STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
			B. WING			08/24/2023	
	HAL031019				08/		
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST				
THE GAF	RDENS OF ROSE HIL		L, NC 28458	EET, HWY 117			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 HE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
	Report of Construction Section Construction Biennial Survey by Ryan Meyer August 24, 2023.						
	8-4-1994, as a 12 b Adult Care Home B review on 11-20-20 we are requiring the 1991 Edition of the Code-Section 409-I (1994 Revision) and the 1996 Edition wit Carolina State Build Edition of The Minir and Regulations for sections must meet 2005 Regulations for or More Beds.	is facility was first licensed on ed Home for the Aged. A 33 ed Addition, was received for 00. Based on this information, e 12 bed facility to meet the North Carolina State Building nstitutional Occupancy with d the 33 bed addition to meet th Revisions of the North ling Code and the 1999 num and Desired Standards Adult Care Homes, and both to the applicable portions of the or Adult Care Homes of Seven					
	Plan of Action.	een noted which require a					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair;					
		et as evidenced by: vation the facility is not rooms in a safe and operable					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED		
		HAL031019			08/	08/24/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE				
THE GAF	RDENS OF ROSE HIL		CAMORE STR LL, NC 28458	REET, HWY 117			
(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) COMPLET DATE	
C 164	Continued From pa	age 1	C 164				
		d cause damage to the facility can enter in spaces not					
		t 24, 2023: r in the 100 hall is missing tiles s well as grout being stained.	;				
C 188	Electrical Outlets in	Wet Locations	C 188				
	All adult care home locations at sinks, b	PHYSICAL PLANT 10 ELECTRICAL OUTLETS e electrical outlets in wet pathrooms and outside of ground fault interrupters.					
	1. Based on obser	et as evidenced by: vation the facility is not ctrical components located e in a safe manner.					
	that are not GFCI p b. There are two o heaters in the 200 I not GFCI protected c. There are multip	ble outlets in the laundry room protected. utlets behind the two hot water hall mechanical room that are					
C 189	Building Equipment	t Maintained Safe, Operating	C 189				

STATE FORM

QMI121

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031019		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED			
			A. BUILDING: 01				
		B. WING		08/	08/24/2023		
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
HE GAR	RDENS OF ROSE HIL		CAMORE STF LL, NC 28458	REET, HWY 117			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
C 189	Continued From page 2		C 189			+	
	operating condition (k) This Rule shall facilities with the ex which shall not app	apply to new and existing ception of Paragraph (e) ly to existing facilities.					
		et as evidenced by: vation the facility is not nbing system as necessary.					
	Findings on August a. The ice machine correct 2 inch air ga	e drain does not have 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 of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not me	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in icces: rage; toilet rooms; closets; and apply to new and existing icception of Paragraph (e) ly to existing facilities.					
	operable condition.	t keeping its exhaust fan in Rule 10A NCAC 13F .0311 s are required to be in laundry					

QMI121

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031019		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED		
				08/	08/24/2023	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
	RDENS OF ROSE HIL	517 S SY		REET, HWY 117		
(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 AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 199	Continued From page 3		C 199			
	rooms, bathrooms and toilets, soiled linen, soiled utility, and housekeeping closets.					
	Findings on August 24, 2023:a. The exhaust fan in the 100 hall housekeeping closet does not work.b. The exhaust fan in the 100 hall Spa does not work.					

QMI121