

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/13/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE MEADOWS OF ROCKWELL RETIREMENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 HIGHWAY 152 EAST ROCKWELL, NC 28138</b>
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(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 Follow-Up Construction Survey by Ed Miller and April 13, 2016.  The following deficiencies cited during the, Follow-Up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{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 operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to suppress a fire.  Findings on April 13, 2016: a. Water could be heard running through the "dry" sprinkler pipe in the attic. Further investigation revealed that water was draining into a bucket inside the sprinkler riser room. Have the system checked and eliminate any intrusion of water into the dry pipe system in the attic.  3. Based on observation, the building was not maintained in a safe manner by not maintaining	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 189}	<p>Continued From page 1</p> <p>the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings on April 13, 2016:</p> <p>a. The attic smoke barrier wall over room 311 has unprotected penetrations by a sprinkler pipe and other conduits, and the tape on the wall is coming loose.</p> <p>b. The attic fire wall over room 336 has unprotected penetrations by a sprinkler pipe and other conduits,</p> <p>c. The attic smoke barrier wall over room 124 has unprotected penetrations by a sprinkler pipe and other conduits,</p> <p>d. The attic smoke barrier wall over room 124 has a smoke damper which failed to close when the test switch was activated.</p> <p>4. Based on observation, the facility components were not maintained operable by having doors that did not close easily and latch.</p> <p>Findings on April 13, 2016:</p> <p>a) Bedroom 331 door is being held open c) Both Kitchen doors to the Dining Room are wedged open</p>	{C 189}		