	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		E SURVEY PLETED
			A. DOILDING.			R
		HAL033005	B. WING	B. WING		05/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
HERITAG	E CARE OF ROCKY	MOUNT	OKEY ROAD MOUNT, NC 2	7801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
{D 000}	Initial Comments		{D 000}			
		ensure Section conducted a and Complaint Investigation				
D 072	10A NCAC 13F .03	305(m) Physical Environment	D 072			
	 (m) The requirement (1) The outside groff acilities shall be micondition; (2) If the home has the fence shall not or entering freely or (3) Outdoor walkwat illuminated by no lealight at ground level This Rule is not micon based on observat failed to assure the facility was 	et as evidenced by: ion and interview, the facility outside smoking shelter of th	,]			
	maintained in a cle The findings are:	ean and safe condition.				
	05/04/16 at 12:00 p -A sheltered area in been designated as residents. -The front and rear smoking shelter ha white paint. -The smoking shelt walls and 2 partial residents to enter a	n the rear of the facility had s the smoking area for the r wooden door frames of the id several areas of chipped ter had 2 complete exterior exterior walls that allowed the				
		he left side under the smoking				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL033005	B. WING			R 05/05/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	GE CARE OF ROCKY	MOUNT 1650 CO	KEY ROAD				
		ROCKY	MOUNT, NC 2	7801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 072	Continued From pa	age 1	D 072				
	shelter.						
		pace of the smoking shelter					
		le boards with exposed					
	wooden beams.	•					
		roof of the shelter was made					
		vith exposed wooden beams					
		of chipped white paint.					
		to the left posterior area of the I approximately 2 feet wide and					
	$3\frac{1}{2}$ feet long.	approximately 2 leet wide and	4				
		osed sagging shingles that					
		e with an approximate 8 inch					
	diameter.						
		ing area of exposed shingles					
	that measured approximately 2 feet wide and 1 $^{1\!\!/_2}$		2				
	-	e rear exit of the of the shelter					
	area.	to the right posterior area of					
		to the right posterior area of ured approximately 1 foot wide					
	and $1\frac{1}{2}$ feet long.	area approximately 1 loot wide					
		osed sagging shingles that					
		e with an approximate 3 feet					
		osed wooden beam with jaded					
		below the right posterior frame					
		asured approximately 3 feet					
	long and 6 inches I						
		exposed nails points					
		oles and sagging area of the					
	roof to the smoking	e under the smoking shelter					
	was made of concr						
	A confidential as - 1-1	ant intensions not sale de					
		ent interview revealed: back of the facility was					
		smoking area for the residents					
		oking shelter had several	•				
	holes in it because						
		ad been in the roof of the					
		nce the summer of 2015.					

Division	of Health Service Re	egulation				IAPPROVEI
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		E SURVEY PLETED
						п
		HAL033005	B. WING			R 05/2016
NAME OF I	PROVIDER OR SUPPLIER	STR	EET ADDRESS, CI	TY, STATE, ZIP CODE		
	SE CARE OF ROCKY	165 MOUNT	0 COKEY ROA	D		
HENHA	BE CARE OF ROCKT	ROON	CKY MOUNT, N	IC 27801		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID			(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION	PREFI TAG	CROSS-REFERENCED	ACTION SHOULD BE TO THE APPROPRIATE IENCY)	DATE
D 072	Continued From pa	age 2	D 072			
	-The roof of the sm rained.	oking shelter leaked wher	n it			
		ater would be standing und	ler			
		r where the residents wen				
		scared that the roof of the				
		ould collapse and hurt				
	residents while the					
		started on the roof of the	_			
		ick in the fall of 2015 but n ne since December 2015.	0			
		tial interview revealed:				
		the roof of the smoking				
		nere for over a year. airmen put in 2 windows t	o the			
		arted bricking the bottom				
	interior of the smok					
		pairs done to the roof of the	e			
		d the other work on the sh	nelter			
	had stopped late la					
		es under the smoking shelf	ier			
	every times it raine	a. as deep under the smokin				
		ard for the residents in	'9			
		ne out to the smoking shell	ter.			
		e facility housekeeping sta				
		water that was tracked in f	rom			
	the smoking shelte					
		ot like having to walk throu				
	after it rained.	under the smoking shelter				
		alking area under the smol	king			
	shelter would be co	ompletely flooded after it ra				
		had to stay on the patio to				
	smoke.	a lat of magnificant and we				
		a lot of mosquitoes and ye king shelter when it rained				
		-				
ision of H	ealth Service Regulation	resident smoking area on				
			6899	M7CE13	If continue	ation sheet 3 o

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		HAL033005	B. WING	B. WING		R 05/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HERITAC	GE CARE OF ROCKY	MOUNT	KEY ROAD MOUNT, NC 2	7801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
D 072	Continued From pa	age 3	D 072			
	measured approxin completed covered rain. -Approximately 50% the smoking shelte water mainly locate smoking shelter. -The depth of the s approximately 1 to -Two residents und positioned themsel middle of the smok standing water. -Water dripped thro posterior and right smoking shelter du	e of the smoking shelter that nately 4 feet wide was I with standing water from the % of the walking area under r was covered with standing ed on the left side of the tanding water was 1 ½ inches. It the smoking shelter ves toward the posterior ing shelter to avoid the pogh the 2 holes in the left posterior of the roof of the re to the rain. gled areas of the shelter roof				
	-The roof of the sm when it rained for a -Some repairs had shelter in Septemb -In September 201 removed most of th	been done to the smoking er 2015. 5, the maintenance people have ne rotten wood to the interior o	d			
	shingles. -The resident was v roof could fall in an smoked. -The exterior walls	king shelter but left the rotten worried the rotten areas of the d hurt someone while they of the smoking shelter were				
vision of H	least ½ to 1 day af shelter. -Residents who use	2015. em with standing water for a fter it rained under the smoking ed motorized wheelchairs had f their wheels when they				

STATE FORM

M7GF13

If continuation sheet 4 of 19

PRINTED: 05/26/2016 FORM APPROVED

	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		HAL033005	B. WING			R 05/05/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
HERITA	GE CARE OF ROCKY	MOUNT	KEY ROAD MOUNT, NC 2	7801			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
D 072	Continued From pa	ge 4	D 072				
	-Staff had complain went outside to the tracked a lot of wate rained. -The resident comp problems in the sm the summer time. Interview with the m on 05/05/16 at 2:20 -The company main working on repairs shelter before it got -The repairs on the stopped because th do needed repairs i -He knew repairs w smoking shelter but repairs would resur Interview with the m 05/05/16 at 3:00 p.r -She didn't know at resident smoking sl -No staff or residen about the condition -The company main the exterior walls of sometimes late in 2 shelter did not have -The smoking shelter wh water back into faci -She had not notice	ntenance team had started to the resident smoking cold in the fall of 2015. smoking shelter had been ne maintenance team had to nside of the facility. rere still needed to the the was not sure when the ne. nedication aide supervisor on m. revealed: bout the open areas in the helter. ts had complained to her s of the smoking shelter. ntenance team had erected the smoking shelter 2015, before that the smoking e any walls. er has had a problem with en it rained for at least a year. Ichairs who went out to the en it rained tracked a lot of lity when they returned inside. ed any problems with r fly insects due to standing					

	IT OF DEFICIENCIES OF CORRECTION	Carling Content of the second		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		BENTH IGATION NOWBER.	A. BUILDING:			
		HAL033005	B. WING			R 05/2016
AME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ERITAG	E CARE OF ROCKY	MOUNT	KEY ROAD			
		ROCKY	NOUNT, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
D 072	Continued From pa	ge 5	D 072			
	3:20 p.m. revealed:					
	for about a year.	oking shelter had been leaking r of 2015, maintenance built				
	the exterior walls, p	ut in 2 windows, and bricked				
	-The housekeeper	of the smoking shelter. did not know if the repairs				
		the smoking shelter. em with standing water under				
	the smoking shelter	r for about a day after it rained. ked in a lot of water from the				
	smoking shelter aft	er it rained.				
		heelchairs who smoked /ater when they came in from				
	the smoking shelter	r after it rained. If had to be very attentive to				
	the area inside the	building after it rained.				
	and mopped the are	ff kept wet floor signs posted ea that lead from the smoking				
		e building several times. The smoking shelter	,			
	especially during th					
	A confidential staff i -Staff also used the	interview revealed: smoking shelter along with				
	the residents. -The staff member	was unsure how long the open				
	areas had been in t	he roof of the smoking shelter. habit to move away from the				
	open areas of the re	oof under the smoking shelter.				
	the rotten spots bed	d they didn't like sitting under cause they were afraid the roof				
	in that area may ca -Some repairs had	ve in. been done to the smoking				
	shelter. -Sometimes last su	mmer, two windows were put				
		vork was done to the smoking				
		been done this year to the				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL033005	B. WING		R 05/05/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		1650 CO	KEY ROAD			
HERITAG	BE CARE OF ROCKY	ROCKY	MOUNT, NC 2	7801		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF C		(X5) COMPLETI
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	IE APPROPRIATE	DATE
				DEFICIENCY)	
D 072	Continued From pa	ige 6	D 072			
	smoking shelter.	-				
		sidents complain to each other				
		water under the smoking				
	shelter after it raine					
		is a problem under the				
	smoking shelter for	about a day after it rained.				
		with water being tracked in the				
		ing shelter by ambulatory				
		ents in wheelchairs when it				
	rained.	have also an increate ff mut down				
		e housekeeping staff put down in front of the door that led				
		shelter for the residents to wipe				
		he wheels of their wheelchairs.				
		are put in front of the door that				
		ng shelter when it rained to				
	warn residents and					
		sident Care Coordinator on				
	05/05/16 at 3:55 p.					
	the smoking shelte	er concerns with the holes in				
		dinator and Administrator in the	<u>_</u>			
	fall of 2015.					
		ntenance team had started				
		ing shelter last fall.				
	-The company mai	ntenance team had put in				
		refurbished the brick work of				
	the smoking shelte					
		the facility Maintenance				
		the standing water after it				
	rained under the sr					
		nding water under the eded to be built up so that				
	water could not poo					
		ntenance team did put down				
		ew drainage pipes to the area				
		nce of the smoking area.				
		roblem with standing water				
		r the smoking shelter for about	+			

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
				A. BUILDING:		R
		HAL033005	B. WING	B. WING		05/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
HERITAC	GE CARE OF ROCKY	MOUNT	OKEY ROAD MOUNT, NC 2	7801		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
D 072	Continued From pa	age 7	D 072			
	a day even with the new drains and rocks that					
	were put in.	ff had complained about wate				
		ff had complained about wate ing from the smoking shelter	:1			
	after it rained.					
		plained about having to crow				
		en the smoking shelter floode	d			
	after it rained.	-She had not noticed any problems with				
		anding water under the				
	smoking shelter.					
	-There was a lot of	problems with flies gathered				
	around the smoking shelter after it rained.					
	-She last complained about the roof of the smoking shelter and the standing water under the					
		metimes during the end of	e			
	2015.					
		f the status of work repairs				
	being done for the	smoking shelter.				
		acility maintenance coordinate	or			
	on 05/05/16 at 4:10					
	shelter.	arted to repair the smoking				
		5, repair work started to the				
		put on new siding, put in new				
	windows, and to fix					
		the smoking shelter stopped				
	team could make in	so that company maintenanc	e			
		ow long the roof to the				
	smoking shelter ha					
		lained to her about the				
		er the smoking shelter.				
		ember of the company				
		on 05/05/16 at 4:20 p.m.				
	revealed:	ntononoo toom bod startad -				
		ntenance team had started or moking shelter the end of last				

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		HAL033005	B. WING		R 05/05/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1650 CO	KEY ROAD			
HERITAG	BE CARE OF ROCKY	ROCKY	MOUNT, NC 2	7801		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN			(X5)
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH		COMPLET DATE
				DEFICIENCY	')	
D 072	Continued From pa	age 8	D 072			
	year.					
	5	team had started with				
		shingles and wood from the				
		were not finished to the				
		of because the maintenance				
		airs inside of the building.				
	-He was aware of the problem with the standing					
	water under the smoking shelter.					
		drainage pipe had been placed	1			
		trance of the smoking shelter.				
	-The smoking shelter still had problems with					
		flooding because of the dip in				
		ig under the smoking shelter.				
		hat could be done for the				
	standing water now	v but he would talk with the				
		owner to see what else they				
	wanted done.	,				
	-He was not sure w	hen the repairs would be				
		noking shelter roof since the				
		was working on repairs in the				
	building.					
	Interviews with the	Administrator on 05/05/16 at				
	4:40 p.m. revealed					
		airs had started on the				
	•	t those repairs had been				
		pairs could be done inside of				
	the facility.					
	-She knew the roof	of the smoking shelter				
	needed some repa					
	-She would have to	check to see when the				
	remaining repairs t	o the smoking shelter would				
	restart.					
		e of any problems with				
	-	looding under the smoking				
	shelter.					
		work out something with the				
		e coordinator to see what				
		ut the standing water under the	•			
	smoking shelter.					

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 05/05/2016	
	or connection	DENTIFICATION NOMBER.	A. BUILDING:			
		HAL033005	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
HERITAC	GE CARE OF ROCKY	MOUNT		7004		
	SUMMARY STA		NOUNT, NC 2	7801 PROVIDER'S PLAN OF C		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
D 072	Continued From pa	ge 9	D 072			
	tracked into the bui after it rained. -She would work wi coordinator to see i	e of any problems with water lding from the smoking shelter ith the facility maintenance f they could develop a plan to tracked in the building to avoic s.				
{D 282}	10A NCAC 13F .09 Service	04(a)(1) Nutrition and Food	{D 282}			
	(a) Food Procurem Homes: (1) The kitchen, din	04 Nutrition and Food Service ent and Safety in Adult Care ing and food storage areas erly and protected from				
	failed to assure the cooler, kitchen stor freezer, chest freez walls in the kitchen	et as evidenced by: ion and interview, the facility reach in-freezer, walk-in age area, ice machine, upright ter, and the doors, floors and and dining room were pair and free of contamination.				
	The findings are:					
	a.m. revealed: -The door leading f kitchen had dark br paint to the lower p -Part of the floor tile the door entrance le into the kitchen. -Four of four walls i stains.	kitchen on 05/05/16 at 9:00 rom the dining room into the rown rust stains and peeling art of the door. e was missing to right side of eading from the dining room in the kitchen had dried brown ble by the front door of the				

M7GF13

If continuation sheet 10 of 19

Division of Health Service TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	COM	E SURVEY PLETED R
	HAL033005	B. WING		05/05/2016	
AME OF PROVIDER OR SUPPL	ER STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
IERITAGE CARE OF ROC		OKEY ROAD MOUNT, NC 2	7801		
	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
(D 282) Continued From	page 10	{D 282}			
 The door besid rust stains on the -The wall behind freezer had brow bottom third len -The wall behind freezer had a brow the wall along the -The baseboard residue build-up Observation of the 9:05 a.m. revea -There was a had interior of the lid -There was a had interior of the lid -There was a had interior of the lid -There was whith bottom rim of the -The blue lining large dry, pale y upper right side Observation of the a sticky browniss the bottom third -The exterior left a sticky browniss the bottom third -The exterior rig a brownish hazy entire side pane -The outside are and the outer cor peeling brown fit the compartment the vent cover. The vent cover doors was cove -The bottom rigit 	he ice machine on 05/05/16 at ed: zy brown residue on the upper of the ice machine. ish reside along the interior e opening of the ice machine inside the ice machine had a ellowish, circular stain to the he reach-in freezer on 05/05/16 ealed: t side of the reach-in freezer had h substance that dripped down of its side. ht side of the reach-in freezer had substance scattered along the	rn I ad			

M7GF13

If continuation sheet 11 of 19

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		HAL033005	B. WING			R 05/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
HERITAG	BE CARE OF ROCKY	MOUNT	KEY ROAD MOUNT, NC 2	7801		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLET DATE
{D 282}	Continued From pa	age 11	{D 282}			
	first compartment of white particles. -Beige-white crumb bottom shelf of the reach-in freezer. -A white residue was second compartment -The top gasket to compartment door substance. -The bottom gaske compartment door brown dried residue -A whitish substance circumference was compartment of the -The entire gasket compartment door stains. -Inside of the freeze compartment door stains. -Inside of the freeze compartment door particles to the side the back of the com -Whitish substance inside of the secon -Dried brown food p of the bottom shelf the freezer. Observation of the 9:15 a.m. revealed -Brown food particle on the left and right -Brown stains were wall of the walk-in c	the interior of the second was covered with a brownish t to the interior of the second was covered with a whitish e. ce with approximately a 4 inch inside the top of the second e reach-in freezer. to the interior of the third was covered with brownish er area of the third was dried whitish food e racks and racks located at npartment. e was dried on the middle rack d compartment. particles were in the left corner of the third compartment of walk-in cooler on 05/05/16 at : es were scattered on the floor t side of the walk-in cooler. e on the floor to the far back cooler.				
	cover of the fan an	lack residue was on the vent d scattered on the wall area f the fan inside the walk-in				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED
		HAL033005				R 05/05/2016
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1650 CO	KEY ROAD			
IERITAG	SE CARE OF ROCKY	ROCKY	MOUNT, NC 2	7801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
{D 282}	Continued From pa	age 12	{D 282}			
		black flaky residue was iling inside of the walk-in				
	Observation of the kitchen storage room on 05/05/16 at 9:18 a.m. revealed: -The floor under the metal racks had dried brown stains. -On the bottom shelf of the metal shelf rack on the left from the door was a covered plastic rectangular storage bin that contained clear plastic bag was half full of a white substance and the clear plastic bag extended from the storage bin and touched the shelf of the metal rack.					
	Hall on 05/05/16 at -The interior frame particles around all -The base of the fra	exit from the kitchen to the B 9:20 a.m. revealed: of the door had line of gray dr 3 sides. ame of the door had chipped black stains on both sides.	y			
	10:10 a.m. revealed -The back interior r build-up raised abo -Brownish stained i	im of the chest freezer had ice				
	10:12 a.m. revealed -The interior door of brown stains to the -The gasket to the the upright freezer approximately 3 ind the upright freezer	of the upright freezer had lower third of the door. bottom of the interior door of was loose and hung ches from the inside frame of				

STATEMENT OF I		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			
AND PLAN OF CO	DRRECTION	IDENTIFICATION NUMBER:				PLETED
		HAL033005				R 05/2016
NAME OF PROVI	DER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	ARE OF ROCKY	MOUNT	KEY ROAD			
		ROCKY	MOUNT, NC 2	7801		-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 282} Con	tinued From pa	ge 13	{D 282}			
at 1 -The kitcl mar -On to lo -In t four port -The scat -The chip Obs sche nea -The and -The -No be o -Wa daily -The sup	0:20 revealed: e first part of the nen had four of ks to the bottom e of four walls h ower white area he second area walls had black ions of the walls e top portions of the red light brow e base of the do ped paint with of earvation of the edule posted on r the exit to B H e dining room w swept daily. e kitchen was su spot mopping of done. e cooler was su e storage room e lid and inside posed to be cleated e stainless steel aned and polisher the cleanliness rview with a res ealed the reside the cleanliness rview with a die ealed:	a of the dining room, three of k scuff marks to the lower third s. f four of four walls had yn stains. bor by the main hallway had dark grayish stains. kitchen/dining room cleaning a the kitchen bulletin board all revealed: ras supposed to be mopped daily. br sweeping was supposed to were supposed to be cleaned pposed to be cleaned daily. was to be cleaned daily. of the ice machine was aned daily. I areas were supposed to be ed daily. ident on 5/4/16 at 11:44 a.m. nt did not have any problems s of the dining room. tary aide on 05/05/16 re supposed to clean the				

	of Health Service Re		1			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
				A. BUILDING:		
		HAL033005	B. WING			R 05/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1650 CO	KEY ROAD			
HERITAG	SE CARE OF ROCKY	ROCKY	MOUNT, NC 2	7801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
{D 282}	Continued From pa	age 14	{D 282}		•)	
10 2023		ige 14	10 2023			
	had time.					
		as not sure when the last time				
		ezers had been cleaned.				
		leaned the inside the reach-in				
	freezer about once a week. -Maintenance usually cleaned the walk-in cooler.					
	-The floors inside the walk-in cooler were cleaned					
	by the dietary staff about once a week.					
		f were responsible to clean the	•			
	walls in the kitchen.					
	-The resident aides were responsible to clean the		•			
	black prep table in the kitchen.					
		sually ended up cleaning the				
	black prep table aft					
	breakfast on 05/05	ble was last cleaned after				
	-The walls in the kitchen were cleaned one to two					
	times a week.					
		tchen were last cleaned on				
	05/01/16.					
	-The dietary staff a walls in the dining r	re responsible to clean the ooms.				
	-The walls of the di	ning room were cleaned about	t l			
	once a week.					
		ning area were last cleaned				
	sometime within the	e last week.				
	Interview with the d	lietary manager on 05/05/16 at	t			
	10:05 a.m. revealed					
		-The black prep table was wiped down daily by				
	the dietary staff.					
		er was cleaned on Sundays				
		he food stock was low. I out food items and cleaned				
		ach-in freezer on those days.				
		leaned the vent covers and				
		h-in freezer every day.				
		ent covers of the reach-in				
		eaned by staff on 05/05/16.				
		ger reported the floors of the				

				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			A. BUILDING:			R
		HAL033005	B. WING	B. WING		05/2016
IAME OF	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
IERITAC	GE CARE OF ROCKY	MOUNT	DKEY ROAD MOUNT, NC 2	7801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLET DATE
{D 282}	Continued From pa	age 15	{D 282}			
	walk-in floors were dietary staff.	mopped twice a week by the				
		alk-in cooler was last mopped				
		ne fan in the walk-in cooler wa I but this area was usually	s			
	cleaned about twice	e a week.				
		r and chest freezer were by the dietary staff.				
		f the last time the upright				
		reezer were last cleaned.				
		The lid and exterior of the ice machine were cleaned about two times a week by the dietary				
	staff.					
	The lid and exterior of the ice machine were last		t			
		6 by the dietary staff.				
	clean the inside of	person was responsible to				
		leaned the walls inside the				
	kitchen as needed.					
		leaned the walls in the dining				
	room about twice a	a month. Valls were last cleaned about				
	two weeks ago.					
		tenance on 05/05/16 at 2:22				
	p.m. revealed:	responsible to clean the ice				
	machine in the kitc					
		d the inside of the ice machine	e			
	once a week.					
		achine had some white hazy due to the hard water used in				
	the facility.					
	-The dietary staff w	as responsible to clean the				
		er of the ice machine.				
		Is and doors of the kitchen				
	were not complete working on them.	yet but maintenance was				
		en were spotted painted about				

Division	of Health Service Re	egulation				APPROVEI
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:				
		HAL033005			R	5/2016
					05/0	5/2010
NAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
HERITAC	GE CARE OF ROCKY	MOUNT	KEY ROAD IOUNT, NC 2	27801		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
{D 282}	Continued From pa	age 16	{D 282}			
	once a month and 2016.	were last done about mid-April				
	-He wasn't sure wh area would be com	en the repairs to the dining plete.				
	-He wasn't sure wh	-He wasn't sure what would be done for the chipped paint to the door frames of the dining				
	room. -He had tried to spot paint the door frames in the					
	dining room but the	e marks and scrapes came				
		from the wheelchairs of the residents in the facility.				
	-The dietary staff should be wiping down the door					
	frames of the kitche the dirt particles.	en and dining room to remove				
	Interview with a nur revealed:	rse aide on 5/5/16 at 2:52 p.m.				
		idents who complained of the				
		ed any problems with the				
	cleanliness of the d	lining room.				
		edication aide on 5/5/16 at 3:08 esidents had complained of the				
	cleanliness of the d					
	Interview with Admi p.m. revealed:	inistrator on 05/05/16 at 4:50				
	•	the process of making repairs lity.				
	-Any needed repair	s were supposed to be hat things could be fixed.				
	-The dietary staff w	ere responsible to keep the				
	ktichen and dining	room clean. • kitchen and dining room				
		ne dietary staff were expected				
	to clean it.					
		rere responsible to clean the ne ice machine at least once				
	daily.	וב וכב ווומטווווב מו וכמצו טווטל				
vision of H	ealth Service Regulation		p			

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If continuation sheet 17 of 19

		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			B. WING			R
		HAL033005	D. WING		05/	05/2016
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
HERITAG	E CARE OF ROCKY	MOUNT	KEY ROAD MOUNT, NC 2	7801		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLET DATE
{D 282}	Continued From pa	age 17	{D 282}			
	-The dietary staff w	as expected to clean the prep				
	table in the kitchen	as needed.				
		ere supposed to clean the				
		in freezer weekly and as				
	•	needed for spills inside of the reach-in freezer.				
	The dietary staff were supposed to clean the					
	outside of the cooler and reach-in freezer daily.					
		alk-in cooler was supposed to				
	be cleaned weekly					
		walk-in cooler was cleaned as				
	needed by the dieta					
	-The fan cover and area around the fan in the walk-in cooler were cleaned as needed by the					
		e cleaned as needed by the				
	dietary staff.	ioro ourpropod to alcon the				
		vere supposed to clean the				
		kitchen and wipe down the storage room weekly.				
		as supposed to check the				
		pright freezer daily and clean				
	those freezers as n					
			1			
	The dietary staff was expected to wipe down and clean the doors and door frames as needed.					
		n the kitchen and dining room				
		nance list to be repaired or				
	replaced.					
		ning room were repainted				
		and the dietary staff cleaned				
	the walls in the dining room as needed.					
		spot painting in the dining				
	room as needed.					
		ked the cleanliness of the				
		ing room about 2 -3 times a				
	week.	-				
	-She did not check	the kitchen and dining room				
	thoroughly as the d	lietary manager would do.				
		n the doors of the freezers or				
	check the shelves f					
	-She expected the	dietary manager to check the				
		room for cleanliness at least				

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Division	Division of Health Service Regulation							
	IT OF DEFICIENCIES OF CORRECTION				(X3) DATE SURVEY COMPLETED			
		HAL033005	B. WING		R 05/05/2016			
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE				
HERITAC	BE CARE OF ROCKY		OKEY ROAD MOUNT, NC	27801				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLET	ſE		
Division of H	ealth Service Regulation		I					