	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: C	CONSTRUCTION		E SURVEY PLETED
		HAL059027	B. WING		03/14/2019	
AME OF PROVIDER OR SUPPLIER STREET AD OSE HILL RETIREMENT COMMUNITY 120 FLEM		ADDRESS, CITY, STATE, ZIP CODE EMING AVENUE				
OSE HI	LL RETIREMENT CO	MMIINITY	, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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) COMPLET DATE
C 000	Initial Comments		C 000			
		uction Section Biennial Survey d Dennis Harrell conducted or				
	January 16, 1996 a facility is currently li Therefore the facilit conformance with t 2005 Rules for Lice Seven or More Beo 1991 Edition of the Code(s), Section 40 Occupancy and the	he applicable portions of the ensing of Adult Care Homes of ls, applicable portions of the North Carolina Building 09-Institutional Unrestrained 1991 Minimum Standards r Homes for the Aged in effect				
C 150	Corridors-Free of e	quipment and Obstructions	C 150			
	This Rule is not me 1. Observations re not free of all obstru	vealed that the corridors were				
	were placed on eith	14, 2019: dor at Nurses' Station - sofas ler side of the hallway dor down to less than 6' of				
C 153	Exit Door Locks-Sir	ngle Hand Motion	C 153			

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E SURVEY PLETED	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		HAL059027	B. WING	B. WING 03/		3/14/2019	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST				
ROSE H	ILL RETIREMENT CO	MMUNITY	MING AVENUE , NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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) COMPLET DATE	
C 153	Continued From pa	ge 1	C 153				
	exits are: (3) All exit door loc						
	are not easily opera Findings on March a. Third Floor Stair across the corridor down the stairs. Th	vealed that all exit door locks able by a single hand motion.					
C 160	Outside Premises-0	Clean, Safe	C 160				
	(1) The outside gro						
		et as evidenced by: vealed that the outside naintained in a safe condition.					
		14, 2019: exit from stairwell A was lawn chairs. The chairs were					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION D1		E SURVEY PLETED
		HAL059027	B. WING		03/	14/2019
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE, ZIP CODE		14/2010
ROSE HI	LL RETIREMENT CO	MMIINITY	EMING AVENUE N, NC 28752	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 160	Continued From pa	ige 2	C 160			
	removed at the time	e of survey.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	d C 164			
	coverings kept cleat(2) have no chronid(3) have furniture of	06 HOUSEKEEPING AND)			
		et as evidenced by: vealed that the furnishings od repair.				
		14, 2019: ntry door was damaged at th gh, splintered edges.	e			
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	orderly manner, fre hazards;	06 HOUSEKEEPING AND)			
	This Rule is not me	et as evidenced by:				

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0			E SURVEY PLETED
			A. DOIEDING.	,,		
		HAL059027	B. WING		03/	14/2019
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	LL RETIREMENT CO	MMIINITY	MING AVENUE I, NC 28752			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		(MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing aception of Paragraph (e) ly to existing facilities.				
	1. Based on obser maintain electrical equipment in safe of effect occupants of	vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.	t			
		14, 2019: light outside of Room 323 ed indicating a dying battery.				
	equipment was not condition. Access	vealed that the building maintained in a safe to electrical and emergency be maintained in the case of a ency.				
	and when interview	14, 2019: shers are in locked cabinets ed, 2 of 2 staff working on the eys to access the cabinet.				
	maintain the buildir	vation there is a failure to igs's fire safety components ir ndition. Any unapproved p a door open is an	n			

	of Health Service R					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION D1		E SURVEY PLETED
		HAL059027	B. WING		03/	14/2019
					03/	14/2015
	PROVIDER OR SUPPLIER	120 FI F	DDRESS, CITY, S MING AVENUE			
ROSE HI	ILL RETIREMENT CO	MMUNITY	I, NC 28752	-		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	age 4	C 189			
	occupants in the fa	kly closing the door. The cility could be effected if doors s required so as to limit the nd/or fire to the area of origin.	3			
	a trash can. b. Third Floor - on	door was propped open using e of the residents was seated The chair was in the path of	9			
	maintain the buildir safe condition. Hole through fire resista	vation there is a failure to ng's fire safety systems in a es or gaps at penetrations nt rated ceilings or walls could ke to spread beyond the area				
	the toilet room did in the rated ceiling b. Attic - there wer penetrations aroun the fire wall near th were also two sma the doors and to th c. Basement Laun	wer Room - the exhaust fan in not fit the opening leaving gap				
	maintain the facility safe operating con- compartment could doors do not comp	vation there is a failure to 's fire safety equipment in a dition. Occupants in the smoke be exposed to smoke or fire letely close and latch to help smoke or fire to the area of				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0			E SURVEY PLETED
			B. WING		03/14/2019	
	PROVIDER OR SUPPLIER	HAL059027	T ADDRESS, CITY, ST		03/	14/2019
		120 F	LEMING AVENUE			
RUSE HI	LL RETIREMENT CO	MMUNITY MARI	ON, NC 28752			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 5	C 189			
	on the frame and w close automatically a closer. b. First Floor - the	tair A - the door was draggin yould not allow the door to r. The door was equipped w right leaf on the cross corric laintenance Office did not la	vith			
	maintain the facility safe condition. In o smoke resident roo	vation there is a failure to d's fire safety equipment in a rder to resist the passage of the doors must not have hole between the door and the	f			
	Findings on March a. Room 214 - thei door at the door ha	re is a small hole through th	e			
	equipment is not m condition. Failure to equipment in opera	vation the facility's fire safet aintained in operating o maintain fire safety ating condition could effect icility if the equipment did no tinguish a fire.				
		14, 2019: chen hood nozzle over the ed at the kitchen equipment	t.			
	equipment is not m condition. Damage	vation the facility's fire safet aintained in operating to fire rated assemblies wil protect the building during a				
		14, 2019: er Maintenance Office - the otected with a spray-on				

Division	of Health Service Re	egulation				APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION		E SURVEY PLETED
		HAL059027	B. WING		03/	14/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
ROSE HI	LL RETIREMENT CO	MMIINITY	EMING AVENUE N, NC 28752			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETI DATE
C 189	Continued From pa	ige 6	C 189			
		al. The fire proofing has been beams around the HVAC duct				
		vealed that the electrical maintained in a safe and .				
	Findings on March a. Basement - the exterior exit had the	electrical panel near the				
C 199	Exhaust Ventilation		C 199			
	provided with exhan two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the ex	11 OTHER red in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed k, with natural ventilation in nces: rage; ; toilet rooms;				
	1. Observations re	et as evidenced by: vealed that the facility did not ntilation at the required rate ir				
		14, 2019: ed Linen Room - the exhaust enough air to hold a thin shee	et			

TATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: ((X3) DATE COM	E SURVEY PLETED
			A. BUILDING. U	,		
		HAL059027	B. WING		03/	14/2019
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OSE HI	LL RETIREMENT CO	IMMIINITY	MING AVENUE I, NC 28752			
X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 199	Continued From pa	age 7	C 199			
	enough air to holdc. First Floor Soilenot pulling enoughplastic.d. First Floor House	e exhaust fan was not pulling a thin sheet of plastic. ed Utility - the exhaust fan was air to hold a thin sheet of sekeeping - the exhaust fan bugh air to hold a thin sheet of				
ision of He	ealth Service Regulation					