



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

C. Van Pierce  
Po Box 878  
Oak Ridge, NC 27310

RE: HA Follow-Up Biennial Construction Survey  
FID #940294 Hal030007  
The Heritage Of Cedar Rock  
191 Crestview Drive  
Mocksville Davie County

Dear Mr. Pierce:

On **March 14, 2019**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted April 10, 2019

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

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

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APR 30 2019

CONSTRUCTION SECTION

- o 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.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR-Construction Section.
  - Corrective action must begin immediately

Your **Signed 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

If you have any questions concerning the instructions contained in this letter, please contact me.

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)  
Davie 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>HAL030007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE HERITAGE OF CEDAR ROCK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028</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
{C 000}	Initial Comments  Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on March 14, 2019.  Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{C 152}	Entrances-Steps, Porches with Handrails  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;  This Rule is not met as evidenced by: 1. Based on observation, the building was not equipped with stable handrails and guardrails at steps, porches, stoops, and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on March 14, 2019: a. Front Porch - the longest guardrail in the middle is loose.	{C 152}	<i>1/2 this job was completed ON 3-22-19</i>	
{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;	{C 164}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Normand A. Gills III*  
STATE FORM 6899 QZP 22

TITLE  
*Property Operations Mgr.*

(X6) DATE  
*4-24-19*

If continuation sheet 1 of 5

Division of Health Service Regulation

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{C 164}	Continued From page 1  (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: 2. Based on observation, the building walls are not kept clean and in good repair. Findings on January 4, 2019: a. Shower Room near Bedroom 208 - the ceramic tile wall at tub has broken tiles. Findings on March 14, 2019: aa. Shower Room near Bedroom 208 - a semi-transparent caulk was installed over the broken tiles. The tiles were not cleaned before the caulk was applied. This allows your to see the mold and not stay adhered to the tiles.  3. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on March 14, 2019: a. Bedroom 102 Bathroom - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.	{C 164}	<i>2/A this job was completed ON 3-22-19</i>	
{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.	{C 166}	<i>3/A this job was completed ON 3-22-19</i>	

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{C 166}	Continued From page 2  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 March 14, 2019: b. Employee Lounge near Bedroom 101 - 7 portable medical oxygen cylinders are standing up on the floor not physically secured in racks, stands or chained to the structure.	{C 166}	<i>STORAGE RACKS WERE PROVIDED BY OXYGEN COMPANY 3-22-19</i>	
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on March 14, 2019: b. Administrator Office - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle.  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 March 14, 2019:	{C 189}	<i>4. b. THE ADAPTOR WAS REMOVED ON 3-22-19</i>	

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{C 189}	Continued From page 3  a. Dining Room - the corridor door has a chair 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 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 March 14, 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.	{C 189}	<i>A. chair was removed and staff was told not to do again 3-22-19</i>	
{C 199}	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)	{C 199}	<i>A. MANAGER WILL INSPECT THIS UNIT EVERY 30 DAYS 3-22-19</i>	

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{C 199}	Continued From page 4  which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on March 14, 2019: d. Utility Room near Beauty Shop - the required exhaust ventilation system did not work	{C 199}	<i>4. D. NEW MOTOR WILL BE INSTALLED BY HERITAGE 4-23-19</i>	