**Division of Health Service Regulation** 

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ HAL030007 03/21/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE THE HERITAGE OF CEDAR ROCK MOCKSVILLE, NC 27028 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 Construction Section Biennial Survey report by Frank Strickland on 03/21/2017: This facility was first licensed on 12/25/1982 as a Home for the Aged serving 40 residents. Therefore, this facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 North Carolina State Building Code For Institutional Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required. C 148 C 148 Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load: This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to secure the corridor handrails to the walls. Findings on 03/21/2017: The handrails are not secured to the corridor walls at the following locations: (a) Dining to Living Room (b) Room 104 to Living Room (c) Room 107 to 108 (d) Room 205 to 207

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (VA) DROVIDED/CHIRDHED/CHA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPLETED		
			A. BUILDING: <b>01</b>				
		HAL030007	B. WING		03/2	1/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DDRESS, CITY, STATE, ZIP CODE				
		191 CRES	TVIEW DRIN	/E			
THE HER	RITAGE OF CEDAR RO	MOCKSVI	LLE, NC 27	028			
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	OULD BE COMPLETE		
C 164	Continued From page 1		C 164				
C 164	Housekeeping and Furnishings-Clean, Repaired		C 164				
	FURNISHINGS  (a) Adult care home  (1) have walls, ceil coverings kept clea  (2) have no chronic  (3) have furniture coverings Rule shall facilities.	es shall: ings, and floors or floor n and in good repair; c unpleasant odors; elean and in good repair; apply to new and existing					
	This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintain the cleanliness of the floors.						
		2017: and unwaxed under the work tor/Freezer units in the					
C 175	Bedroom Furnishings-Clean Towel, Towel Bar		C 175				
	FURNISHINGS (b) Each bedroom s furnishings in good resident: (7) individual clean bar in the bedroom	PHYSICAL PLANT 06 HOUSEKEEPING AND shall have the following repair and clean for each towel, wash cloth and towel or an adjoining bathroom; and apply to new and existing					
		ations, this facility has failed to or each resident in their					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED						
		HAL030007	B. WING		03/2	21/2017					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
THE HERITAGE OF CEDAR ROCK  191 CRESTVIEW DRIVE  MOCKSVILLE, NC 27028											
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C 175	Continued From page 2		C 175								
		2017: 9 do not have the correct the number of residents in									
C 189	Building Equipment	Maintained Safe, Operating	C 189								
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER  d all fire safety, electrical, umbing equipment in an adult maintained in a safe and									
		et as evidenced by: ations, this facility has failed to s in the one-hour roof/ceiling									
	Main Laundry, has	2017: xhaust grille located in the openings around it's perimeter to look up into the attic and is									

6899

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