Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING: 01			(3) DATE SURVEY COMPLETED	
			A. BOILDING.	01			
		HAL033005	B. WING		12/1	3/2023	
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
HERITAGE CARE OF ROCKY MOUNT 1650 COKEY ROAD ROCKY MOUNT, NC 27801							
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
		uction Section Biennial Survey Hancock on December 13,					
	submitted on Augus Aged. The facility is Beds. Therefore, the conformance with the 2005 Rules for Lice Seven or More Bed Standards and Reg Aged in effect at time 1978 (Revision 3) E State Building Code	his facility was first licensed or st 1, 1981, as a Home for the currently licensed for 126 his facility was surveyed for the applicable portions of the ensing of Adult Care Homes of the 1977 Minimum gulations for Homes for the ne of initial licensure and the Edition of the North Carolina e, I-2 Institutional Occupancy.					
C 188	Electrical Outlets in	Wet Locations	C 188				
	All adult care home locations at sinks, I	PHYSICAL PLANT 10 ELECTRICAL OUTLETS electrical outlets in wet pathrooms and outside of ground fault interrupters.					
	Based on observed maintaining the ele	et as evidenced by: vation the facility is not ctrical components located e in a safe manner. hber 13, 2023:					
	adjacent to the lava indicating the lack of b. Middle Hall-Men	ty Bath- The receptacle atory did not trip on test of ground fault protection. 's and Women's Bath- The t to the lavatory did not trip on					

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

(X6) DATE TITLE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL033005	B. WING		12/	13/2023
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
HERITAG	SE CARE OF ROCKY	MOUNT	MOUNT, NC 2	7801		
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C 188	test indicating the lac. D Hall- Commun adjacent to the lack of th	ge 1 ack of ground fault protection. ity Bath- The receptacle story did not trip on test of ground fault protection. ity Bath- The receptacle story did not trip on test of ground fault protection.	C 188			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189			
	equipment is not m condition. This coul promptly find their v emergency. Findings on Decem	ation, the buildings' emergency aintained in a safe operating d affect all if they could not vay to the exit during an	,			
C 199			C 199			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 199	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		C 199				

6899

Division of Health Service Regulation STATE FORM