STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL033005 08/18/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD HERITAGE CARE OF ROCKY MOUNT **ROCKY MOUNT, NC 27801** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Frank Strickland and Billy S. Bryant on 08/18/2016: Records indicate this facility was first licensed or submitted on 08/01/1981 as a HA. The facility is currently licensed for 126 Beds. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1977 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure and the 1978 (Revision 3) Edition of the North Carolina State Building Code, I-2 Institutional Occupancy. Defeciencies were cited and a Plan of Correction is required. C 133 Bathrooms-Hand Grips C 133 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to provide hand grips in Resident Bathrooms. This condition could impede the ability of the resident to use bathroom facilities. Findings on 08/17/2016: The are not any hand grips installed in the bathroom for Room 316.

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED	
		HAL033005	B. WING		08/1	8/2016
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HERITAG	GE CARE OF ROCKY	MOUNT	KEY ROAD	27801		
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C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture (e) This Rule shall facilities. This Rule is not m 1-Based on observ maintained the plur operating condition residents, staff and facilities. Findings on 08/18/3 The plumbing fixtur floors and walls at (a) Room 111 (Sink (b) Room 118 (Toile (c) Room 302 (Toile (d) Room 314 (Toile (e) "D" Hall Nurse's 2-Based on observ maintained the inte hardware in a safe could affect all resi- entering and leavin	es shall: ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: ation, this facility has failed to mbing fixtures in a safe and . This could affect all visitors when using the toilet 2016: res are not fastened to the the following locations: (a) et) et) et) et) et) et) et) et) et) et	C 164			

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NAME OF PROVIDER OR SUPPLIER BERTTAGE CARE OF ROCKY MOUNT (M4) ID PREERIX TAG COntinued From page 2 (c) Room 110 (g) Room 111 (e) Room 307 (l) Room 415 3-Based on observation, the facility has not maintained and serviced the HVAC equipment in the Resident Rooms. Findings on 08/18/2016: The PTAC unit in Room 314 is leaking condensation water all over the carpet. 5-Based on observation, the facility has not maintained and service of floor surfaces and finishes. This will effect all residents and staff by creating trip hazards. Findings on 08/18/2016: The PTAC unit in Room 314 is leaking condensation water all over the carpet. Findings on 08/18/2016: The PTAC unit in Room 314 is leaking condensation water all over the carpet. 5-Based on observation, the facility has not maintained and service of floor surfaces and finishes. This will effect all residents and staff by creating trip hazards. Findings on 08/18/2016:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
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CAMPINGE CARE OF ROCKY MOUNT ROCKY MOUNT, NC 27801 CAMPINE SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CAMPINE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG RECORD TO THE APPROPRIATE DEFICIENCY) CAMPINE REGULATORY OR LSC IDENTIFYING INFORMATION) PROPERTY TAG RECORD TO THE APPROPRIATE DEFICIENCY) CAMPINE REGULATORY OR LSC IDENTIFYING INFORMATION) PROPERTY TAG RECORD THE APPROPRIATE DEFICIENCY) CAMPINE RECORD THE APPROPRIATE DEFICIENCY PROPERTY TAG RECORD THE APPROPRIATE DEFICIENCY	NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 164 C continued From page 2 (c) Room 109 (d) Room 111 (e) Room 307 (f) Room 415 3-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. Findings on 08/18/2016: The exhaust grilles have excessive particulate build-up in the following locations (a) All of the Resident Bathrooms (b) House-Keeping Closets (c) Kitchen return-air 4-Based on observation, the facility has not maintained and serviced the HVAC equipment in the Resident Rooms. Findings on 08/18/2016: The PTAC unit in Room 314 is leaking condensation water all over the carpet. 5-Based on observation, the facility has not maintained and service of floor surfaces and finishes. This will effect all residents and staff by creating trip hazards. Findings on 08/18/2016:	HERITAG	GE CARE OF ROCKY	MOUNT			27801		
(c) Room 109 (d) Room 311 (e) Room 307 (f) Room 307 (f) Room 415 3-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. Findings on 08/18/2016: The exhaust grilles have excessive particulate build-up in the following locations (a) All of the Resident Bathrooms (b) House-Keeping Closets (c) Kitchen return-air 4-Based on observation, the facility has not maintained and serviced the HVAC equipment in the Resident Rooms. Findings on 08/18/2016: The PTAC unit in Room 314 is leaking condensation water all over the carpet. 5-Based on observation, the facility has not maintained and service of floor surfaces and finishes. This will effect all residents and staff by creating trip hazards. Findings on 08/18/2016:	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED	BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
The floor finishes and surfaces are damaged and in disrepair located at the following locations: (a) "A" Hall at the base of door jambs (b) "B" Hall at the base of door jambs (c) "C" Hall at the base of door jambs (d) "D" Hall at the base of door jambs 6-Based on observation, the facility has not maintained and service of light fixtures. This could effect all residents and staff.	C 164	(c) Room 109 (d) Room 111 (e) Room 307 (f) Room 415 3-Based on observe maintained and serveturn air grilles. Findings on 08/18/3 The exhaust grilles build-up in the follo (a) All of the Reside (b) House-Keeping (c) Kitchen return-ate 4-Based on observe maintained and servet the Resident Room Findings on 08/18/3 The PTAC unit in Recondensation wate 5-Based on observe maintained and serve maintained and serve finishes. This will creating trip hazard Findings on 08/18/3 The floor finishes a in disrepair located (a) "A" Hall at the be (b) "B" Hall at the be (c) "C" Hall at the be (d) "D" Hall at the be (d) "D" Hall at the be (d) "B" Hal	ation, the facility haviced the HVAC s 2016: have excessive paing locations ent Bathrooms Closets air ation, the facility haviced the HVAC ens. 2016: coom 314 is leaking all over the carpetation, the facility havice of floor surface effect all residents lis. 2016: and surfaces are datathe following locate of door jambs are of door	as not quipment in as not ces and staff by amaged and stations:	C 164			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
		HAL033	3005	B. WING		08/1	8/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
HERITAGE CARE OF ROCKY MOUNT				EY ROAD	27801		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 164	Continued From pa	ige 3		C 164			
	Findings on 11/18/2 The 2x4 florescent become unfastened following locations: (a) Dining Hall (b) Employee Loung	ceiling light fi d from the cei					
C 178	Dining Room Furnis	shings		C 178			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (d) The dining room furnishings: (1) small tables se persons and chairs the dining room; tal resident capacity of premises; and (2) chairs that are retractable or on fro designed to minimiz (e) This Rule shall facilities.	of HOUSE in shall have the riving from two to seat all resoles and chairs the home should be sturdy, without legs only, ze tilting.	ne following to to eight sidents eating in rs equal to the hall be on the ut rollers unless non-folding and				
	This Rule is not med 1-Based on observe maintain the finish sareas. This could be Findings on 08/18/2 All the Dining Room delaminating, crack	ations, this fa surfaces of fu become a hea 2016: n tables have	cility has failed to irniture in general alth hazard.				
C 189	Building Equipment	t Maintained S	Safe, Operating	C 189			
	SECTION .0300 - F 10A NCAC 13F .03						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL033005	B. WING		08/	18/2016
HERITAGE CARE OF ROCKY MOUNT 1650 COK			STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 189	REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app This Rule is not measured in a safe through the fire result has invalidated its in residents and staff smoke is not contain of origin. Findings on 08/18/2 The ceiling joists in the ceiling joists in the ceiling joists in the ceiling in a safe emergency exit signing residents, staff and are not identified. Findings on 08/18/2 The emergency exit hall at side exit. 3-Based on observe maintained the exit could affect all reside event of an emergency exit sage event of an emergency exit sage event of an emergency exit hall at side exit.	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: ation, the facility was not emanner due to breaches istance rated construction that integrity. This could affect all in the event that fire and/or ned in a room or compartment and in the account of the emander of				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL033005	B. WING		08/1	8/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HERITAG	E CARE OF ROCKY	MOUNT 1650 COK ROCKY M	EY ROAD OUNT, NC :	27801		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	residents, staff and were not illuminated Findings on 08/18/2 The emergency wal	This would affect all visitors if the egress pathways during a power outage.	C 189			
C 199	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhaut two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not appl This Rule is not me 1-Based on Observ provide an environn Rule by not providir generated. This cou by subjecting them Findings on 08/18/2	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed, with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. Let as evidenced by: ation, the facility failed to ment in accordance with this ag ventilation where odors are all affect residents and staff to house-keeping odors.	C 199			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) D CO		(X3) DATE COMP) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HERITAC	GE CARE OF ROCKY	MCHRI	KEY ROAD MOUNT, NC	27801			
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C 199	Continued From particle (a) "A" Hall Bathroom (b) "B" Hall Bathroom (c) "D" Hall Laundry	oms oms	C 199				

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