



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

April 24, 2019

Katherine Taylor (via e-mail only)  
Po Box 2568  
Hickory, NC 28603

RE: The Gardens Of Rose Hill - HA Biennial Survey  
517 S Sycamore Street, Hwy 117  
Rose Hill Duplin County  
FID #945023 Hal031019

Dear Ms. Taylor:

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 April 17, 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

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 May 9, 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 May 9, 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 May 9, 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,

*Suzanna Fay*

Suzanna Fay

Biennial Institutional Engineering Surveyor

DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment  
County Building Inspection Department - with attachment-(via e-mail only)  
Duplin 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>HAL031019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF ROSE HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458</b>
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C 000	Initial Comments  Report of a Construction Section Biennial Survey by Suzanna Fay on April 17, 2019.  Records indicate this facility was first licensed on August 4, 1994 as a 12 bed Home for the Aged. A 33 bed addition was received for review on November 20, 2000. Based on this information, we are requiring the 12 bed facility to meet the 1991 Edition of the North Carolina State Building Code-Section 409-Institutional Occupancy with (1994 Revision) and the 33 bed addition to meet the 1996 Edition (with Revisions) of the North Carolina State Building Code and the 1999 Edition of The Minimum and Desired Standards and Regulations for Adult Care Homes, and both sections must meet the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report; the plan of correction is prepared solely as a matter of compliance with state law.	
C 143	Janitor's Closets-Locked  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;  This Rule is not met as evidenced by: 1. Observations revealed that cleaning agents, bleaches and other substances were not kept locked or monitored while in use.  Findings on April 17, 2019: a. Soiled Utility - clean agents were being stored	C 143	An audit was done of all areas to ensure compliance, Staff were educated on requirements. A monthly audit will be conducted by the ED to monitor compliance. The lock on the door was changed to a classroom lock that can not be left unlocked. Locks were	

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

*Katherine Jayla*

TITLE

*Executive Director*

(X6) DATE

*5/8/19*

Division of Health Service Regulation

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C 143	Continued From page 1  in this closet and at the time of survey, the door was not locked.	C 143	ordered for any additional doors out of compliance	5/31/19
C 160	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;  This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.  Findings on April 17, 2019: a. The fascia trim is pulling away from the building outside of Room 103. b. A section of the gable fascia trim outside of Room 216 has fallen off.	C 160	All trim was inspected. No other areas of non-compliance were found. The trim work will be completed by All Seasons Roofing. Facility maintenance will monitor.	5/15/19
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.	C 164		

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C 164	Continued From page 2  This Rule is not met as evidenced by: 1. Observations revealed that the furnishings and equipment were not kept clean and in good repair.  Findings on April 17, 2019: a. Front Living Room - the door drags on the transition strip making it difficult to close. b. Janitor Closet at front - the exhaust fan has a heavy accumulation of dust. c. Kitchen - the hood had a coating of grease and there was little rivulets of grease running down the surface of the hood. d. Room 206 - the door hardware was loose.  2. Observations revealed that the ceilings were not kept clean and in good repair.  Findings on April 17, 2019: a. Janitor Closet by Room 219 - there was a large yellow stain on the ceiling above the water heater and there were black mildew like spots on the ceiling around the water heater pipes.	C 164	<u>1</u> a) work is being done by in house maintenance to address this issue.  b) the exhaust fan was cleaned by maintenance  c) a hood cleaning is scheduled to be completed by house keeping.  d) the door hardware was repaired by maintenance.  <u>2</u> a) The area was repaired by maintenance  An inspection was done and no other areas were found to be deficient.	5/31/19  4/30/19  5/31/19  4/30/19  5/7/19
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. Observations revealed that the facility was not	C 166		

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C 166	Continued From page 3 maintained free of hazards.  Findings on April 17, 2019: a. Patio - the corner of one of the concrete benches has broken off leaving a rough hard edge.	C 166	The patio furniture will be removed. Maintenance will document any areas of hazard on monthly inspections.	5/31/19
C 185	Fire Safety-Rehearsals on Each Shift  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.  This Rule is not met as evidenced by: 1. Review of records revealed that the fire rehearsal drill logs were not available for review.  Findings on April 17, 2019: a. The logs for the fire rehearsal drills could not be located at the time of survey. The administrator was not in at the time of survey.	C 185	① The logs for fire drill rehearsals have been moved from the emergency binder to the survey binder to be located more quickly. Additional management have been trained on their location.	4/22/19
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		



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C 189	<p>Continued From page 4</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> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on April 17, 2019:</p> <p>a. Break Room - there is a small unsealed penetration in the ceiling at the card reader cable.</p> <p>b. Kitchen Pantry - there is a small hole at the sprinkler head.</p> <p>c. Mechanical across from Room 219 - the ceiling is damaged around the pipe penetration leaving gaps in the ceiling.</p> <p>d. Laundry Room - one of the flanges for the sprinkler pipe has dropped leaving a gap in the ceiling around the pipe.</p> <p>e. Mechanical Room across from Room 204 - there is a 2" diameter hole in the ceiling over the water heater and the ceiling finish around the hole is damaged.</p> <p>f. There is a hole at the sprinkler head outside of Room 208.</p> <p>g. Room 204 - there is a small hole at the sprinkler head leaving a gap in the fire rated assembly.</p> <p>h. Room 211 Bath - the escutcheon plate is missing from the sprinkler head leaving an opening in the rated ceiling assembly.</p>	C 189	<p>Ⓐ completed by maintenance 5/7/19</p> <p>Ⓑ completed by maintenance 5/7/19</p> <p>Ⓒ completed by maintenance 5/7/19</p> <p>Ⓓ completed by maintenance 5/7/19</p> <p>Ⓔ completed by maintenance 5/7/19</p> <p>Ⓕ completed by maintenance 5/7/19</p> <p>Ⓖ completed by maintenance 5/7/19</p> <p>Ⓗ completed by maintenance 5/7/19</p>	
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C 189	<p>Continued From page 5</p> <p>2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function properly during a fire.</p> <p>Findings on April 17, 2019:</p> <p>a. Riser Room - based on observation and review of the Fire Sprinkler Inspection dated August 22, 2018, the 4" butterfly valve for the dry system is not operational.</p> <p>b. Riser Room - the cover for fire alarm connections for the flow switch in the wet system riser is missing.</p> <p>c. Kitchen - the sprinkler heads around the hood are coated with grease and dust.</p> <p>3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on April 17, 2019:</p> <p>a. Break Room Storage - the door was found propped open using a 5 gallon bucket.</p> <p>b. Laundry Room - the door to the laundry was found propped open using a chair.</p> <p>4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below sprinkler heads could effect occupants in the fire compartment if the sprinkler head could not suppress a fire due to obstructions.</p>	C 189	<p>Ⓐ scheduled to be completed by First Fire 5/31/19</p> <p>Ⓑ scheduled to be completed by First Fire 5/31/19</p> <p>Ⓒ scheduled to be completed by First Fire 5/31/19</p> <p>an audit was done to ensure there were no other areas of non-compliance. A retraining was done with facility staff. Doors were labeled to remain closed, An audit will be conducted monthly to ensure compliance 5/8/19</p>	
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C 189	<p>Continued From page 6</p> <p>Findings on April 17, 2019: a. Activity Storage - items along the back wall were stored to the ceiling.</p> <p>5. Based on observation the electrical equipment has not been maintained in a safe manner. There is a potential shock hazard if receptacles near water sources do not function to provide shock protection.</p> <p>Findings on April 17, 2019: a. Beauty Shop - the GFCI receptacle to the left of the sink did not trip when tested.</p>	C 189	<p>ⓐ The activity storage room was decluttered and items removed to below 18". Staff were inserviced on this requirement. Housekeeping will monitor.</p>	5/3/19
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</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> <p>This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide exhaust ventilation in required areas.</p>	C 199	<p>ⓐ The work is scheduled to be completed by maintenance.</p>	5/17/19

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C 199	Continued From page 7  Findings on April 17, 2019: a. The exhaust fan system in the back right wing of the facility was not operational.	C 199	@ completed by maintenance	5/3/19
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# FIRE DRILL RECORD

<b>Facility Name:</b> The Gardens of Rose Hill	<b>Phone:</b> 910 289 2435
<b>Address:</b> 571 S Sycamore St      Rose Hill NC 28458	<b>Administrator:</b> Katherine Taylor

YEAR: 2019

MONTH	DATE OF DRILL	TIME OF DRILL	TIME OF EVACUATION	NUMBER OF RESIDENTS	SUPERVISOR
January	1/25/19	11:53a	20min		Kathenie Jean
February	2/28/19	9:46am	10min	6/40	Kathenie Taylor
March	3/28/19	6:30am	20min		Christy Turner
April					
May					
June					
July					
August					
September					
October					
November					
December					

# FIRE DRILL Report

**PURPOSE:** To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>The Gardens of Rose Hill</u>	Date: <u>3/28/19</u>
Shift: <u>3rd</u>	Administrator: <u>Christy Turner</u>
Drill Start Time: <u>4:30</u>	
Drill End Time: <u>7:00</u>	
Time for Evacuation: <u>20 min</u>	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES      NO
Drill was unannounced?	<input checked="" type="radio"/> YES      NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES      NO
Was intercom announcement of " <b>Code RED</b> " heard in all areas of the building?	<input checked="" type="radio"/> YES      NO
Was phone line kept open?	<input checked="" type="radio"/> YES      NO
Was an ALL CLEAR sounded after the event?	<input checked="" type="radio"/> YES      NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES      NO
Someone was stationed at a telephone to receive calls and pass information?	<input checked="" type="radio"/> YES      NO
Was Fire Department met and given a status report on the situation?	YES <input checked="" type="radio"/> NO
<b>R.A.C.E.</b> procedures were followed?	<input checked="" type="radio"/> YES      NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES      NO
<b>P.A.S.S.</b> fire extinguisher procedure followed? <u>Talked about</u>	<input checked="" type="radio"/> YES      NO
Extra extinguishers from other areas of the building were taken to the fire scene?	YES <input checked="" type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES      NO
Air supply and exhaust systems turned off?	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES      NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES      NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES      NO
Visitors in the building followed orders issued by staff? <u>N/A</u>	YES      NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES      NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES      NO
Staff remained with evacuated residents at designated evacuation site?	<input checked="" type="radio"/> YES      NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES      NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES      NO
Did ALL staff participate?	<input checked="" type="radio"/> YES      NO
Any equipment found faulty or inoperable during drill reported and corrected?	YES <input checked="" type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES      NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input checked="" type="radio"/> YES      NO

**NOTES:**

Catina and Jackie checked alarm. Sommer checked location of fire. Front hall D1-034. Duration was 30 minutes.

(Discuss potential fire hazards to look for in the facility)





## FIRE DRILL Report

**PURPOSE:** To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>The Gardens of Rose Hill</u>	Date: <u>2/28/19</u>
Shift: <u>1st</u>	Administrator: <u>Katherine Taylor</u>
Drill Start Time: <u>9:40am</u>	
Drill End Time: <u>9:57am</u>	
Time for Evacuation: <u>10min</u>	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES      NO
Drill was unannounced?	<input checked="" type="radio"/> YES      NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES      NO
Was intercom announcement of " <b>Code RED</b> " heard in all areas of the building?	YES <input checked="" type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES      NO
Was an ALL CLEAR sounded after the event?	<input checked="" type="radio"/> YES      NO
Staff reported to their respective areas and carried out their preassigned duties?	YES <input checked="" type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	YES <input checked="" type="radio"/> NO
Was Fire Department met and given a status report on the situation?	<input checked="" type="radio"/> YES      NO
<b>R.A.C.E.</b> procedures were followed?	YES      NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES      NO
<b>P.A.S.S.</b> fire extinguisher procedure followed?	YES <input checked="" type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	YES <input checked="" type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES      NO
Air supply and exhaust systems turned off?	YES <input checked="" type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES      NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES      NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES      NO
Visitors in the building followed orders issued by staff?	<input checked="" type="radio"/> YES      NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES      NO
Restrooms and other occupied areas were checked by sight and voice?	YES <input checked="" type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	<input checked="" type="radio"/> YES      NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES      NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES      NO
Did ALL staff participate?	<input checked="" type="radio"/> YES      NO
Any equipment found faulty or inoperable during drill reported and corrected?	<input checked="" type="radio"/> YES      NO
Were established procedures followed?	YES <input checked="" type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input checked="" type="radio"/> YES      NO

**NOTES:** Staff proceeded to begin evacuation before checking the panel for location. After action debrief held by panel to retrain on proper procedure in the event of an emergency.

Community fire procedures training scheduled  
(Discuss potential fire hazards to look for in the facility)      in march.



# FIRE DRILL Report

**PURPOSE:** To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>The Gardens of Rose Hill</u>	Date: <u>1/25/19</u>
Shift: <u>1st</u>	Administrator: <u>Katherine Taylor</u>
Drill Start Time: <u>11:53am</u>	
Drill End Time: <u>12:13pm</u>	
Time for Evacuation: <u>20min</u>	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was unannounced?	<input checked="" type="radio"/> YES, <input checked="" type="radio"/> <del>NO</del>
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	YES <input checked="" type="radio"/> NO <span style="margin-left: 20px;">No intercom</span>
Was phone line kept open?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was an ALL CLEAR sounded after the event?	YES <input checked="" type="radio"/> NO <span style="margin-left: 20px;">No intercom worked</span>
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	YES <input checked="" type="radio"/> NO
Was Fire Department met and given a status report on the situation?	YES <input checked="" type="radio"/> NO <span style="margin-left: 20px;">on test</span>
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES <input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	YES <input checked="" type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	YES <input checked="" type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Air supply and exhaust systems turned off?	YES <input checked="" type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	YES <input checked="" type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Visitors in the building followed orders issued by staff?	<del>YES</del> <u>NO</u> <input checked="" type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Did ALL staff participate?	YES <input checked="" type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	YES <input checked="" type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	YES <input checked="" type="radio"/> NO

**NOTES:**


(Discuss potential fire hazards to look for in the facility)

