



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**MARK PAYNE** • Director, Division of Health Service Regulation

March 26, 2019

Linda Lancaster  
P.O. Box 964  
Troutman, NC 28166

RE: Rosewood Assisted Living - HA Biennial Survey  
3134 Harmony Highway  
Harmony Iredell County  
FID #921043 Hal049004

Dear Ms. Lancaster:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on March 14, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

**CONSTRUCTION SECTION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705  
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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**APR 11 2019**

**CONSTRUCTION SECTION**

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by April 10, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section  
2705 Mail Service Center  
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

#### Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by April 10, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by April 10, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

*Ed Miller*

Ed Miller

Architect

DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment  
County Building Inspection Department - with attachment-(via e-mail only)  
Iredell County DSS - with attachment-(via e-mail only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3134 HARMONY HIGHWAY HARMONY, NC 28634</b>
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(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
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C 000	Initial Comments  Report of a Construction Section Biennial Survey by Ed Miller, conducted on March 14, 2019.  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.  Deficiencies were cited that require a Plan of Correction.	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. 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 March 12, 2019: a. The last Kitchen Sanitation Inspection Report was performed on October 23, 2017, exceeding the requirement to have the building inspected every 6 months.	C 111	<i>to prevent this from happening again, The Manager will call Environmental Health if inspection date is not completed in 12 months. Kitchen inspected 4/8/19 Report attached</i>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Nancy Owenby*

TITLE

*Manager*

(X6) DATE

*4/09/19*

Division of Health Service Regulation

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C 133	Continued From page 1	C 133		
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are: (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: 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. Findings on March 12, 2019: a. Tub/Shower Room near Bathroom 3 - the tub did not have a hand grip (grab bar). b. Tub/Shower Room near Bathroom 18 - the tub did not have a hand grip (grab bar).</p>	C 133	<p>Grab Bars added in Bathroom 3 &amp; 18 4/08/19</p>	
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>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 March 12, 2019:</p>	C 150	<p>Manager of the facility will do wklly assessments of all mentioned equip to be sure they are in good working condition - to keep the residents safe.</p>	

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C 150	Continued From page 2 a. Breezeway - the left side exit is blocked with a chair positioned behind the door. Deficiency corrected before Construction Surveyors departed site. 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  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on March 12, 2019: a. Laundry - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.	C 164	The hskp. will clean All vents monthly This will be monitored by The manager monthly ventilation system cleaned. 4/09/18	
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	C 166		

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C 166	<p>Continued From page 3</p> <p>hazards; (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. 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. 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	<p><i>This area will be monitored by the manager monthly to keep the facility compliant. Vacuum breakers added to bathroom 3 &amp; 18</i></p> <hr/> <p><i>Manager will be sure all O2 cont. are stored in metal crates <sup>monthly</sup> Room # 17 (8) portable O2 tanks were removed from the facility. A metal rack was placed in room # 24 for (8) portable O2 tanks</i></p>	<p><i>4/09/18</i></p> <hr/> <p><i>4/09/18</i></p>

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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 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: 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: a. Corridor Restroom - the mounted evacuation map is not oriented to the actual floor arrangement, ✓</p>	C 184	<p>The mounted evacuation map was turned to be oriented to the actual floor plan.</p> <p>4/09/19</p>	
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 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	<p>Manager will be certain the vac. maps match the corridor they are placed in monthly.</p>	



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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. (f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>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.</p> <p>Findings on March 12, 2019:</p> <p>a. In the 3rd quarter for the last 12 months, no rehearsal was performed during 2nd shift.</p> <p>b. In the 4th quarter for the last 12 months, no rehearsal was performed during 2nd shift.</p> <p>Note: the facility has two twelve hours shifts per day.</p>	C 185	<p>Fire Drills will be sched. in such a way that both shifts will be trained on how to evacuate the bldg. 4/09/19</p> <p>A fire drill is sched for 7pm on 4/09/19</p> <p>Documentation Attached</p> <p>These will be monitored by the manager on a monthly basis.</p>	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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> <p>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.</p> <p>Findings on March 12, 2019:</p> <p>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.</p> <p>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.</p> <p>Findings on March 12, 2019:</p> <p>a. Administrator Office - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>e. Boiler Room - there is a gypsum wallboard patch attached to the surface of the one-hour fire-resistance-rated ceiling assembly with</p>	C 189	<p><i>Exit/Emergency light was repaired on 3/29/19</i></p> <p><i>These will be checked monthly by the manager</i></p> <hr/> <p><i>All gaps mentioned were caulked with fire caulk such places will be looked for by the manager during monthly walk thru of the bldg.</i></p>	<p><i>3/29/19</i></p> <p><i>4/09/19</i></p>
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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 penetrate 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. 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	<p><i>Loose knobs, etc. such as any equip. not working properly will be found on monthly checks of the beds in the main area</i></p> <p><i>Bedroom 27 door knob was replaced. 4/08/19</i></p> <p><i>Portable O2 was moved so door @ Bedroom 17 closes</i></p>	
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# Food Establishment Inspection Report

Score: 97.5

Establishment Name: ROSEWOOD REST HOME KITCHEN

Establishment ID: 2049160004

Location Address: 3134 HARMONY HWY

Inspection  Re-Inspection

City: HARMONY

State: NC

Date: 04 / 08 / 2019 Status Code: A

Zip: 28634

County: 49 Iredell

Time In: 11:00 am  pm Time Out: 01:00 am  pm

Permittee: L. LANCASTER

Total Time: 2 hrs 0 minutes

Telephone: (704) 546-2671

Category #: 1

Wastewater System:  Municipal/Community  On-Site System

FDA Establishment Type: Nursing Home

Water Supply:  Municipal/Community  On-Site Supply

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions										
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										
Public Health Interventions: Control measures to prevent foodborne illness or injury.										
IN	OUT	N/A	N/D	Compliance Status			OUT	GOI	R	VR
<b>Supervision .2652</b>										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0		
<b>Employee Health .2652</b>										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	0		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	0		
<b>Good Hygiene Practices .2652, .2653</b>										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	0		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	0		
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	0		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	0		
<b>Approved Source .2653, .2655</b>										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	0		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature			2	0		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	0		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	0		
<b>Protection from Contamination .2653, .2654</b>										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	0		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	0		
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	0		
<b>Potentially Hazardous Food Time/Temperature .2653</b>										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	0		
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			3	0		
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	0		
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	0		
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	0		
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	0		
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records			2	0		
<b>Consumer Advisory .2653</b>										
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	0		
<b>Highly Susceptible Populations .2653</b>										
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	0		
<b>Chemical .2653, .2657</b>										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	0		
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	0		
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>										
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan			2	0		

Good Retail Practices										
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/D	Compliance Status			OUT	GOI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>										
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			1	0		
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	0		
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods			1	0		
<b>Food Temperature Control .2653, .2654</b>										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	0		
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding			1	0		
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	0		
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0		
<b>Food Identification .2653</b>										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	0		
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	0		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	0		
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0		
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0		
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0		
<b>Proper Use of Utensils .2653, .2654</b>										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	0		
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0		
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0		
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0		
<b>Utensils and Equipment .2653, .2654, .2653</b>										
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	0		
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0		
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	0		
<b>Physical Facilities .2654, .2655, .2656</b>										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	0		
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	0		
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	0		
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0		
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0		
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	0		
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	0		
<b>Total Deductions:</b>							<b>2.5</b>			



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: ROSEWOOD REST HOME KITCHEN  
 Location Address: 3134 HARMONY HWY  
 City: HARMONY State: NC  
 County: 49 Iredell Zip: 28634  
 Wastewater System:  Municipal/Community  On-Site System  
 Water Supply:  Municipal/Community  On-Site System  
 Permittee: L. LANCASTER  
 Telephone: (704) 546-2671

Establishment ID: 2049160004  
 Inspection  Re-Inspection Date: 04/08/2019  
 Comment Addendum Attached?  Status Code: A  
 Water sample taken?  Yes  No Category #: 1  
 Email 1: rosewood@rosewood-assisted.com  
 Email 2:  
 Email 3:

## Temperature Observations

**Cold Holding Temperature is now 41 Degrees or less**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Greenbeans	Hot hold	156						
Chicken	Hot hold	135						
Potatoes	Hot hold	159						
Milk	Reach-in	41						
Cheese	Reach-in	40						
Apple sauce	Reach-in	40						
Hot water	2-comp	120						

## Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 21 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - Observed an open gallon of milk in the 2-door reach-in cooler that did not bear a date. Discussion with staff indicated the milk was opened last night. If held for more than 24 hours, the milk shall be labeled to indicate when it was opened. Date mark all TCS foods that are ready-to-eat once opened or prepared and held more than 24hrs.
- 35 3-602.11 Food Labels - Observed several bins of flour, sugar, and one container of oil in the kitchen did not bear a label. Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding FOOD or FOOD ingredients that are removed from their original packages for use in the FOOD ESTABLISHMENT, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the FOOD.
- 36 6-501.111 Controlling Pests - Observed one fly in the kitchen. Maintain the premise free of pests.

Lock Text



Person in Charge (Print & Sign): Nancy *First* Owenby *Last*

Regulatory Authority (Print & Sign): Katie *First* Crawford *Last*

*Nancy Owenby*  
*Katie Crawford*  
 Verification Required Date: 04 08 2019

REHS ID: 2688 - Crawford, Katie

REHS Contact Phone Number: ( 980 ) 434 - 8204



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program  
 DHHS is an equal opportunity employer.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: ROSEWOOD REST HOME KITCHEN

Establishment ID: 2049160004

## Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 37 3-305.11 Food Storage-Preventing Contamination from the Premises - Observed an opened bag of pancake mix was not in a sealed container. Once opened, place bags in a sealed container.(A) FOOD shall be protected from contamination by storing the FOOD:  
(1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor.
- 38 2-303.11 Prohibition-Jewelry - Observed one employee wearing a ring with a raised stone.Except for a plain ring such as a wedding band, while preparing FOOD, FOOD EMPLOYEES may not wear jewelry including medical information jewelry on their arms and hands.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - Observed the external thermometer on reach-in freezer is damaged. Also observed the liner on the utensil drawer is damaged. Remove or replace liner. Observed gasket on two-door reach-in is damaged. Replace gasket. Equipment shall be maintained in good repair.
- 47 4-602.13 Nonfood Contact Surfaces - Observed build-up on the blue drink racks. Clean racks. Also observed build-up inside the reach-in units inside the dry storage room.  
Nonfood-contact surfaces shall be cleaned at a frequency necessary to preclude accumulation of soil residue.
- 49 5-205.15 (B) System maintained in good repair - Observed the 3-compartment sink is leaking. Repair leak.  
A plumbing system shall be maintained in good repair.
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - Observed ceiling damage above the 3-compartment sink.  
Physical facilities shall be maintained in good repair.



FIRE DRILL REPORT

Facility Name: RAL

Date: \_\_\_\_\_

Time of Drill: 4/09/19 - 7pm

Supervisor-in-Charge: Nancy Owenby

Staff Members Present: Tonya, Somer, Sarah, Nicole

Length of time to evacuate facility: N/A

Fire officials present (if any) N/A

Comment: Went over system with these staff. Explaining to always call 911 & me even though the system should do so. To always silence the alarm but NOT Reset it until the fire dept arrives if needed.

Maintain one copy for the home files and send one copy to Iredell County Department of Social Services.

049268

ORDER INFO	customer's order no.	phone	date
	David Edwards	7044025267	7 Mar 2019
	name	Rosewood	
	address	Harmony	
	city, state, zip	Harmony	
sold by		cash <input type="checkbox"/> charge <input type="checkbox"/> check <input type="checkbox"/>	shipping information
		c.o.d. <input type="checkbox"/> on acct <input type="checkbox"/> # _____	
quantity	description	price	amount
1	Replace Breaker for Coffee Pot		75.00
2			
3	22 March		
4	Reattach Fire Alarm and		70.00
5	check E light.		
6			
7	29 March Order and		108.38
8	replace E-Light battery		
9	Total		253.38
10	Parts & Labor		
11			
12			
13	David Edwards		
14	331 Kinder Rd		
15	Harmony NC 28634		
16			
received by			

adams

keep this slip for reference

DC5808UV/10-13