

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL049004</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/10/2015</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROSEWOOD ASSISTED LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3134 HARMONY HIGHWAY<br/>HARMONY, NC 28634</b> |
|---|--|

| (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              | <p>Initial Comments</p> <p>This is a Report of a Biennial Construction Survey conducted by Greg Cates on March 10, 2015.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about October 1, 1964 with Fifty-Four (54) Resident Beds. Based on this information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for the Licensing of Homes for the Aged and Infirm, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code Section 516(c)- Institutional Buildings.</p>   | C 000         |   |                    |
| C 166              | <p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observation, the facility has failed to maintain the building in a safe condition.</p> <p>Findings include:</p> <p>a- In the Men's Shower Room, two of the four grab bars in the shower are loose and may not be able to support a person's full weight if needed.</p> <p>b- The handrail across from the nurse's station is loose and may not support a person's full</p> | C 166         |   |                    |

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:<br><br><b>HAL049004</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/10/2015</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROSEWOOD ASSISTED LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3134 HARMONY HIGHWAY<br/>HARMONY, NC 28634</b> |
|---|--|

| (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 166              | Continued From page 1<br><br>weight if needed.<br>c- The right leaf of the Activity Room double doors is sprung and is stuck in the half open position, partially blocking the EXIT path.<br>a- The towel bar has been removed, leaving the brackets on the wall with sharp edges exposed.  | C 166         |   |                    |
| C 189              | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1- Based on observations, the facility failed to ensure that the fire safety, electrical, mechanical, and plumbing systems are maintained safe and operating. These deficiencies may affect residents, staff, or visitors in the facility.<br><br>Findings include:<br><br>a- The HVAC return and exhaust vent covers are coated with lint and dust in the Laundry Room.<br>b- The GFCI receptacle in the Men's Shower Room sparked and tripped when tested and would not reset.<br>c- The HVAC return filters in the rear corridor and Activity Room are clogged with dust and | C 189         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL049004</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/10/2015</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROSEWOOD ASSISTED LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3134 HARMONY HIGHWAY<br/>HARMONY, NC 28634</b> |
|---|--|

| (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 189              | <p>Continued From page 2</p> <p>lint.</p> <p>d- The fan in The Middle Shower Room exhaust is out of balance, noisy, and may not be working correctly.</p> <p>2- Based on observations, the facility failed to ensure that the one-hour rating of the ceiling was maintained.</p> <p>Findings include:</p> <p>a- There are drywall patches and new pipes in the Mechanical Room that have holes or gaps around them that are not protected with fire caulk.</p> <p>3- Based on observations, the facility failed to ensure that the one-hour rating of the corridor was maintained.</p> <p>Findings include:</p> <p>a- There is a plumbing chase in the corridor located outside the Back Hall Shower Room that is covered with ¼-inch plywood or MDF board, which is not rated.</p> | C 189         |   |                    |
| C 199              | <p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage;</p> <p>(2) soil utility room;</p>  | C 199         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL049004</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/10/2015</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROSEWOOD ASSISTED LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3134 HARMONY HIGHWAY<br/>HARMONY, NC 28634</b> |
|---|--|

| (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 199              | <p>Continued From page 3</p> <p>(3) bathrooms and toilet rooms;<br/>(4) housekeeping closets; and<br/>(5) laundry area.<br/>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>1- Based on observations, the facility has failed to provide an exhaust system to exhaust to pull fumes and odors out of the building.</p> <p>Findings include:</p> <p>a- There are chemicals present in the Cleaning Closet but there is no exhaust fan.</p> | C 199         |   |                    |