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 HAL030007 01/04/2019 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 Report of a Construction Section Biennial Survey by Ed Miller, conducted on January 4, 2019. 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 were cited that require a Plan of Correction. C 111 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. Based on record review, and interview with Administrator the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on January 4, 2019: a. A current Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25. was not available for review by the Surveyor. C 150 Corridors-Free of equipment and Obstructions C 150 SECTION .0300 - PHYSICAL PLANT

Division of Health Service Regulation

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

TITLE (X6) DATE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					X3) DATE SURVEY COMPLETED	
HAL030007			B. WING		01/0	4/2019	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0.70		
THE HER	RITAGE OF CEDAR R	DCK	TVIEW DRIN				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 150	Continued From pa	ge 1	C 150				
		05 PHYSICAL nts for corridors are: be free of all equipment and					
	This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on January 4, 2019: a. Exit near Bedroom 212 - this exit is blocked with a chair positioned behind the door and the sidewalk had a large bag of trash placed on it. Deficiency corrected before Construction Surveyors departed site. b. Exit near Laundry- this exit is blocked with a chair positioned behind the door. Deficiency corrected before Construction Surveyors departed site.						
C 152	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (h) The requirement exits are: (2) All steps, porch provided with hand	nts for outside entrances and les, stoops and ramps shall be rails and guardrails;	C 152				
	equipped with stabl steps, porches, sto affect all residents, these unstable han	le handrails and guardrails at ops, and ramps. This would staff and visitors who use drail/guardrails by not a safety stability/balance and					

Division of Health Service Regulation

STATE FORM 6899 QZP221 If continuation sheet 2 of 11

Division	<u>of Health Service Re</u>	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		SURVEY LETED	
HAL030007			B. WING		01/0	4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
THE HER	RITAGE OF CEDAR R	OCK .	STVIEW DRIN			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 152	Continued From pa	ige 2	C 152			
	Findings on Januar	quired of these devices. y 4, 2019: ne longest guardrail in the				
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 of	06 HOUSEKEEPING AND				
	provide an environment Rule. This would as visitors by exposing and equipment in different Findings on Januar a. Shower Room connection of the cident b. Lady Restroom the commode to the comment of the cident connection of the cident Shower Room connection connection sho	ervation, the facility failed to ment in accordance with this fect all residents, staff and g them to, unclean conditions isrepair. y 4, 2019: near Bedroom 208 - the ommode to the floor is loose. 200 Hall - the connection of the floor is loose. Bedroom 102 - the ommode to the floor is loose. Bedroom 104 - the ommode to the floor is loose.				
	not kept clean and Findings on Januar	in good repair.				

(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 01/04/2019 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 164 Continued From page 3 C 164 ceramic tile wall at tub has broken tiles. b. Kitchen - the window air conditioner is very dirty. 3. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on January 4, 2019: a. Bedroom 102 Bathroom - the ventilation system with its radiation damper has an excessive accumulation of dust/lint. C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on January 4, 2019: a. Med Room/Copy/Storage Room - 4 portable medical oxygen cylinders are standing up on the floor and 2 portable medical oxygen cylinders are stand on a shelf not physically secured in racks, stands or chained to the structure. b. Employee Lounge near Bedroom 101 - 7 portable medical oxygen cylinders are standing up on the floor not physically secured in racks.

Division of Health Service Regulation STATE FORM

6899 QZP221 If continuation sheet 4 of 11

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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		
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		191 CRES	TVIEW DRIN	/E		
THE HER	RITAGE OF CEDAR RO	OCK MOCKSV	LLE, NC 27	028		
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TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
C 166	Continued From no	1	C 166			
C 166	Continued From pa	ge 4	C 100			
	stands or chained to	o the structure.				
	2. Based on Obse	ervation, a hazard is present				
	due to the possibilit	y of the backflow of				
	contaminated water	r into the domestic water				
	supply.					
	Findings on January 4, 2019: a. Beauty Shop - the shampoo sink has a sprayer hose long enough to reach gray water,					
and there is no vacuum breaker provided. Hoses on water fixtures that are long enough to reach						
	the flood rim of the fixtures present the possibility					
		ninated water into the water				
		cuum breaker is installed.				
		ash - the water lines are not				
		cuum breakers to prevent				
	backsiphonage of g	ray water back into the				
	potable water plum	bing lines.				
C 175	Bedroom Furnishin	gs-Clean Towel, Towel Bar	C 175			
		9				
	SECTION .0300 - F	PHYSICAL PLANT				
		06 HOUSEKEEPING AND				
	FURNISHINGS					
		shall have the following				
		repair and clean for each				
	resident:	·				
	(7) individual clean	towel, wash cloth and towel				
		or an adjoining bathroom; and				
		apply to new and existing				
	facilities.	,				
	This Rule is not me	et as evidenced by:				
		rvation, the facility failed to				
		reas, with the required				
		d/or towel bars for each				
	resident.					
	Findings on Januar	y 4, 2019:				
		Bathroom - this double				

Division of Health Service Regulation STATE FORM

FORM QZP221 If continuation sheet 5 of 11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
HAL030007			B. WING		01/0	4/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE HER	RITAGE OF CEDAR R	OCK	TVIEW DRIN LLE, NC 27			
(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 APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
C 175	Continued From pa	ge 5	C 175			
	occupancy bedroom has one of its two towel bars broken.					
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	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.					
	Management Staff, being performed re shift for each quarte Findings on Januar a. In the 4th quart	ord review and interview with fire safety rehearsals are not gularly with at least one per er.				
	Administrator the F short description of Findings on Januar	ord review and interview with acility failed to document, a what the rehearsal involved. y 4, 2019: hort description of what the				

6899

Division of Health Service Regulation STATE FORM

AND DI AN OF CORRECTION . IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED	
		HAL030007	B. WING		01/0	4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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		MOCKSVI	LLE, NC 27			
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C 189	Continued From pa	ge 6	C 189			
C 189	9 Building Equipment Maintained Safe, Operating		C 189			
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app	and all fire safety, electrical, cumbing equipment in an adult maintained in a safe and apply to new and existing acception of Paragraph (e) ly to existing facilities.				
	safety was not mair condition. This coul not contained in roc Findings on Januar a. Bedroom 208 - heat detector's bas penetrates the fire-assembly. b. Shower Room gap around a cable penetrates the fire-assembly.					
	cable bundle not fir fire-resistance-rated. Living Room - t light fixtures and the allowing fire and some fire-resistance-rated. Living Room - t light fixture was rempenetrate the fire-reassembly.	estopped as it penetrates the d wall assembly. here is a gap between the two e ceiling not firestopped, noke to penetrate the				

Division of Health Service Regulation

STATE FORM 6899 QZP221 If continuation sheet 7 of 11

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
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NAME OF I	PROVIDER OR SUPPLIER	HAL030007		STATE, ZIP CODE	1 01/0	4/2019
		191 CRFS	TVIEW DRIN			
THE HER	RITAGE OF CEDAR R	MOCKSVI	LLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 189	Continued From pa	ge 7	C 189			
	bundle not firestopp fire-resistance-rate	ped as it penetrates the d ceiling assembly.				
	emergency equipm safe and operating if they could not produring an emergency findings on Januar a. LivingRoom - the self-contained eme on backup power where the self-condition. This would early detection and system. Findings on Januar a. Med Room near system's heat detection by its power. 4. Based on obsemaintain the electric operating condition findings on Januar a. Bedroom 212 - without integral over attached to an elect b. Administrator Could without integral over the self-condition findings on Januar attached to an elect b. Administrator Could without integral over the self-contained emergence of the self-	y 4, 2019: ne wall-mounted rgency light did not illuminate rhen the test button is pushed. rvation, the Fire Alarm system in a safe and operating ld affect all by not providing activating the fire alarm y 4, 2019: or Staff Station - the fire alarm ctor is dangling from the coperational wires. rvation, the Facility failed to cal system in a safe and				
	corridor doors are r operating condition Findings on Januar a. Bedroom 207 -					

Division of Health Service Regulation

STATE FORM 6899 QZP221 If continuation sheet 8 of 11

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 189 Continued From page 8 gap between the door leaf and its frame for smoke to penetrate. b. Utility Room near Beauty Shop - the corridor door is only equipped with a dead bolt lockset and cannot automatically latch into it frame. c. Kitchen - the corridor door does not latch into its frame when closed. 6. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on January 4, 2019: a. Dining Room - the corridor door has a table holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 7. Based on observation, the Building was not	DIVISION	of Health Service Re	egulation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE HERITAGE OF CEDAR ROCK 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028 (FACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COMPLET TAG CONTINUED FROM THE APPROPRIATE DEFICIENCY COMPLET TAG CONTINUED FROM THE APPROPRIATE DEFICIENCY COMPLET DATE C 189 C 189				` '			
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE HERITAGE OF CEDAR ROCK 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028 (X4) ID PREPIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAGS REGULATORY OR LSC IDENTIFYING INFORMATION) C 189 Continued From page 8 gap between the door leaf and its frame for smoke to penetrate. b. Utility Room near Beauty Shop - the corridor door is only equipped with a dead bolt lockset and cannot automatically latch into it frame. c. Kitchen - the corridor door does not latch into its frame when closed. 6. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on January 4, 2019: a. Dining Room - the corridor door has a table holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 7. Based on observation, the Building was not							
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C 189 Continued From page 8 Gage between the door leaf and its frame for smoke to penetrate. b. Utility Room near Beauty Shop - the corridor door is only equipped with a dead bolt lockset and cannot automatically latch into its frame when closed. 6. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on January 4, 2019: a. Dining Room - the corridor door has a table holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 7. Based on observation, the Building was not	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 189 Continued From page 8 gap between the door leaf and its frame for smoke to penetrate. b. Utility Room near Beauty Shop - the corridor door is only equipped with a dead bolt lockset and cannot automatically latch into its frame. c. Kitchen - the corridor door does not latch into its frame when closed. 6. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on January 4, 2019: a. Dining Room - the corridor door has a table holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 7. Based on observation, the Building was not	THE HEE	DITAGE OF CEDAR DO	OCK 191 CRES	TVIEW DRIV	/E		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE C 189 C 1		WIAGE OF CEDAR IN	MOCKSVI	LLE, NC 27	028		
gap between the door leaf and its frame for smoke to penetrate. b. Utility Room near Beauty Shop - the corridor door is only equipped with a dead bolt lockset and cannot automatically latch into it frame. c. Kitchen - the corridor door does not latch into its frame when closed. 6. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on January 4, 2019: a. Dining Room - the corridor door has a table holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 7. Based on observation, the Building was not	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
smoke to penetrate. b. Utility Room near Beauty Shop - the corridor door is only equipped with a dead bolt lockset and cannot automatically latch into it frame. c. Kitchen - the corridor door does not latch into its frame when closed. 6. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on January 4, 2019: a. Dining Room - the corridor door has a table holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 7. Based on observation, the Building was not	C 189	Continued From pa	ige 8	C 189			
maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on January 4, 2019: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/owner inspections. 8. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs		gap between the do smoke to penetrate b. Utility Room ne door is only equippe cannot automaticall c. Kitchen - the coits frame when close of the door of maintained in a This affects all by nin the room of origin a. Dining Room - holding the door op release of the door door, to close and late of the door door door, to close and late of the door door door, to close and late of the door door door, to close and late of the door door door door door door door doo	poor leaf and its frame for example and leaf and lead bolt lockset and ly latch into it frame. Duridor door does not latch into sed. Pervation, the corridor doors are safe and operating condition. Not containing smoke and fire in. By 4, 2019: the corridor door has a table in the corridor door has a table in the interest in the prevents the rapid with a light push or pull of the atch. Prvation, the Building was not e and operating condition, ercial kitchen hood's fire in lacked the inspections, documentation required to working system. This could aff, and visitors if the inhood's suppression system perly when needed. The last semi-annual is commercial kitchen hood's stem, there has been no the monthly in-house/owner. Prvation, the facility failed to the fire extinguishers and				

and visitors by not identifying emergency

Division of Health Service Regulation

AND BLAN OF CORRECTION TO THE THE TOTAL NUMBERS		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED	
HAL030007			B. WING		01/0	4/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	•	
THE HER	RITAGE OF CEDAR R	OCK	TVIEW DRIN			
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C 189	Findings on Januar a. Entire Building maintenance, perfo been no documenta extinguisher's mont inspections. 9. Based on obse maintained in a saf- and Code complian opening force than State Building Code Findings on Januar a. Bedroom 202 -	roper working order. y 4, 2019: - since the last annual ormed in July 2018, there has ation of the portable fire thly in-house/owner rvation the Building was not e, in good operating condition at because doors took more allowed by North Carolina e. y 4, 2019: the corridor door hits its g more than 15 pounds of	C 189			
C 199	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhaut two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility rooms (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This lot apply to facilities licensed with natural ventilation in aces: rage; toilet rooms; closets; and apply to new and existing aception of Paragraph (e) ly to existing facilities.	C 199			

6899

Division of Health Service Regulation STATE FORM

QZP221 If continuation sheet 10 of 11

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL030007	B. WING		01/0	4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE HEF	RITAGE OF CEDAR R	OCK	TVIEW DRIV LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 199	1. Based on Obset plastic sheet, the faventilation system is could affect all residue preventing the exhat Findings on Januar a. Men/Women R required exhaust veb. Employee Lour exhaust ventilation c. Shower Room required exhaust ved. Utility Room ne	ervation and testing with a thin acility failed to maintain the n proper working order. This dents, staff, and visitors by austing of odors.	C 199			

Division of Health Service Regulation STATE FORM