(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL030007 03/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE THE HERITAGE OF CEDAR ROCK MOCKSVILLE, NC 27028 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Harrell on 3-4-2015. Records indicate this facility was first licensed or submitted for licensure as a Home for the Aged serving 40 residents on 12-25-1982. Therefore the facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 North Carolina State Building Code For Institutional Unrestrained Occupancy. Deficiencies were cited which will require a plan of correction. C 136 Utility Room C 136 C. The Building 3. Arrangement and size of rooms Each home shall provide: I. A separate room must be provided for the cleaning and sanitizing of bed pans and shall have handwashing facilities and provisions for cleaning and sanitizing. This Rule is not met as evidenced by: Based on interview, the facility owners were planning to remove the hopper from the soiled utility room. If the hopper is removed, how will you meet the requirements in the Rule listed above? C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall:

Division of Health Service Regulation

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		HAL030007	B. WING		03/0	4/2015	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/0	4/2010	
THE HER	RITAGE OF CEDAR RO	OCK	TVIEW DRIV				
		MOCKSVI	LLE, NC 27		211		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE		
C 166	Continued From page 1		C 166				
	(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;(e) This Rule shall apply to new and existing facilities.						
	This Rule is not met as evidenced by: 1. Based on observation, several waste traps had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Findings include: a. The toilet trap was dry in the ½ bath behind the clock room, b. The sink trap was dry in the ½ bath behind the clock room, c. The hopper trap was dry in the utility room.						
	wand in the Beauty reach the sink basin breaker provided. I are long enough to fixture present the p	vation, the hose on the shower Salon was long enough to an and there was no vacuum Hoses on water fixtures that reach the flood rim of the cossibility of siphoning r into the water system unless s installed.					
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189				

Division of Health Service Regulation

STATE FORM 5EKG21 If continuation sheet 2 of 4

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL030007	B. WING		03/	04/2015	
	PROVIDER OR SUPPLIER	OCK 191 CRES	DRESS, CITY, S STVIEW DRIV ILLE, NC 270				
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C 189	Continued From pa	ge 2	C 189				
	doors near the Adm with latching hardwork closed by activation door failed to latch that do not close copossibility that a fire quickly spread to the facility. 2. Based on observing duct mounted swere dirty. Samplir periodically inspected.	vation, the cross-corridor inistrator's office are equipped are. When the doors were of the fire alarm system one closed. Cross-corridor doors impletely and latch present the exthat begins in one space can be corridor and the remainder exation, the sampling tubes for moke detectors in the atticing tubes that are not ead and cleaned can endanger aff because the duct detector					
	emergency light in t work when tested. lights that will not w	vation, the battery powered the dining room would not Battery powered emergency ork properly for at least 90 unger the residents and staff.					
	are prevented from resist the passage of doors that do not cl present the possibil one space can quic the remainder of the Findings include; a. The copy room of mechanical "kick-dob. There was a hold. The door from the was held open by a	door was held open by a					

Division of Health Service Regulation

STATE FORM 5EKG21 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
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THE HERITAGE OF CEDAR ROCK 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028								
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C 189	held open by a mede. The door to the could not automatic because it was equence of the could not automatic because it was equence of the could not automatic because it was equence of the could not because it was equence of the could not because the could not be could not automatic be could not be c	chanical "kick-down," utility closet near the laundry cally latch when closed ipped with only a dead bolt. Evation the GFCI type b room could not be tested no power at the receptacle. cles that cannot be tested lity of dangerous electric	C 189					

6899

Division of Health Service Regulation STATE FORM