

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>02/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2809 OLD CONCORD ROAD SALISBURY, NC 28146</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)	Initial Comments  This report is of a Followup Survey done by Bob Getchell on February 4, 2015.  The followup survey revealed that all deficiencies are not corrected, therefore a new plan of correction is required.	(C 000)		
(C 101)	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by: 1. An entry hatch into the attic over the kitchen could not be located to determine if heat detectors were present in that space. Provide a rated access hatch to the kitchen attic.  4. Section 1104.7 (b) of the 1987 NC State Buiding Code, required that each floor occupied by 30 or more persons or corridors longer than	(C 101)	see attached letter  see file copy for pages 2-5	

CONSTRUCTION SECTION

APR 17 2015  
RECEIVED

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Lester Tuttle* TITLE  
*Tisha Tuttle* Co-Adm. DATE  
*4-17-2015*

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{C 101}	Continued From page 1  150 feet, shall be divided into at least 2 fire sections by a partition having at least a one-hour fire resistance rating. The fire partition shall be continuous from the top of the floor, through the ceiling, to the bottom of the roof deck above. This Code is not met as evidenced by; The facility is licensed for 34 residents and the corridor is approximately 280 feet long. There is no fire and smoke partition wall provided. The DHSR Construction Section can accept the facility to remain without a smoke barrier installed, provided the licensed capacity of the facility be reduced to 29 or less residents and the local Building Inspector agrees.  2-4-15 Followup Findings: Provider intends to reduce to 29 residents.	{C 101}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 2. There were 4 duct mounted smoke detectors provided on the HVAC units in the attic, but no access doors provided to allow inspection and maintenance of the sample tubes.  4. The battery emergency egress lights located	{C 189}		

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{C 189}	Continued From page 2  near rooms 106 and 120 were approximately 123 feet apart so therefore will not provide adequate illumination if needed during a power outage.  7. The door from the medication preparation room to the corridor was cut into 2 pieces like a Dutch type door. There was no latch provided on the top section to hold the door tightly closed to be resistant to the passage of smoke and there was a significant gap where the sections of the door meet. When the door is replaced, it may be a Dutch type door if both halves of the door are provided with latches that will automatically latch when the door is closed and if an astragal is provided where the 2 halves meet to make that junction resistant to the passage of smoke.  8. The heat detector provided in the basement diaper room was hanging by the wires. Properly mount the heat detector to the ceiling	{C 189}		
{C 112}	Bedrooms-Door Width, Thickness  C. The Building 3. Arrangement and size of rooms. Each home shall provide: d. Bedrooms (4) Doors- 1 ¼ inch solid core wood or equivalent, 3 ½ feet wide, open to swing into room for capacity 6-29; 44 inch door for capacity of 30 or more.  This Rule is not met as evidenced by: The doors to the bedrooms were 1 ¼ inch 5 panel doors with the thickness of the doors reduced to approximately ½ inch at the edges of the panels.  2-4-15 Followup Findings: The doors to resident rooms remain 1 3/4 inch	{C 112}		

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{C 112} Continued From page 3  
thick rails and stiles with panels that reduce the thickness of the doors.  
  
DHSR Construction will accept documentation such as Field Listing that the rails and stiles of the doors are wide enough and substantial enough to provide equivalent protection of the corridor as would a 20 minute labeled door.

{C 112}

{C 145} Basements  
  
C. The Building  
3. Arrangement and size of rooms.  
Each home shall provide:  
o. Basements are optional; however, if constructed:  
(1) Walls and ceiling must be of at least one hour fire-rated materials.  
(2) Must meet requirements of North Carolina State Building Code Requirements for Nursing Homes and Boarding Homes.  
(3) May be used for non-combustible storage and laundry.  
  
This Rule is not met as evidenced by:  
2. There is a laundry chute to the basement from the Janitor's closet. The laundry chute and door at the upper end of the chute are constructed of 3/4 inch pressboard and no latch is provided on the door. No door is provided at the lower end of the chute. The result is that the fire resistant rated separation between the floors is incomplete. Provide fire rated separation between the floor levels by;  
a. Providing fire resistance at the chute, OR,  
b. Make the Janitor's closet above the chute fire rated, complete with one-hour rated walls and ceiling and a self-closing 3/4 hour rated door and

{C 145}

*No POC response for #2. Called Ms Tuttle and left message*

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{C 145}	Continued From page 4  frame, OR, c. Any other option approved by the local Building Inspection Department and the DHSR Construction Section. Contact your local Building Inspection Department for guidance on how to correct this deficiency and to secure any required permits before beginning work.  3. The door from the basement to the pantry separates the basement level from the main level. The door is of metal but has no latch provided and does not close completely. The closer has been removed from the door. The door must be self-closing and must automatically latch when closed.	{C 145}		

921194

**DHG**  
DIXON HUGHES GOODMAN LLP

2501 Blue Ridge Road, Suite 500  
Raleigh, NC 27607  
D 919.876.4546  
F 919.876.8680  
www.dhglp.com



April 27, 2015

Division of Health Service Regulation  
Construction Section  
2705 Mail Service Center  
Raleigh, North Carolina 27699-2705

To Whom It May Concern:

We recently executed an engagement letter with Landmark Assisted Living, LLC in Davidson County (Grayson Creek of Welcome) to prepare a Certificate of Need (CON) application. This CON application will propose to re-locate twenty beds to Grayson Creek of Welcome. Fifteen of the beds are licensed to a facility in Davidson County, and five of the beds are licensed to a facility in Rowan County, Heritage Center, LLC.

Landmark Assisted Living, LLC had originally engaged the services of another professional services firm to prepare the application. At the time, it was the understanding of all parties involved that the application was to be filed January 15, 2015. It was subsequently determined that the correct filing date is June 15, 2015.

We have a pre-application conference on April 28, 2015 to discuss the logistics of the CON application and to determine if there are any issues that would necessarily prevent the application from being approved.

Please do not hesitate to contact me at 919-526-1821 should you have additional questions.

Very truly yours,

Handwritten signature of Don Poole in cursive.

Don Poole  
Principal

# Tuttle & Associates, LLC

1025 Lamb Road, Lexington, NC 27296  
336-853-7670 phone Tuttle@ptmc.net  
336-853-7671 fax

4/17/2015 AMMENDED 4/28/2015\* T.T.

Bob Getchell  
NC Department of Health and Human Services  
2705 Mail Service Center  
Raleigh, NC 27899-2705

Ref: Heritage Plantation- HAL-080007

Dear Mr. Getchell:

This is a response to your corrective action follow up date of visit 2/4/2015. Based on the delay in the mail delivery I appreciate your willingness to give me an extension of response time.

## Prefix Tag C101- Physical Plant

### Corrective Action.

1. There is attic access to the kitchen area and is available for inspection the access is the same as the building entry.

4. See the onsite inspection email from the local building inspection date of visit 2/16/2015. Will you please place this information in Heritage's state file for future inspections.

Time Frame: Immediately

## Prefix tag C189 – Building Equipment

### Corrective Action

2. The HVAC vendor missed the installation of the doors in a previous work order. The access doors have been installed. I have included a picture

Time Frame: 3/5/2015

4. Emergency egress light was installed. I have included a picture.

7. The dutch door was provided previously with an astragal to provide a smoke barrier the latch was removed and replaced with a permanent fixture so the door cannot be divided. I have included a picture.

8. Heat detector was properly mounted. I have included a picture

Time Frame: 2/21/2015

## Prefix tag C112 – Bedroom Door Thickness/Width

### Correction

See the onsite inspection email from the local building inspection date of visit 2/16/2015. Will you please place this information in Heritage's state file for future inspections.

## Prefix tag C145 – Basement

### Correction

● Page 2

A proper door closure was installed. I have included a picture

April 28, 2015

\*A 45 min rated door and frame will be installed at the laundry chute room door

**Time Frame: 2/21/2015 for closure and \*5/28/2015 for door install.**

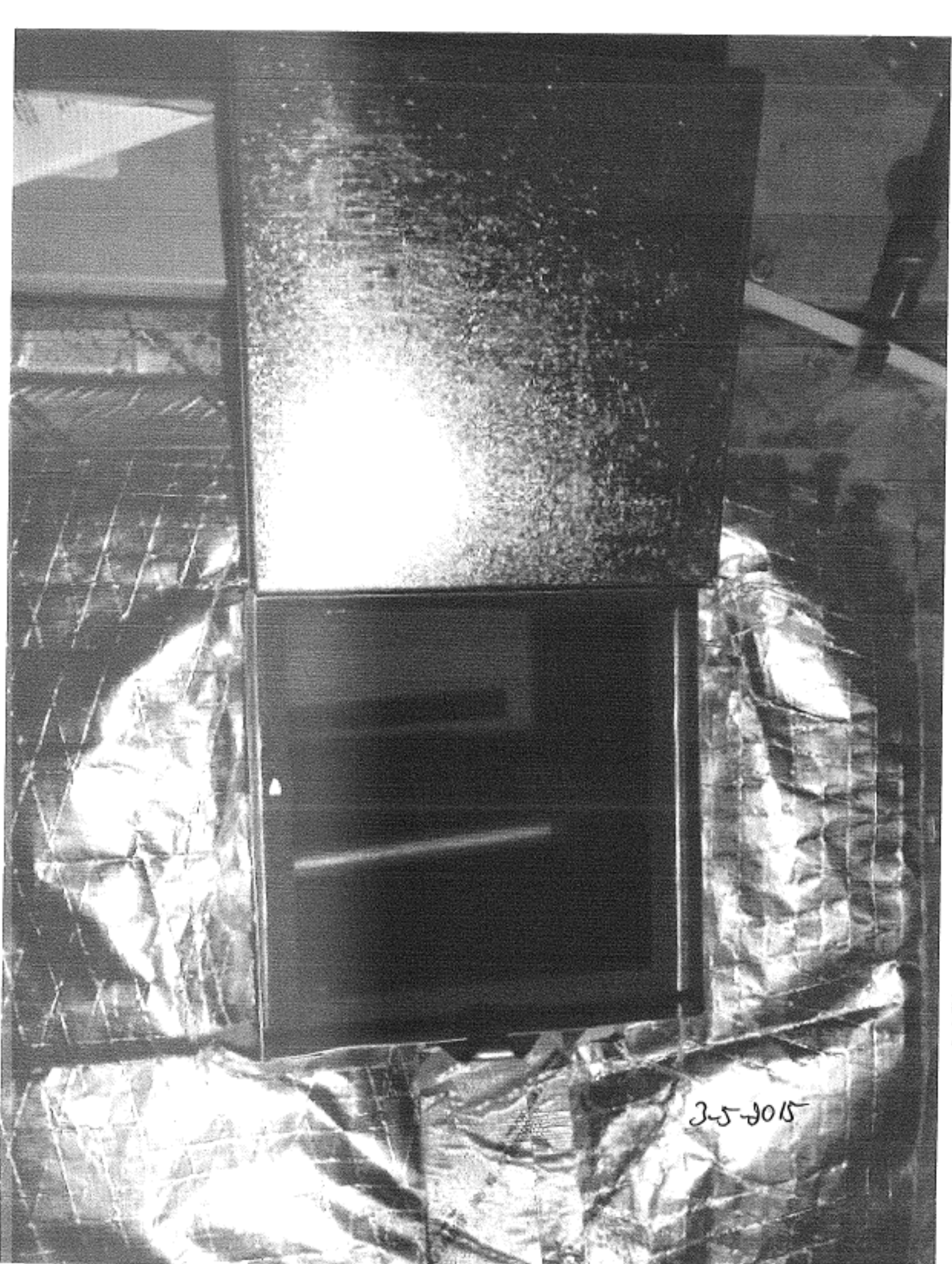
Sincerely,

A handwritten signature in black ink, appearing to read "Tisha Tuttle". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

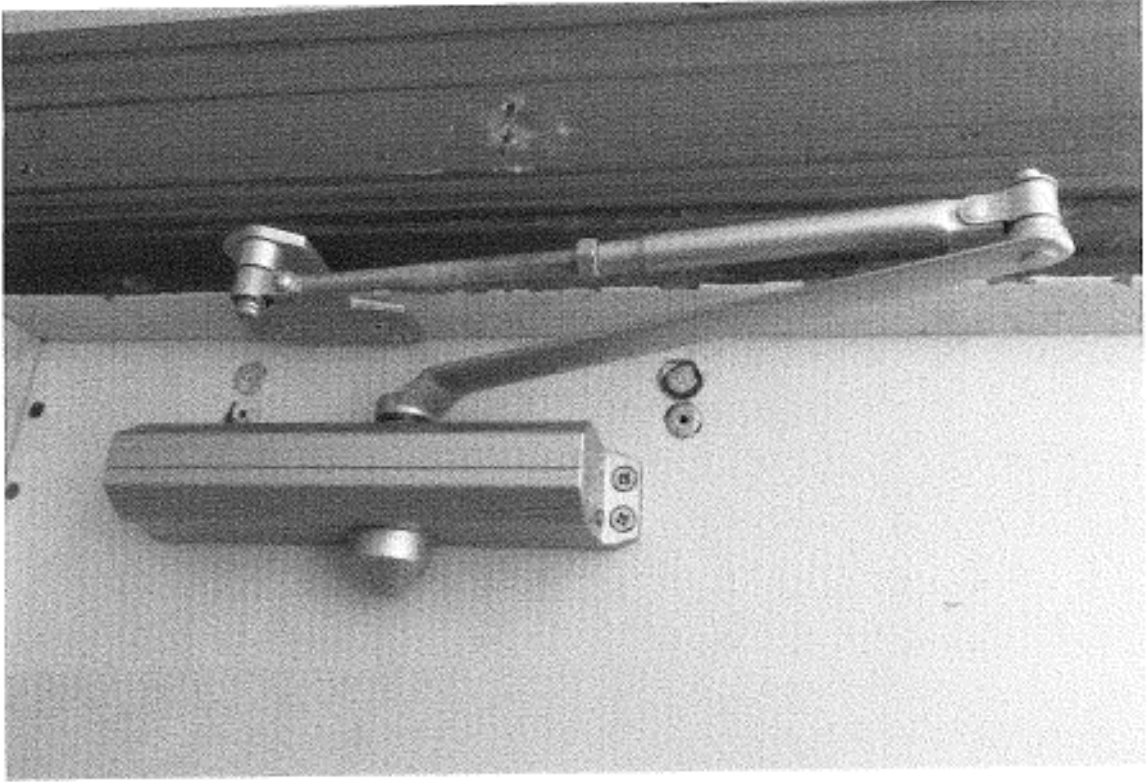
Tisha Tuttle

Co-Administrator





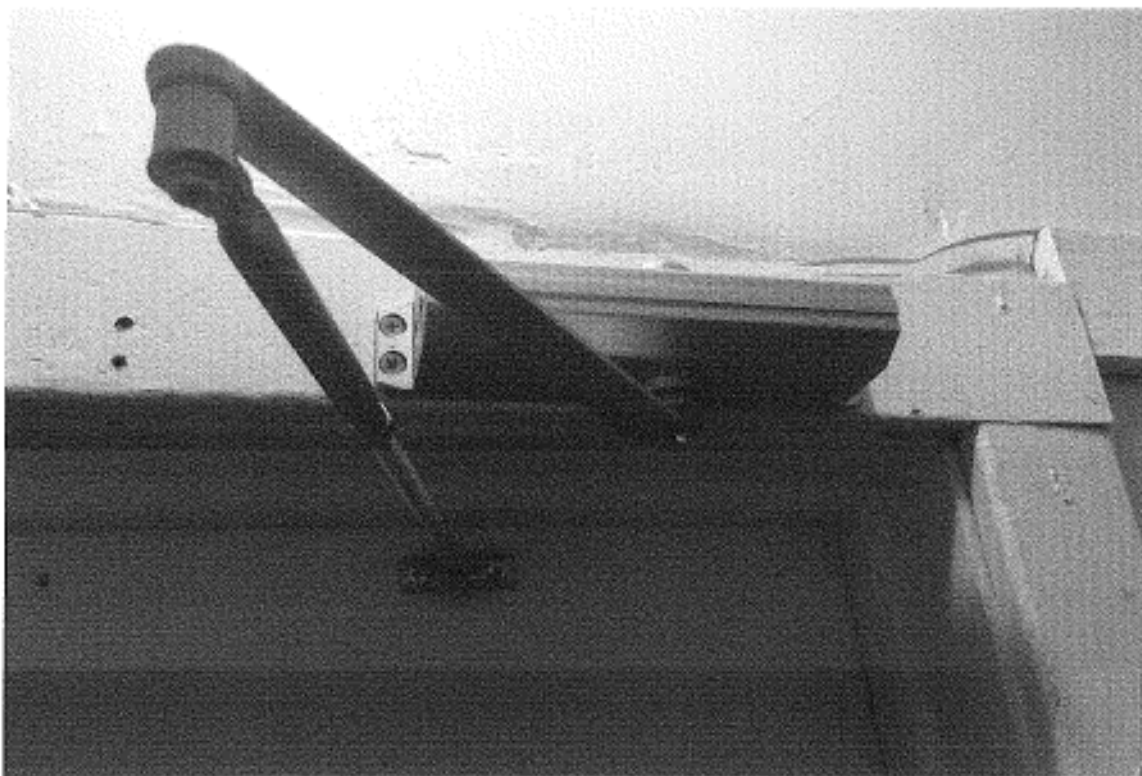
3-5-2015



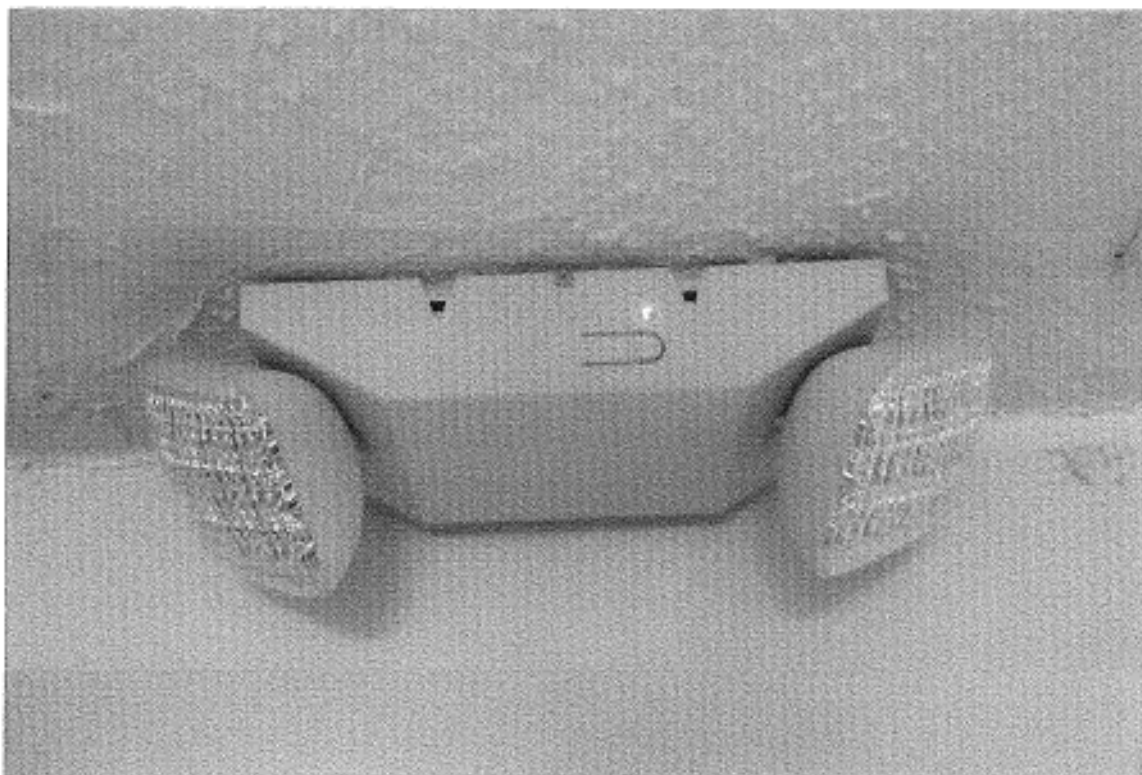
2-21-2015



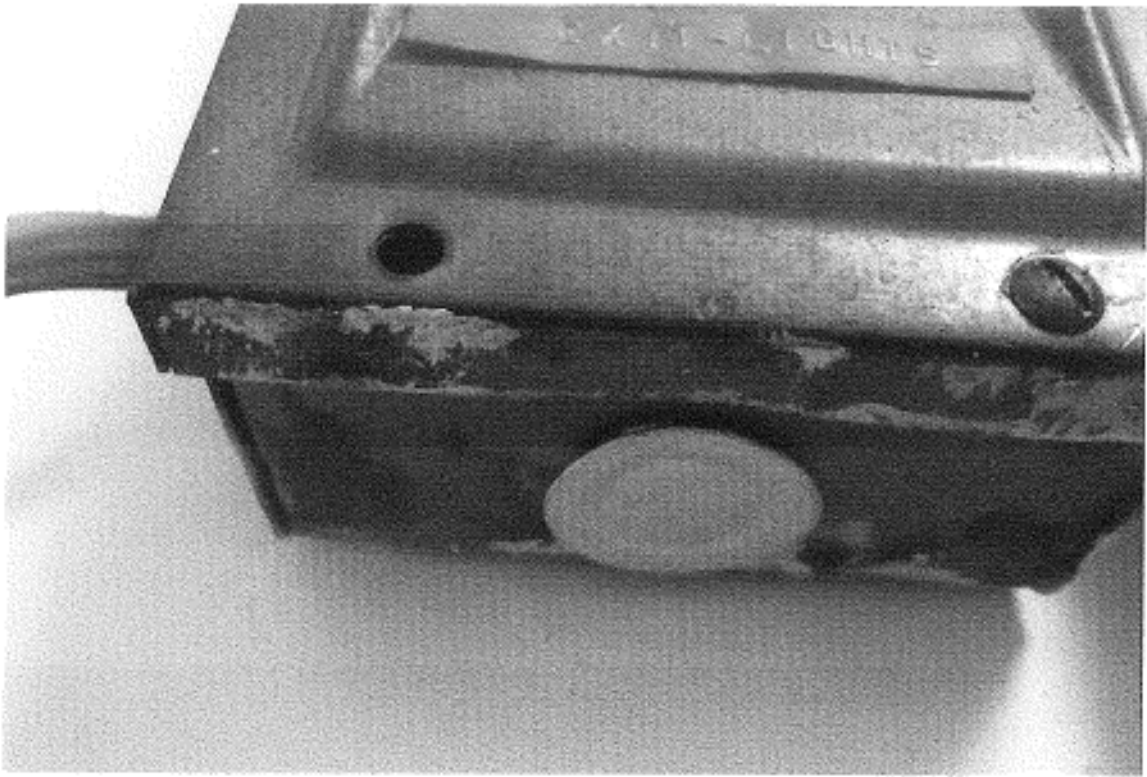
2-21-2015



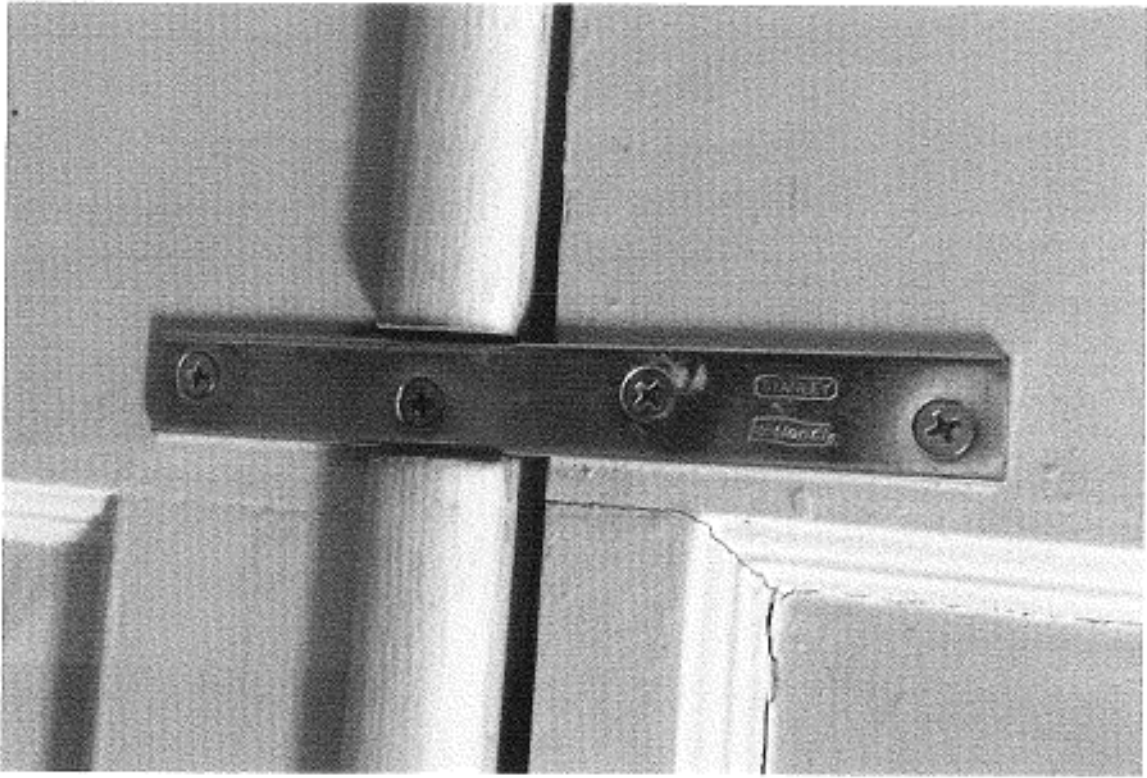
8/21-2015



2-21-2015



2.21.2015



2-21-2015

**Tisha Tuttle**

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**From:** O'Kelly, Thomas [Thomas.O'Kelly@rowancountync.gov]  
**Sent:** Monday, February 16, 2015 11:30 AM  
**To:** Tuttle@ptmc.net  
**Subject:** RE: assisted living state survey dated 9/24/2013

Ms. Tuttle,

After a site visit this morning to the Heritage Plantation facility, the building appeared to be in the existing working condition as in the past with no sign of alterations, repairs, additions or change of occupancy. It is my understanding that the facility can be operated as originally approved during the construction without applying current State codes to this existing facility. Please do not hesitate to contact me or this office if you have any questions.

Thomas O'Kelly  
Director  
Rowan County Building Code Enforcement  
402 N. Main Street  
Salisbury NC 28144  
704-218-8612 Office  
704-638-3130 Fax  
[Thomas.okelly@rowancountync.gov](mailto:Thomas.okelly@rowancountync.gov)

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**From:** Tisha Tuttle [mailto:Tuttle@ptmc.net]  
**Sent:** Monday, February 09, 2015 3:12 PM  
**To:** O'Kelly, Thomas  
**Cc:** tuttle@ptmc.net; 'Judy Whitley'  
**Subject:** assisted living state survey dated 9/24/2013

I have spoken to you on the phone regarding Heritage Plantation which is a assisted living my dad Daniel Tuttle and I own in Salisbury. I have had a follow-up inspection at the home on 2/4/2015. The Division of Health Services Regulation is asking me to clarify with your department the following issues. I will be glad to meet you at the assisted living at 2809 Old Concord Road if you would like. Original survey date 9/24/2013. 1. (prefix tag C101) Heritage Plantation is in the process of reducing our capacity to a maximum occupancy license of 29. We currently only have 20 resident in the building. The states said that we still need your permission to not provide a smoke barrier in the building/attic for that reduced license. 2. (prefix tag C101) corridor doors are currently 1 3/4 thick solid wood doors with panels, the doors are original Installed in 1928. the state is questioning the panel (inset). we are asking permission for the doors to remain. We have satisfied the state with the remaining issues in the report. Thanks, Tisha Tuttle co-owner 336-239-6746 mobile