

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL031015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROSEMARY REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458</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	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 6-17-2015.</p> <p>Information from our files indicates that this facility was first licensed or submitted on 8-4-1994 as a 12 bed Home for the Aged. A 33 Adult Care Home Bed Addition, was received for review on 11-20-2000. Based on this information, we are requiring the 12 bed facility to meet the 1991 Edition of the North Carolina State Building Code-Section 409-Institutional Occupancy with (1994 Revision) and the 33 bed addition to meet the 1996 Edition with Revisions of the North Carolina State Building Code and the 1999 Edition of The Minimum and Desired Standards and Regulations for Adult Care Homes, and both sections must meet the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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: 1. Based on observation and interview, the NFPA 13 wet sprinkler system has been out of service since January of 2014. A non-functioning sprinkler system puts all residents, staff and</p>	C 189		

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

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C 189	<p>Continued From page 1</p> <p>visitors at significant risk of injury or death.</p> <p>The facility began a Plan of Protection which included initiating a 24 hour Fire Watch to the satisfaction of the local Fire Marshal. The Fire Watch would continue until the system is back in service.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> <li>a. Hole beside the sprinkler pipe in the attic smoke barrier wall above room 108,</li> <li>b. Unsealed penetrations at insulated pipes in the office closet,</li> <li>c. Unsealed penetrations at wires in the office closet,</li> <li>d. Hole around 3 inch ABS pipe in ceiling of mechanical room near room 204,</li> <li>e. Hole around wet side sprinkler pipe in ceiling of riser room,</li> <li>f. Pipe escutcheon has fallen away from the ceiling in the laundry,</li> <li>g. The sprinkler escutcheons were missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations. <ul style="list-style-type: none"> <li>i. Mechanical room near room 204,</li> <li>ii. Storage beside mechanical room near room 204,</li> <li>iii. Medication preparation room.</li> </ul> </li> </ul> <p>3. Based on observation, the facility was not maintained in a safe manner by propping one of the fire rated doors open and preventing the door from closing rapidly in order to contain smoke</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings include: The ¾ hour fire rated door to the pantry was propped open.</p> <p>4. Based on observation, the cross-corridor doors near the Administrator's office are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>5. Based on a review of documents, the range hood fire suppression system in the kitchen is not being inspected monthly as required. Failure to perform monthly safety inspections could cause the system to fail to work when needed. Findings include: The fire suppression system had not been inspected this year.</p> <p>6. Based on observation, the ice machine drain line extended into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</p>	C 189		
C 195	<p>Hot Water System</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to</p>	C 195		

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C 195	<p>Continued From page 3</p> <p>provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).</p> <p>(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: Based on observation, the hot water temperature was found to be 128 degrees F. in the community bathroom across from the nurse station. Hot water temperature in excess of 116 degrees F. presents the possibility of burning residents.</p> <p>The facility began a Plan of Protection on the day of survey which included draining the hot water from the tank, adjusting the thermostat and monitoring temperature. Bathing activities were halted until the temperature was in range and stable.</p>	C 195		