

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 918 WESTWOOD DRIVE ROCKY MOUNT, NC 27802
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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 Report of a Follow Up Survey by Billy S. Bryant and Greg Cates conducted on 05/21/2015. Deficiencies noted during the Biennial Survey conducted on 03/11/2015 remain to be corrected.	(C 000)	CONSTRUCTION SECTION JUN 25 2015 RECEIVED	
(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: 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. Finding on 05/12/2015 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) C 189 5.	Check doors daily to see that they close properly to prevent spreading of smoke due The door on the left side entering the dining room was taken down by Mike Ron Joyner. Re-drilled hole for screws. Re-hung the door and tested closure - doors close properly	6/16/15 6/16/15

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

Rosalee Shell Administrator TITLE

6/17/15 (X6) DATE