

FAX COVER SHEET

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SEND TO Company name: DHHS - DHER CONSTRUCTION SECTION	From CHARLES BRADSHAW HALL LLC
Attention DENNIS HARRELL	Date 9-18-17
Office location Raleigh	Office location OXFORD
Fax number 919 733-6592	Phone number 919-693-5918

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☐ For your information

Total pages, including cover: 8

COMMENTS

DEAR SIRS,

Any Questions

PLEASE Call

THANK YOU

Charles Bradshaw

PRINTED: 08/01/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/18/2017
NAME OF PROVIDER OR SUPPLIER HERITAGE MEADOWS LONG TERM CARE FAC		STREET ADDRESS, CITY, STATE, ZIP CODE 6659 PRIVATE SCHOOL ROAD OXFORD, NC 27565		
(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 Follow Up Construction Survey by Dennis Harrell on 7-18-2017. Several deficiencies were not corrected. Further action is required.	(C 000)		
(C 101)	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to meet Licensure Rule requirements in effect at the time of change of use from a School to a Home for the Aged. Findings on August 31, 2016: Records indicate this facility was originally constructed as a school and was first licensed as a Home for the Aged on July 1, 1981. The Home for the Aged Minimum and Desired Standards and Regulations effective January 1, 1977 (C. 3.	(C 101)		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HERITAGE MEADOWS LONG TERM CARE FAC**6659 PRIVATE SCHOOL ROAD
OXFORD, NC 27565**

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(C 164)	Continued From page 2 ✓ In the Women's Main Bathroom, the following items need attention: ✓ 3- The tissue holders are missing parts. Additionally, toilet paper holders had parts missing or were completely missing throughout the facility.	(C 164)	3 All Toilet Paper Holders Have Been Replaced with New ONES THROUGHOUT OUR FACILITY.	Completed CAB
(C 166)	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. ✓ This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards. This could injure building occupants as the oxygen containers could fall over, damaging the cylinder or nozzle. Findings on 7-18-2017: ✓ a. There were 12 tall oxygen cylinders stored in cardboard delivery boxes in Room 11. ✓ b. There were 13 tall oxygen cylinders stored in beverage crates. New finding on 7-18-2017: ✓ 2. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become	(C 166)	@ All OXYGEN CYLINDERS HAVE BEEN STORED IN CORRECTED HOLDERS. @ All Beverage Cans Removed Oxygen Supplies (CO) were removed to put New Cylinders IN ACCEPTABLE AREA and Remove Empty Oxygen	Completed CAB Completed CAB