

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL064010</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/12/2015</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOMERSET COURT OF ROCKY MOUNT</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>918 WESTWOOD DRIVE</b><br><b>ROCKY MOUNT, NC 27802</b> |
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| (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 |
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| {C 000}            | Initial Comments<br><br>Report of a Follow Up Survey by Billy S. Bryant and Greg Cates conducted on 05/21/2015.<br><br>Deficiencies noted during the Biennial Survey conducted on 03/11/2015 remain to be corrected.   | {C 000}       |   |                    |
| {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>5. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of corridor doors. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.<br><br>Finding on 05/12/2015<br>a. One leaf of the dining room double doors is contacting the frame when released to close causing the door to not completely close and latch. | {C 189}       |   |                    |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_