

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
{D 000}	Initial Comments The Adult Care Licensure Section conducted a Follow Up Survey and Complaint Investigation 5/4/16 and 5/5/16.	{D 000}		
D 072	<p>10A NCAC 13F .0305(m) Physical Environment</p> <p>10A NCAC 13F .0305 Physical Environment (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; (2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the outside smoking shelter of the facility was maintained in a clean and safe condition.</p> <p>The findings are:</p> <p>Observation of the resident smoking area on 05/04/16 at 12:00 p.m. revealed: -A sheltered area in the rear of the facility had been designated as the smoking area for the residents. -The front and rear wooden door frames of the smoking shelter had several areas of chipped white paint. -The smoking shelter had 2 complete exterior walls and 2 partial exterior walls that allowed the residents to enter and exit the shelter. -Standing water covered approximately 1/3 of the walking space on the left side under the smoking</p>	D 072		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
D 072	<p>Continued From page 1</p> <p>shelter.</p> <ul style="list-style-type: none"> -The interior wall space of the smoking shelter was made of particle boards with exposed wooden beams. -The interior of the roof of the shelter was made of particle boards with exposed wooden beams with several areas of chipped white paint. -There was a hole to the left posterior area of the roof that measured approximately 2 feet wide and 3 ½ feet long. -This area had exposed sagging shingles that surrounded the hole with an approximate 8 inch diameter. -There was a sagging area of exposed shingles that measured approximately 2 feet wide and 1 ½ feet long above the rear exit of the of the shelter area. -There was a hole to the right posterior area of the roof that measured approximately 1 foot wide and 1 ½ feet long. -This area had exposed sagging shingles that surrounded the hole with an approximate 3 feet diameter. -There was an exposed wooden beam with jaded edges located just below the right posterior frame of the roof and measured approximately 3 feet long and 6 inches long. -Approximately 60 exposed nails points surrounded the 2 holes and sagging area of the roof to the smoking shelter. -The walking space under the smoking shelter was made of concrete. <p>A confidential resident interview revealed:</p> <ul style="list-style-type: none"> -The shelter in the back of the facility was designated as the smoking area for the residents. -The roof to the smoking shelter had several holes in it because of rotting wood. -The open areas had been in the roof of the smoking shelter since the summer of 2015. 	D 072		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
D 072	<p>Continued From page 2</p> <ul style="list-style-type: none"> -The roof of the smoking shelter leaked when it rained. -When it rained, water would be standing under the smoking shelter where the residents went out to smoke. -The resident was scared that the roof of the smoking shelter would collapse and hurt residents while they were smoking. -Repairs had been started on the roof of the smoking shelter back in the fall of 2015 but no work had been done since December 2015. <p>A second confidential interview revealed:</p> <ul style="list-style-type: none"> -The open areas to the roof of the smoking shelter had been there for over a year. -Last summer, repairmen put in 2 windows to the left end wall and started bricking the bottom interior of the smoking shelter. -There were no repairs done to the roof of the smoking shelter and the other work on the shelter had stopped late last summer. -Water accumulates under the smoking shelter every times it rained. -When the water was deep under the smoking shelter, it made it hard for the residents in wheelchairs to come out to the smoking shelter. -When it rained, the facility housekeeping staff complained of the water that was tracked in from the smoking shelter. -The resident did not like having to walk through the standing water under the smoking shelter after it rained. -Sometimes the walking area under the smoking shelter would be completely flooded after it rained and the residents had to stay on the patio to smoke. -The resident saw a lot of mosquitoes and yellow jackets in the smoking shelter when it rained. <p>Observation of the resident smoking area on</p>	D 072		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
--------------------	--	---------------	---	--------------------

D 072	<p>Continued From page 3</p> <p>05/05/16 at 2:00 p.m. revealed:</p> <ul style="list-style-type: none"> -The front entrance of the smoking shelter that measured approximately 4 feet wide was completely covered with standing water from the rain. -Approximately 50% of the walking area under the smoking shelter was covered with standing water mainly located on the left side of the smoking shelter. -The depth of the standing water was approximately 1 to 1 ½ inches. -Two residents under the smoking shelter positioned themselves toward the posterior middle of the smoking shelter to avoid the standing water. -Water dripped through the 2 holes in the left posterior and right posterior of the roof of the smoking shelter due to the rain. -The exposed shingled areas of the shelter roof leaked from the rainfall. <p>A third confidential resident interview revealed:</p> <ul style="list-style-type: none"> -The roof of the smoking shelter had been leaking when it rained for about 2-3 years. -Some repairs had been done to the smoking shelter in September 2015. -In September 2015, the maintenance people had removed most of the rotten wood to the interior of the roof of the smoking shelter but left the rotten shingles. -The resident was worried the rotten areas of the roof could fall in and hurt someone while they smoked. -The exterior walls of the smoking shelter were built in September 2015. -There was a problem with standing water for a least ½ to 1 day after it rained under the smoking shelter. -Residents who used motorized wheelchairs had problems drying off their wheels when they 	D 072		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
D 072	<p>Continued From page 4</p> <p>returned from the smoking shelter after it rained. -Staff had complained about the residents who went outside to the smoking shelter because they tracked a lot of water back into the facility after it rained. -The resident complained that flies were a major problems in the smoking shelter when it rained in the summer time.</p> <p>Interview with the maintenance staff for the facility on 05/05/16 at 2:20 p.m. revealed: -The company maintenance team had started working on repairs to the resident smoking shelter before it got cold in the fall of 2015. -The repairs on the smoking shelter had been stopped because the maintenance team had to do needed repairs inside of the facility. -He knew repairs were still needed to the smoking shelter but he was not sure when the repairs would resume.</p> <p>Interview with the medication aide supervisor on 05/05/16 at 3:00 p.m. revealed: -She didn't know about the open areas in the resident smoking shelter. -No staff or residents had complained to her about the conditions of the smoking shelter. -The company maintenance team had erected the exterior walls of the smoking shelter sometimes late in 2015, before that the smoking shelter did not have any walls. -The smoking shelter has had a problem with standing water when it rained for at least a year. -Residents in wheelchairs who went out to the smoking shelter when it rained tracked a lot of water back into facility when they returned inside. -She had not noticed any problems with mosquitoes or other fly insects due to standing water after it rained.</p>	D 072		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
--------------------	--	---------------	---	--------------------

D 072	<p>Continued From page 5</p> <p>Interview with housekeeping staff on 05/05/16 at 3:20 p.m. revealed:</p> <ul style="list-style-type: none"> -The roof of the smoking shelter had been leaking for about a year. -During the summer of 2015, maintenance built the exterior walls, put in 2 windows, and bricked the bottom interior of the smoking shelter. -The housekeeper did not know if the repairs were completed for the smoking shelter. -There was a problem with standing water under the smoking shelter for about a day after it rained. -The residents tracked in a lot of water from the smoking shelter after it rained. -The residents in wheelchairs who smoked brought in a lot of water when they came in from the smoking shelter after it rained. -Housekeeping staff had to be very attentive to the area inside the building after it rained. -Housekeeping staff kept wet floor signs posted and mopped the area that lead from the smoking shelter inside of the building several times. -Flies were a problem around the smoking shelter especially during the summer. <p>A confidential staff interview revealed:</p> <ul style="list-style-type: none"> -Staff also used the smoking shelter along with the residents. -The staff member was unsure how long the open areas had been in the roof of the smoking shelter. -Residents made a habit to move away from the open areas of the roof under the smoking shelter. -Residents reported they didn't like sitting under the rotten spots because they were afraid the roof in that area may cave in. -Some repairs had been done to the smoking shelter. -Sometimes last summer, two windows were put in and some brick work was done to the smoking shelter. -No repair work had been done this year to the 	D 072		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
D 072	<p>Continued From page 6</p> <p>smoking shelter.</p> <ul style="list-style-type: none"> -The staff heard residents complain to each other about the standing water under the smoking shelter after it rained. -Standing water was a problem under the smoking shelter for about a day after it rained. -It was a problem with water being tracked in the building from smoking shelter by ambulatory residents and residents in wheelchairs when it rained. -When it rained, the housekeeping staff put down 2 rubber floor mats in front of the door that led from the smoking shelter for the residents to wipe their feet and dry the wheels of their wheelchairs. -Wet floor signs were put in front of the door that led from the smoking shelter when it rained to warn residents and staff. <p>Interview with a Resident Care Coordinator on 05/05/16 at 3:55 p.m. revealed:</p> <ul style="list-style-type: none"> -She had voiced her concerns with the holes in the smoking shelter roof to the facility Maintenance Coordinator and Administrator in the fall of 2015. -The company maintenance team had started repairs to the smoking shelter last fall. -The company maintenance team had put in some windows and refurbished the brick work of the smoking shelter. -She complained to the facility Maintenance Coordinator about the standing water after it rained under the smoking shelter. -The areas with standing water under the smoking shelter needed to be built up so that water could not pool after it rained. -The company maintenance team did put down some rocks and new drainage pipes to the area in front of the entrance of the smoking area. -There was still a problem with standing water after it rained under the smoking shelter for about 	D 072		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
D 072	<p>Continued From page 7</p> <p>a day even with the new drains and rocks that were put in.</p> <ul style="list-style-type: none"> -Housekeeping staff had complained about water tracked in the building from the smoking shelter after it rained. -The residents complained about having to crowd up on the patio when the smoking shelter flooded after it rained. -She had not noticed any problems with mosquitoes due standing 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 smoking shelter sometimes during the end of 2015. -She wasn't sure of the status of work repairs being done for the smoking shelter. <p>Interview with the facility maintenance coordinator on 05/05/16 at 4:10 p.m. revealed:</p> <ul style="list-style-type: none"> -Work had been started to repair the smoking shelter. -In December 2015, repair work started to the smoking shelter to put on new siding, put in new windows, and to fix the top of the roof. -The repair work to the smoking shelter stopped in December 2015 so that company maintenance team could make inside repairs. -She wasn't sure how long the roof to the smoking shelter had been leaking. -No one had complained to her about the standing water under the smoking shelter. <p>Interview with a member of the company maintenance team on 05/05/16 at 4:20 p.m. revealed:</p> <ul style="list-style-type: none"> -The company maintenance team had started on the repairs to the smoking shelter the end of last 	D 072		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
D 072	<p>Continued From page 8</p> <p>year.</p> <ul style="list-style-type: none"> -The maintenance team had started with removing the rotten shingles and wood from the roof but the repairs were not finished to the smoking shelter roof because the maintenance team had to do repairs inside of the building. -He was aware of the problem with the standing water under the smoking shelter. -Rocks and a new drainage pipe had been placed around the front entrance of the smoking shelter. -The smoking shelter still had problems with standing water and flooding because of the dip in the concrete flooring under the smoking shelter. -He was not sure what could be done for the standing water now but he would talk with the administrator and owner to see what else they wanted done. -He was not sure when the repairs would be resumed for the smoking shelter roof since the maintenance team was working on repairs in the building. <p>Interviews with the Administrator on 05/05/16 at 4:40 p.m. revealed:</p> <ul style="list-style-type: none"> -She knew that repairs had started on the smoking shelter but those repairs had been stopped so that repairs could be done inside of the facility. -She knew the roof of the smoking shelter needed some repairs. -She would have to check to see when the remaining repairs to the smoking shelter would restart. -She was not aware of any problems with standing water or flooding under the smoking shelter. -She would have to work out something with the facility maintenance coordinator to see what could be done about the standing water under the smoking shelter. 	D 072		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
D 072	Continued From page 9 -She was not aware of any problems with water tracked into the building from the smoking shelter after it rained. -She would work with the facility maintenance coordinator to see if they could develop a plan to deal with the water tracked in the building to avoid any possible injuries.	D 072		
{D 282}	<p>10A NCAC 13F .0904(a)(1) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the reach in-freezer, walk-in cooler, kitchen storage area, ice machine, upright freezer, chest freezer, and the doors, floors and walls in the kitchen and dining room were cleaned, in good repair and free of contamination.</p> <p>The findings are:</p> <p>Observation in the kitchen on 05/05/16 at 9:00 a.m. revealed: -The door leading from the dining room into the kitchen had dark brown rust stains and peeling paint to the lower part of the door. -Part of the floor tile was missing to right side of the door entrance leading from the dining room into the kitchen. -Four of four walls in the kitchen had dried brown stains. -The black prep table by the front door of the</p>	{D 282}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
{D 282}	<p>Continued From page 10</p> <p>kitchen was covered with hazy white spots.</p> <ul style="list-style-type: none"> -The door beside the black prep table had brown rust stains on the lower part of the door. -The wall behind the left side of the reach-in freezer had brown spots scattered along the bottom third length of the reach-in freezer. -The wall behind the right side of the reach-in freezer had a brown substance that dripped down the wall along the top 2/3 of the reach-in freezer. -The baseboards of all 4 walls had dark brown residue build-up. <p>Observation of the ice machine on 05/05/16 at 9:05 a.m. revealed:</p> <ul style="list-style-type: none"> -There was a hazy brown residue on the upper interior of the lid of the ice machine. -There was whitish residue along the interior bottom rim of the opening of the ice machine -The blue lining inside the ice machine had a large dry, pale yellowish, circular stain to the upper right side. <p>Observation of the reach-in freezer on 05/05/16 at 9:10 a.m. revealed:</p> <ul style="list-style-type: none"> -The exterior left side of the reach-in freezer had a sticky brownish substance that dripped down the bottom third of its side. -The exterior right side of the reach-in freezer had a brownish hazy substance scattered along the entire side panel. -The outside area located between the freezer and the outer compartment doors had a dry peeling brown film that extended from the top of the compartment doors down to the beginning of the vent cover. -The vent cover located below the compartment doors was covered with white hazy residue. -The bottom right area of the vent cover had dark brown stain approximately 3 inches wide and 1 inch long. 	{D 282}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
{D 282}	<p>Continued From page 11</p> <ul style="list-style-type: none"> -The top and bottom of the gasket inside of the first compartment door was crusted with dried white particles. -Beige-white crumbs were on the left side of the bottom shelf of the first compartment of the reach-in freezer. -A white residue was dried to the interior of the second compartment door. -The top gasket to the interior of the second compartment door was covered with a brownish substance. -The bottom gasket to the interior of the second compartment door was covered with a whitish brown dried residue. -A whitish substance with approximately a 4 inch circumference was inside the top of the second compartment of the reach-in freezer. -The entire gasket to the interior of the third compartment door was covered with brownish stains. -Inside of the freezer area of the third compartment door was dried whitish food particles to the side racks and racks located at the back of the compartment. -Whitish substance was dried on the middle rack inside of the second compartment. -Dried brown food particles were in the left corner of the bottom shelf of the third compartment of the freezer. <p>Observation of the walk-in cooler on 05/05/16 at 9:15 a.m. revealed:</p> <ul style="list-style-type: none"> -Brown food particles were scattered on the floor on the left and right side of the walk-in cooler. -Brown stains were on the floor to the far back wall of the walk-in cooler. -A dark brownish-black residue was on the vent cover of the fan and scattered on the wall area located to the left of the fan inside the walk-in cooler. 	{D 282}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
{D 282}	<p>Continued From page 12</p> <p>- A dark brownish-black flaky residue was scattered on the ceiling inside of the walk-in cooler.</p> <p>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.</p> <p>Observation of the exit from the kitchen to the B Hall on 05/05/16 at 9:20 a.m. revealed: -The interior frame of the door had line of gray dry particles around all 3 sides. -The base of the frame of the door had chipped paint with grayish-black stains on both sides.</p> <p>Observation of the chest freezer on 05/05/16 at 10:10 a.m. revealed: -The back interior rim of the chest freezer had ice build-up raised about 3/4 of an inch. -Brownish stained ice and brown food particles were scattered on the bottom of the chest freezer.</p> <p>Observation of the upright freezer on 05/05/16 at 10:12 a.m. revealed: -The interior door of the upright freezer had brown stains to the lower third of the door. -The gasket to the bottom of the interior door of the upright freezer was loose and hung approximately 3 inches from the inside frame of the upright freezer door. -The interior of the upright freezer had numerous brownish stains.</p>	{D 282}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
{D 282}	<p>Continued From page 13</p> <p>Observation of the dining room area on 05/05/16 at 10:20 revealed:</p> <ul style="list-style-type: none"> -The first part of the dining area leading from the kitchen had four of four walls with black scuff marks to the bottom third portions of the walls. -One of four walls had scattered dried corn flakes to lower white area of the wall. -In the second area of the dining room, three of four walls had black scuff marks to the lower third portions of the walls. -The top portions of four of four walls had scattered light brown stains. -The base of the door by the main hallway had chipped paint with dark grayish stains. <p>Observation of the kitchen/dining room cleaning schedule posted on the kitchen bulletin board near the exit to B Hall revealed:</p> <ul style="list-style-type: none"> -The dining room was supposed to be mopped and swept daily. -The kitchen was supposed to be mopped daily. -No spot mopping or sweeping was supposed to be done. -Walls in dish room were supposed to be cleaned daily. -The cooler was supposed to be cleaned daily. -The storage room was to be cleaned daily. -The lid and inside of the ice machine was supposed to be cleaned daily. -The stainless steel areas were supposed to be cleaned and polished daily. <p>Interview with a resident on 5/4/16 at 11:44 a.m. revealed the resident did not have any problems with the cleanliness of the dining room.</p> <p>Interview with a dietary aide on 05/05/16 revealed:</p> <ul style="list-style-type: none"> -The dietary staff are supposed to clean the coolers and freezers in the kitchen daily if they 	{D 282}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
{D 282}	<p>Continued From page 14</p> <p>had time.</p> <ul style="list-style-type: none"> -The dietary aide was not sure when the last time the coolers and freezers had been cleaned. -The dietary staff cleaned 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. -All the dietary staff were responsible to clean the walls in the kitchen. -The resident aides were responsible to clean the black prep table in the kitchen. -The dietary staff usually ended up cleaning the black prep table after every meal. -The black prep table was last cleaned after breakfast on 05/05/16. -The walls in the kitchen were cleaned one to two times a week. -The walls in the kitchen were last cleaned on 05/01/16. -The dietary staff are responsible to clean the walls in the dining rooms. -The walls of the dining room were cleaned about once a week. -The walls in the dining area were last cleaned sometime within the last week. <p>Interview with the dietary manager on 05/05/16 at 10:05 a.m. revealed:</p> <ul style="list-style-type: none"> -The black prep table was wiped down daily by the dietary staff. -The reach-in freezer was cleaned on Sundays and Fridays when the food stock was low. -Dietary staff pulled out food items and cleaned the racks of the reach-in freezer on those days. -The dietary staff cleaned the vent covers and outside of the reach-in freezer every day. -The outside and vent covers of the reach-in freezer were last cleaned by staff on 05/05/16. -The dietary manager reported the floors of the 	{D 282}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
--------------------	--	---------------	---	--------------------

{D 282}	<p>Continued From page 15</p> <p>walk-in floors were mopped twice a week by the dietary staff.</p> <ul style="list-style-type: none"> -The floor of the walk-in cooler was last mopped on 05/05/16. -The wall around the fan in the walk-in cooler was cleaned as needed but this area was usually cleaned about twice a week. -The upright freezer and chest freezer were cleaned as needed by the dietary staff. -She was unsure of the last time the upright freezer and chest freezer 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 cleaned on 05/05/16 by the dietary staff. -The maintenance person was responsible to clean the inside of the ice machine. -The dietary staff cleaned the walls inside the kitchen as needed. -The dietary staff cleaned the walls in the dining room about twice a month. -The dining room walls were last cleaned about two weeks ago. <p>Interview with Maintenance on 05/05/16 at 2:22 p.m. revealed:</p> <ul style="list-style-type: none"> -Maintenance was responsible to clean the ice machine in the kitchen. -He usually cleaned the inside of the ice machine once a week. -He knew the ice machine had some white hazy spots to its interior due to the hard water used in the facility. -The dietary staff was responsible to clean the outside and lid cover of the ice machine. -Repairs to the walls and doors of the kitchen were not complete yet but maintenance was working on them. -Walls of the kitchen were spotted painted about 	{D 282}		
---------	---	---------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
{D 282}	<p>Continued From page 16</p> <p>once a month and were last done about mid-April 2016.</p> <ul style="list-style-type: none"> -He wasn't sure when the repairs to the dining area would be complete. -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 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 kitchen and dining room to remove the dirt particles. <p>Interview with a nurse aide on 5/5/16 at 2:52 p.m. revealed:</p> <ul style="list-style-type: none"> -There were no residents who complained of the cleanliness of the dining room. -She had not noticed any problems with the cleanliness of the dining room. <p>Interview with a medication aide on 5/5/16 at 3:08 p.m. revealed no residents had complained of the cleanliness of the dining room.</p> <p>Interview with Administrator on 05/05/16 at 4:50 p.m. revealed:</p> <ul style="list-style-type: none"> -The facility was in the process of making repairs throughout the facility. -Any needed repairs were supposed to be reported to her so that things could be fixed. -The dietary staff were responsible to keep the kitchen and dining room clean. -If something in the kitchen and dining room needed cleaning, the dietary staff were expected to clean it. -The dietary staff were responsible to clean the outside and lid of the ice machine at least once daily. 	{D 282}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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
{D 282}	<p>Continued From page 17</p> <ul style="list-style-type: none"> -The dietary staff was expected to clean the prep table in the kitchen as needed. -The dietary staff were supposed to clean the inside of the reach-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. -The floor of the walk-in cooler was supposed to be cleaned weekly by the dietary staff. -The ceiling of the walk-in cooler was cleaned as needed by the dietary staff. -The fan cover and area around the fan in the walk-in cooler were cleaned as needed by the dietary staff. -The dietary staff were supposed to clean the storage area in the kitchen and wipe down the shelf areas in the storage room weekly. -The dietary staff was supposed to check the chest freezer and upright freezer daily and clean those freezers as needed. -The dietary staff was expected to wipe down and clean the doors and door frames as needed. -The door frames in the kitchen and dining room were on the maintenance list to be repaired or replaced. -The walls in the dining room were repainted about a month ago and the dietary staff cleaned the walls in the dining room as needed. -Maintenance does spot painting in the dining room as needed. -She normally checked the cleanliness of the kitchen and the dining room about 2 -3 times a week. -She did not check the kitchen and dining room thoroughly as the dietary manager would do. -She does not open the doors of the freezers or check the shelves for cleanliness. -She expected the dietary manager to check the kitchen and dining room for cleanliness at least daily. 	{D 282}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
---	---

(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