

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2017</b>
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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**

(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 a Construction Section Biennial Survey by Billy S. Bryant conducted on 06/21/2017.  Records indicate this facility was first licensed on 10/21/1996. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. The facility failed to have current (within the calendar year) required inspection reports maintained on site for review by the surveyor.  Finding on 06/21/2017: a. A current fire marshal's inspection report was not available at the facility for the surveyor's review at the time of the survey.	C 111	Food Establishment Inspection Comp 6-30-17 98.0  Last Fire Inspection was Completed 8-18-16 Report was in bldg. NC Dept of Environment Health Completed 9-27-16 98.5  ALL INSPECTIONS Keep in E.D. office under proper tab in <u>INSPECTION binder</u>	7/6/17  7/6/17  7/6/17
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

Division of Health Service Regulation

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

*Rosalee Shell*

TITLE

E.D

(X6) DATE

7-28-17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2017</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SOMERSET COURT OF ROCKY MOUNT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>918 WESTWOOD DRIVE ROCKY MOUNT, NC 27802</b>		
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C 166	<p>Continued From page 1</p> <p><b>FURNISHINGS</b></p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the facility was not maintained free from hazards due to oxygen bottles that are stored without any means of restraint to prevent them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility.</p> <p>Finding on 06/21/2017:</p> <p>1. Room 118 - Oxygen cylinders were stored standing upright and without any means of restraint to prevent them from falling over.</p> <p>2. Based on observation the facility is not maintained free from hazards. The building code designated required clearance of 36" for electrical equipment must not be encroached upon. Obstructing access to electrical equipment could delay timely operation in an emergency situation.</p> <p>Findings on 06/21/2017:</p> <p>a. Main electric Room - Access to the electrical panels is obstructed by items stored in front of the panels. Note: Corrected while the surveyor was on site.</p> <p>b. Kitchen Pantry - Access to the electrical panels is obstructed by items stored in front of the panels. Note: Corrected while the surveyor was on site.</p>	C 166	<p>ALL bottles O<sup>2</sup> stored in racks Company cannot leave O<sup>2</sup> in bldg unless it is in a rack. This will be monitored prior to signing for O<sup>2</sup>.</p> <p>Findings were corrected on day of survey. Quality plan is to place on housekeeping inspection weekly to rooms with electrical equipment - Not to be any storage</p> <p>Weekly inspection Form implemented - ON going</p>	<p>7-24-17</p> <p>6-21-17</p> <p>7-11-17</p>

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NAME OF PROVIDER OR SUPPLIER  <b>SOMERSET COURT OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>918 WESTWOOD DRIVE ROCKY MOUNT, NC 27802</b>
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C 166	Continued From page 2  3. Based on observation the facility was not maintained free from hazards.  Finding on 06/21/2017: a. Room 217 - The ceiling light fixture's lens in the resident's bathroom was dislodged from the light fixture on three of its four sides and was in danger of falling to the floor. Note: Repaired while the surveyor was on site.	C 166	Will be on Weekly inspection Form for housekeeping - on going	6-21-17 7-11-17
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: 1. Based on observation and a review of the facility's fire sprinkler inspection report the facility's fire safety equipment (fire sprinkler system) is not maintained in a safe operating condition. Failure to maintain fire safety equipment in safe operating condition could effect occupants of the facility if the equipment did not operate properly to provide the required protective function.  Finding on 06/21/2017: a. The accelerator for the fire sprinkler dry pipe system does not function/operate.	C 189	Eric Williams - Odyssey Fire Supv. will repair on 7-31-17. Affinity BMS will assist	8-2-17

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C 189	<p>Continued From page 3</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Doors that open to corridors are required to close completely and latch in the event of a fire. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on 06/21/2017: a. 100 Hall and 200 Hall living Rooms and Activity Room - One leaf of the double doors that open to the corridor have spring loaded manual surface mounted bolt type locks. The locks do not automatically latch when the door is pulled shut and prevent the doors from completely closing and latching.</p> <p>3. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Finding on 06/21/2017: a. Kitchen Pantry - There is a gap in the fire resistant rated ceiling where the HVAC grille is detached from the ceiling.</p>	C 189	<p>Ordered automatic door closures for doors - Activity Room 100/200 Hall Living Rm MPULSE work order # for door closers is WKD-123962 DSSI PO # ALG3719N/1532 Ordered 7/27/17 usually a week delivery</p> <p>Recaulked gaps in ceiling with red fire caulking. Work performed by BMS mtce man for Affinity</p>	7-17-17

<input type="checkbox"/> Foreign Branch	<input type="checkbox"/> 1-Time Fill	Sending Center			
<input type="checkbox"/> O2 Fill for F/B Patient	<input type="checkbox"/> Set-up	CO	RG	DS	CT
	<input type="checkbox"/> Pick-up				

*Oxygen*

DEL. REF. # *OT8PHT*  
DATE: *7-27-2017*

SHIP TO  
*Rm 118*  
ACCT.#: *02 023 590-000-041*

SHIP FROM  
Location Code: 90-18-38-29  
LINCARE  
1133 JEFFREYS ROAD  
ROCKY MOUNT, NC 27804-1866  
PH: (252)467-2000 (877)467-2007

PO#
Amt. Paid on Acct.
\$
Check No.

**SALE ITEMS** REFERRAL NAME/CODE/NPI:

OXYGEN USP				OTHER					
Item Code	QTY DEL	Description	U/M	Item Code	QTY DEL	Description	U/M	UNIT PRICE	
0900		LIQUID OXYGEN REFILL - NETWEIGHT	LB	3330		HIPAA NPP	EA	N/C	
1100		"C" CYLINDER REFILL	EA			SUPPLIER STANDARDS			
1101		"D" CYLINDER REFILL	EA						
1102		"E" CYLINDER REFILL	EA						
1103		"H" CYLINDER REFILL	EA						
1123		"M6" CYLINDER REFILL	EA						
		OXYGEN LOT# -							
3198		CONCENTRATOR CHECK	EA						
TOTAL SALE ITEMS		One Month Minimum Rental				TOTAL SALES/RENT OVERRIDE PRICE			

**RENTAL EQUIPMENT**

RENTAL EQUIPMENT						Concentrator Check			Concentrator Check									
Item Code	Conv Code	Quantity Del.	P/U	Equipment Description	Override Price	Serial Number	Model #	Serial #	No. of Hours	Rx flow Setting	Flow Reading	O. Concentration	Model #	Serial #	No. of Hours	Rx flow Setting	Flow Reading	O. Concentration
4001				Liquid Oxygen Portable			<i>72</i>	<i>V00 85 989</i>	<i>11434</i>	<i>1.5</i>	<i>1.5</i>	<i>95+</i>						
4200				Liquid Oxygen Reservoir														
4300				Oxygen Concentrator														
4426				Portable Gas														
4427				B/U Cylinder														
4360				Portable Concentrator														
MODEL																		
HOURS																		
Total Del		Total P/U		Total Rental Override Price		Override Price Approval:												

PLAN OF SERVICE UPDATE: *\* No cylinders to be left in Somerset without being in a rack for storage* Time: *1259*

IF PAYMENT IS INDICATED ABOVE, RECEIPT OF AMOUNT SHOWN IS ACKNOWLEDGED BY SIGNATURE. I ACKNOWLEDGE THAT GOODS OR SERVICES WERE DELIVERED, PICKED UP OR PERFORMED AS INDICATED ABOVE. CUSTOMER ACKNOWLEDGES THAT EQUIPMENT HAS BEEN INSPECTED AND RECEIVED IN GOOD CONDITION AND THE SAME IS HEREBY ACCEPTED BY CUSTOMER.

Delivered By: *[Signature]*  
DTKT004 (Rev. 6/16) LINCARE LICENSING INC.  
Received By: *[Signature]*  
Date: *7/27/17*  
Relationship to Customer: *ED @ Somerset*

*All loose bottles picked up*

CUSTOMER COPY

Weekly Housekeeping Inspection

Completed By \_\_\_\_\_  
Date \_\_\_\_\_

1. Keep Electrical Rooms Storage Free At All Times \_\_\_\_\_
2. Check Rooms For Loose Fire Detectors \_\_\_\_\_
3. Check Rooms For Loose Light Fixtures \_\_\_\_\_
4. Check Rooms For Blown Light Bulbs \_\_\_\_\_
5. Check Closets/Ceilings For 18 inch Clearance \_\_\_\_\_
6. Check For Oxygen Bottles Not In Racks \_\_\_\_\_

Please keep all sheets in the Housekeeping Notebook.

*Erin M. T. P.*  
*T. P. Ward*





TECHNOLOGY • QUALITY • SERVICE

1470 SMITH GROVE RD  
LIBERTY  
SC 29657

Customer Service:  
Phone : 864 843 1700  
Fax : 864-843-6847

Acct No : 181348

Date : 07/28/2017 Page : 1

**SHIP TO :** SUMMERSET COURT  
ATTN: ODSSEY FIRE  
918 WESTWOOD DRIVE  
ROCKY MOUNT,NC 27803

**SOLD TO :**

210 OLD DAIRY ROAD, STE A1  
WILMINGTON,NC 28405

**Special Instructions**

**Order Taken By**  
TRACY SATTERFIELD

**Order #**  
1385630001

**Load #**  
1385630001

**Order Placed By**  
ERICCALL

**Customer PO No**  
SUMMERSET CT ROCK

**Date Recd.**  
7/28/17 07/28/2017

**Date Shipped :** 07/28/2017 **Via :** UPS-UPS GROUND 5102

**Tax Exemption**

**Freight**

**# Of Pkgs :** 1

Item No.	Part / Device	Qty Ordered	Qty Shipped	DESCRIPTION
1	AE	1	1	ACCELERATOR,B1
		1	1	

**Acknowledgment Of Order**

This is a copy of your order as we have entered it. Please check carefully, notifying us at once of any errors or omissions. All Orders accepted subject to regulations of our Credit Department, and further subject to delay due to conditions beyond our control. PLEASE NOTE ALL SHORTAGES OR DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS OF RECEIPT OF INVOICE.

**SHIPPING ORDER**



# HDS SUPPLY

## FACILITIES MAINTENANCE

### Packing List

(800) 431-3000  
 1950 N Norcross Tucker Rd  
 NORCROSS GA 30071-3432

Ordered By **ROWLAND GILBERT**  
 Ship To (252) 443-5592  
**SOMERSET COURT OF ROCKY MOUNT**  
 918 Westwood Dr  
 Rocky Mount NC 27803-2532

Delivery **0768388763**  
  
 HDS Internal Use

UPSSG2

Order **129126341**  
 Order Date/Time 07/27/2017 06:42PM  
 Customer 3946664  
 Purchase Order ALG3719N1532

Part	Ordered	Ship	Description
914255	2 EA	2	Norton 1604BC HD Door Clsr Size 4 Alum

The following items are contained in this delivery:

\*Download the necessary SDS online today at [hdsupplysolutions.com](http://hdsupplysolutions.com)

These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred or otherwise disposed of to any other country or any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. Government or as otherwise authorized by U.S. Law and Regulations.

### Return Information

Important - Please call us within **3 days** at (866) 455-8901 if you have an issue with your order.

We accept product back in its original packaging up to 90 days from the date of purchase unless the product is one of the following:  
 Special order product: Shipped outside the continental U.S.  
 Hazardous material: Manufacturer's warranty as designated in our catalog  
 Factory Direct product: Custom cut or made-to-order product  
 Consists a gas powered engine

If you have a problem with a nonreturnable product or have any questions regarding our return policy, please call us at (866) 455-8901 or see our complete Return Policy online at [hdsupplysolutions.com](http://hdsupplysolutions.com), in the customer support section.  
 Please note that if you paid freight to receive an item, freight charges may apply to return the item.

THANK YOU FOR YOUR ORDER!



FROM: **SOMERS, COURT OF ROCKY MOUNT**  
 918 Westwood Dr  
 Rocky Mount NC 27803-2532

SHIP TO: **HD Supply Facilities Maintenance**  
 (866) 455-8901  
 1950 N Norcross Tucker Rd  
 NORCROSS GA 30071-3432

## RETURN SERVICE

**866-455-8901**

Please call for a return order number.

A return order number will expedite processing your return order and issuing credit.

You may also place a reorder during this call.

Please write your return order number here:

Delivery: 768388763 Cust#: 3946664  
 Please tell us what you are returning:

Part Number	Qty	Return Reason

### To Prepare Your Return:

1. Please use the original packaging.
2. Peck and tape your package securely.
3. Using scissors, remove this return form from the packing list by clipping along the dotted line.
4. You may tape this form to the package using clear tape or hand it to the UPS driver who will attach it using a plastic pouch.
5. Give your package and this label to any UPS driver.
6. Use original copies of the ARS return form.
7. If additional ARS return forms are needed, please call 866-455-8901.
8. Only use this form to return items from this order.



4150 SHACKLEFORD ROAD  
SUITE 500  
NORCROSS  
GA 30093

Customer Service:  
Phone : 770 931-9200  
Fax : 800-848-6052

Acct No : 181348

Date : 07/28/2017 Page : 1

**SHIP TO :** SUMMERSET COURT  
ATTN: ODSEY FIRE  
918 WESTWOOD DRIVE  
ROCKY MOUNT,NC 27803

**SOLD TO :**

210 OLD DAIRY ROAD, STE A1  
WILMINGTON,NC 28405

**Special Instructions**

Order Taken By  
TRACY SATTERFIELD

Order #  
1385630002

Load #  
1385630002

Order Placed By  
ERICCALL

Customer PO No  
SUMMERSET CT ROCK

Date Recd.  
7/28/17 07/28/2017

Date Shipped : 07/28/2017 Via : UPS-UPS GROUND 5102

Tax Exemption Freight # Of Pkgs : 1

Item No.	Part / Device	Qty Ordered	Qty Shipped	DESCRIPTION
2	ALS	1	1	FPPI,#02-010 AIR LINE SIGN 6X2
		1	1	

**Acknowledgment Of Order**

This is a copy of your order as we have entered it. Please check carefully, notifying us at once of any errors or omissions. All Orders accepted subject to regulations of our Credit Department, and further subject to delay due to conditions beyond our control. PLEASE NOTE ALL SHORTAGES OR DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS OF RECEIPT OF INVOICE.

**SHIPPING ORDER**

**RMFD**

**Fire Marshal's Office  
404 S Church Street  
Rocky Mount, NC 27804  
Phone: 252-972-1376  
Fax: 252-972-1508**

**Report of Inspection  
THIS IS NOT AN INVOICE**

Occupancy ID 002309

Thursday August 18, 2016

SOMERSET COURT OF ROCKY MOUNT  
918 WESTWOOD DR  
Rocky Mount, NC 27803

Inspection Type: 200  
Inspection Disposition: Inspected Occupancy  
INSPECTION FEE: \$75.0000

An inspection of your facility on **Thursday August 18, 2016** revealed the violations listed below.

ORDER TO COMPLY: Since these conditions are contrary to law, you must correct them upon receipt of this notice. A reinspection may be conducted after a minimum of 15 days. There will be no charge for the first reinspection. All subsequent reinspections will result in a \$50.00 assessment.

If you fail to comply with this notice before the reinspection date listed, you may be liable for the penalties provided for by law for such violations.

Violation Code	Article	Division	Page	Count
07 Life Safety			0	1
BACKUP GENERATOR IS NOT OPERATIONAL AND EMERGENCY/EXIT LIGHTS DO NOT HAVE BATTERY BACK UP. RP WAS ADVISED THAT GETTING THE GENERATOR BACK ONLINE WAS CRITICAL AND MUST BE DONE AS SOON AS POSSIBLE. RP WAS ADVISED TO HAVE FLASHLIGHTS AVAILABLE FOR STAFF AND ADVISE THEM OF THE POTENTIAL FOR DARK CONDITIONS IF POWER IS LOST.				

**Repaired 04/03/2017**

Comments:

William Hale / Km  
Hale, William Weston  
Inspector

Occupant/Owner

Talked to Inspector William Hale - this is the last report they have on file. Scheduled to come back in August 2017

*Riskel ED*



TECHNOLOGY • QUALITY • SERVICE

12121 N. STEMMONS FREEWAY  
SUITE 110  
DALLAS  
TX 75234

Customer Service:  
Phone : 800.442.6742  
Fax : 800.848.6054

Acct No : 181348

Date : 07/28/2017 Page : 1

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ATTN: ODSEY FIRE  
918 WESTWOOD DRIVE  
ROCKY MOUNT,NC 27803

**SOLD TO :**

210 OLD DAIRY ROAD, STE A1  
WILMINGTON,NC 28405

**Special Instructions**

Order Taken By  
TRACY SATTERFIELD

Order #  
1385630003

Load #  
1385630003

Order Placed By  
ERICCALL

Customer PO No  
SUMMERSET CT ROCK

Date Recd.  
7/28/17 07/28/2017

Date Shipped : 07/28/2017 Via : UPS-UPS GROUND 5102

Tax Exemption      Freight      # Of Pkgs : 1

Item No.	Part / Device	Qty Ordered	Qty Shipped	DESCRIPTION
3	AS	1	1	FPPI,#02-014 SIGN,ALARM LINE 6X2
		1	1	

**Acknowledgment Of Order**

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**SHIPPING ORDER**