIER WALDEN POND CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 101 OLDE COACH LANE CHERRYVILLE, NC 28021		
(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 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	C105 All Windows have been Open/Close all windows are fully operating	9-1-24
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	C142 Hall Corridor Light has been hard wired to burn continuously.	12-20-24
C 162	Bedroom Furnishings-Bed SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND	C 162		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/20/2024
NAME OF PROVIDER OR SUPPLIER WALDEN POND CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 101 OLDE COACH LANE CHERRYVILLE, NC 28021		
(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 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	C162 Box Spring Replace	9-1-24
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
STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/20/2024
NAME OF PROVIDER OR SUPPLIER WALDEN POND CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 101 OLDE COACH LANE CHERRYVILLE, NC 28021		
(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 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	C171Emergency Escape map has been re-adjusted Garage as an emergency exit has been removed All Staff Inservice	8-23-24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/20/2024
NAME OF PROVIDER OR SUPPLIER WALDEN POND CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 101 OLDE COACH LANE CHERRYVILLE, NC 28021		
(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 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	C172Fire Drills will be schedule 7am-3pm-11pm	9-1-24
{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}	C174 Old Vinyl will be removed and Floor repaired New Vinyl will be install	12-20-24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/20/2024
NAME OF PROVIDER OR SUPPLIER WALDEN POND CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 101 OLDE COACH LANE CHERRYVILLE, NC 28021		
(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 174}	Continued From page 6 to keep this area free from lint and clothing items to prevent the potential for an accidental fire to start. 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. 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. 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. 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. 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. 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. 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.	{C 174}	C174 Washer/Dryer moved and lint/clothing removed Staff inservice to clean behind appliances weekly (3) Loose Handrails repaired Rotten trim removed (4) Back door repainted and repaired (5) Nails in Handrails secured (6) Ceiling texture spot repaired (7) GFCI protectors installed and working/functioning properly (8) Replace New Range Hood installed (9) HVAC Return Replace Air Filters	8-21-24 12-20-202 12-20-202 9-1-24 9-15-24 9-1-24 9-1-24 8-23-24	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/20/2024
NAME OF PROVIDER OR SUPPLIER WALDEN POND CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 101 OLDE COACH LANE CHERRYVILLE, NC 28021		
(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 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}	C174 (10) Fire Panel Heat Circuits identify with Red Pain Other Circuits also label (11) Exterior Dryer Cap cleaned out properly exhausting	9-1-24 9-1-24
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	C177 Hot water Heater Relief Pipe has been cut off at floor level inside closet proper electric connectors has been installed for wiring	9-3-24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/20/2024
NAME OF PROVIDER OR SUPPLIER WALDEN POND CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 101 OLDE COACH LANE CHERRYVILLE, NC 28021		
(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 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	<p>C180 8-25-24 Call System ordered and properly install/functional</p>	8-28-24



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

IMPORTANT NOTICE – PLEASE READ CAREFULLY

December 18, 2024

Bernice Hosch, Administrator (via email only)
P.O. Box 74
Bessemer City, NC 28016

RE: Walden Pond Care Home – FC Biennial Construction Survey
101 Olde Coach Lane
Cherryville (Gaston County)
FID #921300

Dear Ms. Hosch:

You have provided DHSR – Construction Section with an unacceptable Plan of Correction.

The following tag number(s) need to be corrected:

- Tag # C142: Corridor lighting must be provided for the safety of the residents. If the use of a light controlled by a switch is being used, the switch must be permanently disabled so that it cannot be turned off. A plug in light that provides at least 1 foot candle of lighting is acceptable. Identify what type of light source will be utilized.
- Tag # C169 #1: The attic access to view the heat detectors requires a ladder more than six (6) feet in length. Provide photos of the heat detectors located in the attic.
- Tag # C169 #3: This deficiency was not addressed. Provide a photo that a smoke detector has been installed outside the staff sleep room.
- Tag #C172: Though there may not be three separate shifts for staffing, the rule requires that fire drills be conducted as though there are three shifts (7:00am-3:00pm; 3:00pm-11:pm; and 11:00pm-7:00am). Fire drills must be conducted at different times of the day while the residents are awake and sleeping.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Tag # C174 #4: No date was provided as to when this correction will or has been completed. Provide a completion date or expected completion date.

A revised Plan of Correction must be submitted to DHSR – Construction Section by January 2, 2025. Failure to return an acceptable Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Kelly Myers

Kelly Myers
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Gaston County DSS – with attachment (via email only)



