

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>R</b> <b>12/07/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3134 HARMONY HIGHWAY HARMONY, NC 28634</b>		
(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 December 7, 2023.  There were deficiencies from the Biennial Survey that have not been completed or corrected that requires a new Plan of Correction.	{C 000}		
{C 175}	Bedroom Furnishings-Clean Towel, Towel Bar  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas with the required number of individual towel bars. Findings on December 7, 2023: a. Entire Building - a few Bedrooms and their shared Restrooms did not have the correct quantity of functioning individual towel bars.	{C 175}		
{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	{C 189}	Facility will provide each resident with individual towel bars/ hooks per rule.	7/12/24

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

*Jana Eller*

TITLE  
*Owner/Operator*



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  R <b>12/07/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3134 HARMONY HIGHWAY HARMONY, NC 28634</b>		
(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 189}	<p>Continued From page 1</p> <p>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>5. Based on observation, the smoke-tight corridor doors are not maintained in a safe and operating condition.</p> <p>Findings on December 7, 2023:</p> <p>a. Front Hall, Bedroom 1 - when the corridor door is closed, there is a 5/8-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/4 inch for a non-sprinklered building.</p> <p>b. Back Hall, Bedroom 16 - the corridor door will not close and latch without lifting the door.</p> <p>9. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct can exhaust freely to an open free area. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire)</p> <p>Findings on December 7, 2023::</p> <p>b. Exterior near Laundry - the dryer's wall cap/backdraft damper, used to keep the elements &amp; vermin from entering the duct/building was detached and laying on the sidewalk. Per an interview with Director the cap/backdraft damper was installed but was not observed while surveyor was on site.</p>	{C 189}	<p>Facility will have door for bedroom 1 adjusted to ensure the allowable gap of 1/4 inch for a non-sprinklered building per. rule.</p> <p>Facility will ensure the cap/backdraft damper remains in place and attached to the dryer duct at all times.</p>	<p>6/27/24</p> <p>6/27/24</p>