STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 a Construction Section Biennial Survey by Suzanna Fay conducted on November 08, 2017. Records indicate that the building was originally constructed as a school and was first licensed as a Home for the Aged on or about July 1, 1981 for Eighty (80) Beds. Based on the above information, the facility is required to meet the 1977 Homes for the Aged and infirm Minimum and Desired Standards; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code Section 409.1- Group I.	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	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 101	Continued From page 1 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: a. 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. h (1)) state all corridors shall have smoke doors and smoke partitions extending from floor to roof deck and building outer wall to outer wall at distances not to exceed 150 feet. Observation of the wall extending from the cross corridor doors up to the roof deck and outer walls revealed the partition is not sealed at the top where the wall meets at the bar joists and at the roof decking. Findings on November 8, 2017: a. At the time of this survey, the joints were filled with mineral wool, but sealed with a foam fire block material. The foam material does not meet the requirements for a fire rated assembly.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the current fire safety inspection report was not maintained in	C 111		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 111	Continued From page 2 the home and available for review. Findings on November 8, 2017: a. The facility did not have a current fire safety inspection report available for review.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the roof was leaking resulting in ceilings not kept clean and in good repair. Findings on November 8, 2017: At the time of survey a light misty rain had persistently been falling to the point where water was ponding on the roads and presumably on the flat roof of the facility. a.) Men's staff bathroom - has a wet ceiling tile presumably from a roof leak. b.) Corridor outside of med room - there is a moisture leak at the ceiling tile by the air supply vent. 2. Observations revealed that ceilings were not kept clean and in good repair.Water stains were found on the ceiling tile throughout the facility. These stains appear to no longer be active leaks.	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 164	Continued From page 3 Findings on November 8, 2017: a.) Shower room across from 15 - there were stains on the tile above the toilet. b.) Room 16 - there were a number of stained and sagging ceiling tiles in the room. c.) Room 14 - there were several stained tile in the back of the room, behind the window boxing and in the back left closet. d.) Room 4 - there was a heavily stained ceiling tile in the left closet. e.) Room 10 - the back left closet has a damaged and stained ceiling tile. f.) Kitchen electrical room - has several heavily stained ceiling tile. g.) Kitchen water heater closet - the ceiling tile is stained and there is a hole in the tile where the pipe penetrates the ceiling. h.) Female bath across from laundry - there are stained ceiling tiles at the skylight opening. i.) Kitchen - the finish on the ceiling trim (tees) was flaking and falling off. j.) Female gang bathroom across from laundry - a section of the ceiling trim was missing in the skylight well. 2. Observations revealed that the walls were not kept clean and in good repair. Findings on November 8, 2017: a. Shower room across from 15 - the floor base tiles are cracked around the perimeter of the room. b. Shower room across from 15 - the door frame is damaged at the right bottom of the frame. c. General - the tile on the shower walls has a build up of soap scum and mildew stains. The tops of the tile surrounds are coated with dust. d. Room 19 - the thru wall unit has been removed at the outside wall leaving a large opening in the wall that allows for pests to enter	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 164	Continued From page 4 the facility as well as the elements. e. General - there was a build up of dust and dirt behind the beds and other furnishings throughout the facility. f. Room 17 - there are brown liquid stains running down the walls behind the beds. 3. Observations revealed that the shower/tubs were not maintained in good working order. Findings on November 8, 2017: a. Two out of the shower/tubss had hand held spray nozzles. The nozzles did not have mounts to secure the heads, making them difficult to use. b. Several other shower/tubs would not generate a sufficient spray to shower in. c. 4. Observations revealed that the rooms were not maintained clean and free of pests. Findings on November 8, 2017: a. Room 3 - live roaches were observed at the ceiling. Bug casings and droppings were found in the dresser drawers.	C 164		
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:	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 166	Continued From page 5 1. Observations revealed that the facility was not maintained free of all hazards. Findings on November 8, 2017: a. The handrail outside of Room 17 is loose and could cause a fall. b. Room 11 - there are three unsecured oxygen bottles in the back right closet. c. Room 18 - the light switch cover plate is broken leaving wires exposed. The hole was covered with duct tape. 2. Observations revealed that the facility was not maintained in an uncluttered manner, free of obstructions. Findings on November 8, 2017: a. Activity Room - the front portion of the room had numerous cardboard boxes of decorations stored in the room. The boxes make the room cluttered. The administrator indicated that the boxes were christmas decorations that had recently been pulled out of storage.	C 166		
C 173	Housekeeping-Bedroom Furnishings, Bed 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: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following:	C 173		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 173	Continued From page 6 (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that all of the bedroom furnishings were not in good repair and clean for each resident. Findings on November 8, 2017: a. Room 17 - the bed linens are stained and appear dirty. (Currently unoccupied.) b. Room 5 - the mattress is splitting open in several places.	C 173		
C 176	Bedroom Furnishings-Light Overhead or Lamp 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: (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading. (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that each resident did not have a working overhead light or lamp with a switch within reach of the person lying on the bed.	C 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 176	Continued From page 7 Findings on November 8, 2017: a. Overhead lamps were found to be damaged or missing in the following rooms: 1.) Room 16 - the bed light is missing. 2.) Room 15 - the left front and the back right lamps are broken. 3.) Room 5 - the front lights are broken and the back lamp is dangling. 4.) Room 6 - the 2nd bed light is broken.	C 176		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility was not conducting rehearsals of the fire plan quarterly on each shift. Findings on November 8, 2017: a. For the first quarter of 2017, there were two rehearsals conducted, both on the first shift. For the third quarter, there was a record of only one fire rehearsal which took place on the third shift.	C 185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 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 fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on November 8, 2017: a. The fire extinguishers throughout the facility did not have their current annual inspection tags. Also, staff was not performing monthly service checks on the extinguishers and logging in the date of the inspections. b. Kitchen - the range hood suppression system was not being inspected monthly by the staff. 2. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 189	Continued From page 9 Findings on November 8, 2017: a. Room 18 - the corridor door was propped open using a chair. b. Room 17 - the corridor door was propped open. Further observation revealed that many of the sleeping room doors are equipped with torsion hinges. Sleeping room doors in an I-2 Institutional Occupancy are not required to be self closing. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on November 8, 2017: a. Room 19 - the door latch is heavily damaged and the door does not close and latch. b. Room 17 - the corridor door does not latch. c. Room 5 - the door hardware is loose. The door catches on the frame and does not latch. 4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on November 8, 2017: a. West wing TV Room - the emergency light did not illuminate when tested. b. The emergency light by Room 15 had a very weak illumination. c. Nurse's office - the emergency light did not illuminate when tested.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 189	Continued From page 10 5. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on November 8, 2017: a. Four of four exit light/signs did not illuminate on battery backup. Most of the exit lights did not have the emergency light bulbs installed. b. The exit light at the resident room side of the cross corridor doors was facing the wrong direction for egress. The light should face the corridor so that residents know to exit through the cross corridor doors if the side door is blocked. 6. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on November 8, 2017: a. West wing TV room - the ceiling tiles behind the window boxing are missing or broken off at the trim leaving large holes in the ceiling. 7. Observations revealed that the building 'envelope' was not maintained in an operating condition. This allows for pests to enter the soffit area. Findings on November 8, 2017: a. Front entry - a section of the exterior soffit was loose and falling from the framing.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 197	Continued From page 11	C 197		
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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. Observations revealed that the facility did not provide the minimum lighting required. Findings on November 8, 2017: a. Room 17 - 3 of the 4 overhead florescent lights were not working leaving the area dim. b. Room 16 - the overhead lights in the back (window side) of the room were not working.	C 197		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	**11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**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 199	Continued From page 12 (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. Observations revealed that the facility did not provide exhaust ventilation in required areas. Findings on November 8, 2017: a. Shower room across from 15 - the fan is not working. b. Tub room across from 15 - the fan is not working. c. Housekeeping closet - the fan is not working. d. Tub bathroom across from 1 - the fan is not working. e. Shower room East wing across from 6 - the fan is not working. f. Large bathrooms (male and female) across from laundry - the fans are not working. g. Housekeeping supply closet across from laundry - the fan is not working.	C 199		