

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL030007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/04/2015
--------------------------------------------------	---------------------------------------------------------------------	---------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEDAR ROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028
----------------------------------------------------------------	--------------------------------------------------------------------------------------

(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 Biennial Construction Survey by Dennis Harrell on 3-4-2015. Records indicate this facility was first licensed or submitted for licensure as a Home for the Aged serving 40 residents on 12-25-1982. Therefore the facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 North Carolina State Building Code For Institutional Unrestrained Occupancy. Deficiencies were cited which will require a plan of correction.	C 000	CONSTRUCTION SECTION APR 13 2015 RECEIVED <i>HOPPER REMAINS OPERATIVE. 3-4-15</i>	
C 136	Utility Room C. The Building 3. Arrangement and size of rooms Each home shall provide: I. A separate room must be provided for the cleaning and sanitizing of bed pans and shall have handwashing facilities and provisions for cleaning and sanitizing. This Rule is not met as evidenced by: Based on interview, the facility owners were planning to remove the hopper from the soiled utility room. If the hopper is removed, how will you meet the requirements in the Rule listed above?	C 138		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 168		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Normand A. Hill III TITLE
"PROPERTY OPERATIONS MANAGER" (X6) DATE
4-13-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL030007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2015
--------------------------------------------------	---------------------------------------------------------------------	--------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEDAR ROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028
----------------------------------------------------------------	--------------------------------------------------------------------------------------

(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 166	<p>Continued From page 1</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, several waste traps had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Findings include:</p> <p>a. The toilet trap was dry in the 1/2 bath behind the clock room,</p> <p>b. The sink trap was dry in the 1/2 bath behind the clock room,</p> <p>c. The hopper trap was dry in the utility room.</p> <p>2. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.</p>	C 166 #1	<p>Toilet replaced and water returned to all fixtures, traps A, B and C.</p> <p>4-2-15 STAFF WILL CHECK ALL TRAPS MONTHLY.</p> <p>#2 THE JOB WAS COMPLETED ON 4-2-15</p>	
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</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>	C 189		
-------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL030007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/04/2015
--------------------------------------------------	---------------------------------------------------------------------	---------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEDAR ROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028
----------------------------------------------------------------	--------------------------------------------------------------------------------------

(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 2</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on observation, the cross-corridor doors near the Administrator's office are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Based on observation, the sampling tubes for the duct mounted smoke detectors in the attic were dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. Based on observation, the battery powered emergency light in the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: <ol style="list-style-type: none"> The copy room door was held open by a mechanical "kick-down," There was a hole through the copy room door, The door from the kitchen to the dining room was held open by a mechanical "kick-down," The door from the kitchen to the corridor was 	C 189 #1 #2 #3 #4	<p>This job was completed on 4-3-15</p> <p>Sampling tubes were cleaned 4-3-15</p> <p>Replaced by DAVID ELECTRIC 4-6-15</p> <p>A. REMOVED "KICK DOWN" 4-3-15 B. REPAIRED 4-6-15 C. REMOVED KICKDOWN 4-3-15 D. REMOVED KICKDOWN 4-3-15</p>	
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL030007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/04/2015
--------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEDAR ROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028
-----------------------------------------------------------------------	----------------------------------------------------------------------------------------------

(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 3</p> <p>held open by a mechanical "kick-down,"</p> <p>e. The door to the utility closet near the laundry could not automatically latch when closed because it was equipped with only a dead bolt.</p> <p>5. Based on observation the GFCI type receptacle in the tub room could not be tested because there was no power at the receptacle. GFCI type receptacles that cannot be tested present the possibility of dangerous electric shock.</p>	C 189 <i>E</i>	<p><i>CHANGED LOCKS 4-6-15</i></p> <p><i>AS REPLACED BY DAVID ELECTRIC 4-6-15</i></p>	
-------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------	---------------------------------------------------------------------------------------	--



P.O. Box 878
Oak Ridge, NC 27310
Phone: 336-643-0555
Fax: 336-643-0553

CONSTRUCTION SECTION
APR 13 2015
RECEIVED

FAX COVER SHEET

To: DENNIS HARRELL From: NORMAN KILBY

Date: 4-13-15 Pages: 5

Fax #: 919-733-6592 Re: Got report late arrived
4-8-15

Comments: RECEIVED 4-8-15 ON MY DESK 4-13-15
SENDING TODAY FAX AND CERTIFIED MAIL

If you have questions or if you did not receive all pages with good copy, please call 336-643-0555

Confidentiality Notice:

This transmission is intended only for the use of the individual or entity for which is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution or copying of this information is strictly prohibited. If you receive this transmission in error, please notify us immediately by telephone and return the faxed documents to us at the above address via United States Postal Service. Thank you.