(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 HAL033005 06/06/2018 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 Construction Section Biennial Survey conducted by Suzanna Fay and Frank Strickland on June 6, 2018. Records indicate this facility was first licensed or submitted on August 1, 1981 as a Home for the Aged. 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. Deficiencies were cited and a Plan of Correction is required. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;

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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) MUL ⁻ A. BUILDI	FIPLE CONSTRUCTION NG: 01		(X3) DATE SURVEY COMPLETED		
		HAL033005	B. WING		06/	06/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HERITAC	SE CARE OF ROCKY	MOUNT	COKEY ROAI KY MOUNT, N				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 101	Continued From pa	ge 1	C 101				
	not meet the code r time of construction Findings on June 6, a. The facility has i system at the front switch is a moment override to be an or	vealed that the facility does requirements in effect at the n or alteration.	e G e the				
C 164	Housekeeping and	Furnishings-Clean, Repair	ed C 164				
	coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AN es shall: ings, and floors or floor n and in good repair;	ID				
		et as evidenced by: vealed that the facility was nd free of chronic unpleasa					
	agents were being s created a strong, ur Housekeeping supp	dministrator's Office - clear stored in this room which	ning				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL033005		B. WING		06/06/2018			
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LIEDITAC	SE CARE OF BOOKY	MOUNT	1650 COK	EY ROAD			
HERITAG	SE CARE OF ROCKY	WIOUNI	ROCKY M	OUNT, NC	27801		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 2		C 164			
	b. 300 Hall - there throughout the 3002. Observations rewere not maintaine	hall. vealed that t	he furnishings				
	were not maintained in good repair. Findings on June 6, 2018: a. Room 206 - the corridor door drags on the frame making it difficult to open. b. Room 208 - the corridor door drags on the frame making it difficult to open. c. Room 203 - the bathroom door has several small holes with rough, splintered edges. d. Kitchen - there are holes through the exterior door at the door hardware. This will allow pests to enter the facility. e. Room 307 - there is a 2" diameter hole in the face of the bathroom door. f. Room 304 - the bathroom door is warped at the bottom. g. Room 410 - the bathroom door is damaged at the door knob and the latching mechanism is missing.						
	3. Observations re not maintained in grant Findings on June 6 a. Maintenance Of stain on the ceiling room.	ood repair. , 2018: fice - there is	s a large water				
	4. Observations remaintained clean are Findings on June 6 a. 300 Hall - the bebuild-up of dirt and the doorways. b. 300 Hall Communications.	nd in good re , 2018: edroom floors residue on th	epair. s had a heavy he floors and at				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED	
		HAL033005	B. WING	<u> </u>	06/0	6/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HERITAG	SE CARE OF ROCKY	MOUNT 1650 COK				
		ROCKY M	OUNT, NC 2			
(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 SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 3	C 164			
	the toilet was heavi	ly stained.				
	5. Observations remaintained in good	vealed that the walls were not repair.				
0.466	Findings on June 6, 2018: a. 300 Hall Lounge - there is a 3" diameter hole in the wall behind the door. b. Room 301 - there is a large crack in the wall behind the door which has caused the finish to separate from the wall. c. 300 Hall - room off of housekeeping - a hole, approximately 12"x18" was cut into the wall to conduct repairs. The hole has not been patched.		C 166			
C 100	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND	C 100			
	maintained free from	vation the facility was not m hazards. Oxygen bottles stored may present a danger				
	unsecured on the fl b. Doctor's Office - oxygen tank on the	, 2018: oxygen tank was found oor by the back closet. there is one unsecured floor and approximately eight g stored in a cardboard				

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AND DI AN OF CODDECTION IN IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL033005		B. WING		06/0	06/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
HERITAC	GE CARE OF ROCKY	MOLINT	KEY ROAD MOUNT, NC	27801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ige 4	C 166			
	carrying case.					
	maintained free fro	vation, the facility was not m hazards. Loose or could cause injury from tripping				
	loose and poses a b. 400 Hall - the tile	tile around the toilet has come				
	Observations re maintained free of l	vealed that the facility was not hazards.				
		, 2018: at back exit - the right corner I there are temporary supports				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and plicare home shall be operating condition (k) This Rule shall facilities with the expension of the condition	11 OTHER and all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintain the buildin	et as evidenced by: vation there is a failure to ng's fire safety systems in a				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
HAL033005		B. WING		06/06/2018			
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HERITAC	SE CARE OF ROCKY	MOUNT		EY ROAD OUNT, NC	27801		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 5		C 189			
	through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.						
	Findings on June 6, 2018: a. Administrator's Office - there is a hole in the ceiling at the light fixture. b. 200 Hall Hot water heater room - there is a 1 1/4" hole in the ceiling. c. Laundry - the dryer ducts have shifted at the ceiling penetrations causing the caulking to separate and the flange on the right penetration has a gap between the flange and the dryer duct. d. 300 Hall Lounge - the attic access panel does not cover the entire opening to the attic. e. Room 301 bath - there is a small hole in the ceiling at the heat detector. f. A/C Room near smoking porch - there is a large hole around the electrical conduit penetration to the right of the A/C unit. g. A/C Room near smoking porch - there are two unsealed 1" conduit ceiling penetrations along the left wall.						
	2. Based on obser- maintain electrical e equipment in safe of of the facility could indicating exit paths event of an emerge	emergency/sapperating con- be effected if s could not be	afety lighting dition. Occupants the signs e seen in the				
	Findings on June 6 a. The exit light/sig illuminate on batter b. 100 Hall at the e light did not illumina c. 200 Hall - the en lounge did not illum d. 200 Hall - the ex	in at the nurse y test. electric panels ate on battery nergency ligh inate on batte	s - the emergency test. t outside of the ery test.				

201 did not illuminate on battery test.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPL	E CONSTRUCTION	(X3) DATE			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED			
		HAL033005	B. WING		06/0	6/2018		
NAME OF	PROVIDER OR SUPPLIER	STRFFT A	DDRESS. CITY S	STATE, ZIP CODE				
		1650 CO	KEY ROAD	,				
HERITA	SE CARE OF ROCKY	MOUNT	MOUNT, NC	27801				
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)		
(X4) ID PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	LD BE	COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE		
				,				
C 189	Continued From pa	ige 6	C 189					
		ne of the exit lights/signs (3						
	total) operated on b							
		it light/sign at the back door						
	test.	did not illuminate on battery						
		nergency light outside of						
		lluminate when tested.						
	h. 400 Hall - the er	nergency light outside of						
	Room 406 did not i	lluminate when tested.						
	2 Observations							
		vealed that the plumbing maintained in a safe and						
		. Loose toilets can damage						
		ment and cause injury from						
	falls.	, ,						
	Findings on home C	0040.						
	Findings on June 6	, 2018: ween Rooms 106 and 108 -						
	the toilet fixture was							
		ween Rooms 110 and 112 -						
	the toilet fixture was	s not secure.						
		ween Rooms 201 and 203 -						
	the toilet fixture was							
	the toilet fixture was	ween Rooms 205 and 207 -						
		ween Rooms 407 and 409 -						
	the toilet fixture was							
	4. Observations revealed that the plumbing equipment was not maintained in operating							
	condition.							
	Findings on June 6	. 2018:						
		on bath - a hand held spray						
	nozzle was added t	o the tub faucet. The head						
	was missing on the							
		on bath - the faucet was						
	the edge and at the	creating a yellow stain down						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED		
		HAL033005		B. WING		06/	06/2018
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HERITAC	GE CARE OF ROCKY	MOUNI		EY ROAD OUNT, NC	27801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 7		C 189			
	maintain the facility safe operating cond compartment could doors do not comp	vation there is a failure to a fire safety equipment of the control of the safety close and latch to a fire to the area failure to the	in a smoke or fire if help				
	Findings on June 6, 2018: a. 200 Hall Community Bath - the door does not latch when closed. b. Kitchen - the magnet is broken on the door separating dining and kitchen. The closer is damaged or has been disabled. c. Room 304 - the door does not latch when closed. d. Room 305 - the door is warped and does not latch. e. Room 402 - the door catches on the jamb and does not close and latch. f. Room 400 - the door does not latch. g. Room 403 - the door does not latch. h. The cross corridor doors outside of dining did not latch when the released with the fire alarm.						
		vealed that the mechan maintained in a safe an					
	fan grilles with a he b. A/C Room near	, 2018: ttern of mechanical exha eavy accumulation of dus smoking porch - there v ovided for maintenance	st. vas not				
	maintain the facility safe condition. In o	7. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes					

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED	
		HAL033005	B. WING	 	06/0	6/2018
NAME OF				STATE ZID CODE		-
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HERITAC	SE CARE OF ROCKY	MOLINT	EY ROAD	07004		
		ROCKYM	OUNT, NC	2/801		
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
C 189	Continued From pa	ge 8	C 189			
0 103	-		0 103			
	or gaps between th stops.	e door and the door frame				
	•					
	Findings on June 6					
		e are holes in the door at the				
	door hardware.	de en la constitució en el tilono de en				
		door has settled and there is a				
	1/2" gap at the top	or the door.				
	8. Based on observ	vation electrical equipment				
		ained in a safe manner.				
	the bottom receptade b. 300 Hall Utility rotthe left of the utility	electrical outlet is damaged at				
	where the ceiling fa with staff revealed t	tion boxes with live wires ins were removed. Interview the pavilion had suffered of had blow off during the last				
	storm.	or ridd blow on ddinig the last				
	= = =	GFCI outlet in the bathroom				
	did not have power	and could not be reset at the				
	receptacle. 9. Based on observation there is a failure to					
		required plumbing safety				
	devices or equipment. Failure to maintain or					
		ety devices or equipment				
		upants of the facility if the				
		nbing safety devices or				
	become contamina	the domestic water supply to				
	Scoome containing					
	Findings on June 6					
	a. Beauty Salon - t	here was not a vacuum				
	breaker at the hair	wash sink.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			SURVEY PLETED	
		HAL033005	B. WING		06/	06/2018
	PROVIDER OR SUPPLIER GE CARE OF ROCKY	MOUNT 1650 CO	DDRESS, CITY, S KEY ROAD MOUNT, NC	STATE, ZIP CODE 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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 199	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhaut two cubic feet per requirement does no before April 1, 1984 these specified spat (1) soiled linen stot (2) soil utility rooms (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Observations re was not provided in	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in nees: rage; toilet rooms; closets; and apply to new and existing apply to new and existing apply to existing facilities. et as evidenced by: vealed that exhaust ventilation all required areas.	C 199			

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