

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2017
NAME OF PROVIDER OR SUPPLIER ROSEMARY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458		
(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
C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 6-6-2017. Records indicate this facility was first licensed 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.	C 000		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records	C 185		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shannon Lester RA

TITLE

Owner/Manager

(X6) DATE

7-5-17

Division of Health Service Regulation

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C 185	Continued From page 1 available onsite included little to no description of what the rehearsal involved.	C 185	<i>Fire drill form has been revised to include a better description of fire drills. Staff has been inserviced on the form. An example of a filled out form is attached</i>	<i>6.18.17</i>
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: Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. 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. Findings include; a. The door to bedroom 210 will not latch when closed. b. The door to bedroom 213 will not latch when closed. c. The door to bedroom 214 will not latch when closed. d. The door between the kitchen and the dining room was wedged open. e. The door to bedroom 210 was blocked from closing by a blanket on the end of the bed. Note: This deficiency was corrected during the survey.	C 189		

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C 195	Continued From page 2	C 195		
C 195	Hot Water System	C 195		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(d) The hot water system shall be of such size to 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 checked and found to be 121 degrees F. in the dining room Hall bathroom. Hot water temperature in excess of 116 degrees F. present the possibility of burning residents.</p>		<p>Hot water was turned ^{6.27.17} down immediately following the inspection. Temps have been monitored frequently since adjusting temperature. Staff has been inserviced on being aware of water temperature and alerting staff administration. A schedule has been put in place to monitor temperature weekly. Monitoring will be done by administration. Please see attached record</p>	

Rosemary Rest Home

Fire Drill

Date: 6-18-2017

Time: 11:30 am

Shift: 7-3

Description of drill (include location of "fire" and what actions the staff and residents performed)

fire located in laundry room, staff removed all patients from hallway & immediate area

Evacuated rooms on north Hall Residents exited at back of building all rooms checked

Staff Members Present: *Margie Henry* *Edna Dixon*
Jackie Miller *Betty Miller*
Eunice Jacobs *Elvada Newkirk*
Janis Bright *Shirley Whitehead*

Management Staff Present: *Shanna Carter RN*



Eddie's Locksmith Services
 Residential-Commercial
 N.C. Lic. #0273
 272 Faison W. McGowan Rd.
 Kenansville, NC 28349
 910-296-1490 / 910-290-1294

**WORK ORDER
 INVOICE**
 6282

NAME: Rosemary Rest Home, INC DATE: 6/23/17
 ADDRESS: 571 S. Sycamore St. P.O. Box 928
Rose Hill, NC 28458 PHONE: 289-2435
 LOCATION: _____ TERMS: _____

QTY	DESCRIPTION	PRICE	AMOUNT
	DUPLICATE KEYS		
	ORIGINAL KEYS		
	DEADBOLT (TYPE)		
	KNOBSET (TYPE)		
	LOCKSET (TYPE)		
	<i>Make Adjustments to Locksets, & Strikes. Reinstall 2 locks</i>		
	TOTAL MATERIAL		

DESCRIPTION	HRS/RATE	AMOUNT
LABOR TO INSTALL ABOVE		<u>125.00</u>
CYLINDER COMBINATION CHANGE		
SAFE COMBINATION CHANGE		
EMERGENCY HOME/AUTO LOCKOUT SERVICE		
SERVICE CALL		<u>95.00</u>

CUSTOMER SIGNATURE: X Tranna Coster RN

MAIN ENTRANCE REAR DOOR WINDOW SAFE
 FRONT DOOR HALL DOOR CLOSET PATIO DOOR
 SIDE DOOR INSIDE _____
 OPEN LOCK(S) INSTALL REPIN CLEAN/LUBR.
 SECURE PREMISES REMOVE & REPLACE CHANGE COMB. ADJUST
 FIT KEYS MASTER KEY _____

TOTAL LABOR	
SUB-TOTAL	<u>220.00</u>
TAX	<u>—</u>
TOTAL	<u>\$ 220.00</u>

IF AUTO

YEAR	MAKE
MODEL	
LICENSE NO.	

AUTHORIZATION FOR SECURITY / EMERGENCY SERVICES
 I hereby certify that I have the authority to order the lock, key or security work designated above. Further, I agree to absolve the locksmith who bears this authorization from any and all claims arising from the performance of such work.

SIGNATURE: _____ DATE: _____

