

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL049004</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/14/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROSEWOOD ASSISTED LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3134 HARMONY HIGHWAY<br/>HARMONY, NC 28634</b> |
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| C 000              | <p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on March 14, 2019.</p> <p>Records indicate this facility was licensed 10/01/1964 with Fifty-Four (54) Resident Beds. Based on this information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for the Licensing of Homes for the Aged and Infirm, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>   | C 000         |   |                    |
| C 111              | <p>Must Have Current San. &amp; Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br/>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.</p> <p>This Rule is not met as evidenced by:<br/>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.</p> <p>Findings on March 12, 2019:<br/>a. The last Kitchen Sanitation Inspection Report was performed on October 23, 2017, exceeding the requirement to have the building inspected every 6 months.</p> | C 111         |   |                    |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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| C 133              | Continued From page 1  | C 133         |   |                    |
| C 133              | <p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to provide all tubs, accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures.</p> <p>Findings on March 12, 2019:</p> <p>a. Tub/Shower Room near Bathroom 3 - the tub did not have a hand grip (grab bar).</p> <p>b. Tub/Shower Room near Bathroom 18 - the tub did not have a hand grip (grab bar).</p> | C 133         |   |                    |
| C 150              | <p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are:</p> <p>(4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by:</p> <p>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.</p> <p>Findings on March 12, 2019:</p>  | C 150         |   |                    |

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| C 150              | Continued From page 2<br><br>a. Breezeway - the left side exit is blocked with a chair positioned behind the door. Deficiency corrected before Construction Surveyors departed site.<br>b. Back Right Exit - there were three boxes obstructing exit. Deficiency corrected before Construction Surveyors departed site.  | C 150         |   |                    |
| C 164              | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building mechanical systems are not kept clean and in good repair.<br>Findings on March 12, 2019:<br>a. Laundry - the ventilation system with its radiation damper has an excessive accumulation of dust/lint. | C 164         |   |                    |
| C 166              | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and   | C 166         |   |                    |

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| C 166              | <p>Continued From page 3</p> <p>hazards;<br/>(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, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply.<br/>Findings on March 12, 2019:</p> <p>a. Tub/Shower Room near Bathroom 3 - shower has a sprayer hose long enough that the sprayer can reach gray water in the tub, 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 of siphoning contaminated water into the water system unless a vacuum breaker is installed.</p> <p>b. Tub/Shower Room near Bathroom 18 - shower has a sprayer hose long enough that the sprayer can reach gray water in the tub, 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 of siphoning contaminated water into the water system unless a vacuum breaker is installed.</p> <p>2. 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.<br/>Findings on March 12, 2019:</p> <p>a. Bedroom 17 - Eight portable medical oxygen cylinders are standing up on the floor plastic crate not physically secured in racks, stands or chained to the structure.</p> <p>b. Bedroom 24 - Eight portable medical oxygen cylinders are standing up on the floor plastic crate not physically secured in racks, stands or chained</p> | C 166         |   |                    |

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| C 166              | Continued From page 4 to the structure.  | C 166         |   |                    |
| C 184              | <p>Fire Safety-Evacuation plan</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>1. Based on Observation, the Facility failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency.</p> <p>Findings on March 12, 2019:<br/>a. Corridor Restroom - the mounted evacuation map is not oriented to the actual floor arrangement,</p> | C 184         |   |                    |
| C 185              | <p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(c) Records of rehearsals shall be maintained</p>   | C 185         |   |                    |

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| C 185              | <p>Continued From page 5</p> <p>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.<br/>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Technician/Manager, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. This deficiency affects all by not having trained staff and trained/cooperative residents when there is a need to evacuate the building.<br/>Findings on March 12, 2019:<br/>a. In the 3rd quarter for the last 12 months, no rehearsal was performed during 2nd shift.<br/>b. In the 4th quarter for the last 12 months, no rehearsal was performed during 2nd shift.<br/>Note: the facility has two twelve hours shifts per day.</p> | C 185         |   |                    |
| C 189              | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER REQUIREMENTS<br/>(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.<br/>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p>   | C 189         |   |                    |

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| C 189              | <p>Continued From page 6</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on observation and testing, the Building was not maintained in a safe and operating condition, because the combination exit sign/emergency light, which illuminates the egress pathways during power outages and directs egress, did not illuminate properly. This would affect all residents, staff, and visitors if the egress pathways were not illuminated at all times and during power outages and there is no other illumination available.<br/>Findings on March 12, 2019:               <ol style="list-style-type: none"> <li>a. Firewall - the ceiling mounted self-contained combination exit sign/emergency light on the front side of the Firewall did not illuminate on backup power when the test button is pushed.</li> </ol> </li> <li>2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin.<br/>Findings on March 12, 2019:               <ol style="list-style-type: none"> <li>a. Administrator Office - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</li> <li>b. Kitchen - a ceiling leak has deteriorated the one-hour fire-resistance-rated ceiling assembly to a point where the surface of the ceiling is to fall off the base coat.</li> <li>c. Laundry - a ceiling leak has deteriorated the one-hour fire-resistance-rated ceiling assembly to a point where the surface of the ceiling is to fall off the base coat.</li> <li>d. Boiler Room - near the door, a PVC tube with its firestopped sealant was pulled out of the penetration of the fire-resistance-rated ceiling, leaving an unprotected opening.</li> <li>e. Boiler Room - there is a gypsum wallboard patch attached to the surface of the one-hour fire-resistance-rated ceiling assembly with</li> </ol> </li> </ol> | C 189         |   |                    |

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| C 189              | <p>Continued From page 7</p> <p>fasteners. The patch does not show signs that the gypsum wallboard patch was "battered" with joint compound before being attached.</p> <p>f. Laundry - there is a gypsum wallboard patch attached to the surface of the one-hour fire-resistance-rated ceiling assembly with fasteners. The patch does not show signs that the gypsum wallboard patch was "battered" with joint compound before being attached.</p> <p>g. Exit near Bedroom 5 - there is a gap around the exit sign base not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>h. Telephone Room - there is a gap around a new cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>i. Breezeway - there is a gap around the smoke detector base not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>j. Back Right Exit - there is a gap around the exit sign base not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>k. Med Room - there is a gap around a cable and a conduit not firestopped as they penetrates the fire-resistance-rated ceiling assembly.</p> <p>l. Exit near Bedroom 27- there is a gap around the exit sign base not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>3. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition.<br/>Findings on March 12, 2019:</p> <p>a. Bedroom 27- the corridor door does not latch into its frame and the door handle is loose.</p> <p>b. Bedroom 17- the corridor door is blocked open with a portable medical oxygen cylinder stand and will not close with normal force.</p> | C 189         |   |                    |