



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 4, 2022

Jonathan Short, CIO  
Integrity – Hermitage Retirement Center, LLC, Licensee  
Hermitage Retirement Center  
4900 Koger Blvd, Suite 150  
Greensboro, NC 27404

email address: [jonathan.short@integrityspillc.com](mailto:jonathan.short@integrityspillc.com)  
[taylishrc86@aol.com](mailto:taylishrc86@aol.com)  
[financial@integrityspillc.com](mailto:financial@integrityspillc.com)

**Re: Receipt of Plan of Correction (IFG512)**  
**Facility: Hermitage Retirement Center**  
**Licensure Number: HAL-077-012**  
**County: Richmond**

Dear Mr. Short:

Based on a telephone conversation on April 4, 2022 with Taylis Deese, Administrator, there was an addendum to the Plan of Correction for the Statement of Deficiencies dated February 25, 2022. The pages noting the addendum are provided for your records.

Please do not hesitate to contact us at 919-855-3765, if you have questions or we may be of further assistance.

Sincerely,

Hope Forte RN, Licensure Consultant  
Adult Care Licensure Section  
Division of Health Service Regulation

Enclosure

cc: Taylis Deese, Administrator  
Karen Steen, Supervisor/Designee, Richmond County Department of Social Services  
Heather Bingham, Branch Manager, Eastern Region, Adult Care Licensure Section  
Linda Kirby, Team Supervisor, Eastern Regional Office, Adult Care Licensure Section  
Raleigh Facility File

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

**ADULT CARE LICENSURE SECTION**

LOCATION: 801 Biggs Drive, Brown Building, Raleigh, NC 27603  
MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3765 • FAX: 919-733-9379

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Division of Health Service Regulation

|                                                     |                                                                               |                                                                        |                                                                    |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL077012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/25/2022</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

|                                                                        |                                                                                           |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERMITAGE RETIREMENT CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>139 MALLARD LANE<br/>ROCKINGHAM, NC 28379</b> |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                               | (X5)<br>COMPLETE<br>DATE |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {D 000}                  | Initial Comments<br><br>The Adult Care Licensure Section conducted a follow up survey on February 23 - 25, 2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {D 000}             |                                                                                                                                                                                        |                          |
| {D 113}                  | 10A NCAC 13F .0311(d) Other Requirements<br><br>10A NCAC 13F .0311 Other Requirements<br>(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on observations, interviews, and record reviews the facility failed to ensure that hot water temperatures were maintained at 100° to 116° degrees Fahrenheit (F) for 4 of 23 fixtures in the common residents' bathroom and a resident's rooms (#67) on the Moore and Roosevelt halls located on the Special Care Unit (SCU) with temperatures of 118.2° degrees F to 133.8° degrees F.<br><br>The findings are:<br><br>Observation of resident room #67's bathroom on the SCU Roosevelt hall on 02/23/22 at 9:58am revealed the hot water temperature at the sink was 118.2°F.<br><br>Based on observations and interviews, it was | {D 113}             | <p><i>* see attachment *</i></p> <p><i>See addendum per telephone conversation with Taylor Deese, Administrator on April 4, 2022 at 4:00pm. — M. Janto R. Licensure Consultant</i></p> |                          |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6880

IFG512

If continuation sheet 1 of 7

*Taylor R. Deese*

*Administrator*

*3/31/22*

*The Plan of Correction with addendum was reviewed and acknowledged on April 4, 2022. Refer to Addendum on Attachment A. — M. Janto R. Licensure Consultant*

Division of Health Service Regulation

|                                                     |                                                                               |                                                                        |                                                                    |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL077012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/25/2022</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HERMITAGE RETIREMENT CENTER**

**139 MALLARD LANE  
ROCKINGHAM, NC 28379**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {D 113}                  | <p>Continued From page 1</p> <p>determined the resident residing in room #67 was not interviewable.</p> <p>Observation of the common residents' bathroom on the SCU Moore hall on 02/23/22 at 10:47am revealed:</p> <ul style="list-style-type: none"> <li>-The hot water temperature at the sink was 133.8°F.</li> <li>-The hot water temperature at the shower was 127.4°F.</li> <li>-There was visible steam coming from the running hot water.</li> </ul> <p>Interview with a personal care aide (PCA) on 02/23/22 at 11:00am revealed:</p> <ul style="list-style-type: none"> <li>-She assisted 2 residents on the SCU Moore hall with showers.</li> <li>-She had not turned the hot water knob on high.</li> <li>-She checked the water temperature with her hand to determine if the water was too hot.</li> <li>-Residents had not complained to her the water temperature was too hot during their baths.</li> <li>-She added cold water to the hot water to cool off the hot water.</li> <li>-She did not know the required water temperatures.</li> <li>-She had not observed any steam coming from the water.</li> <li>-She did not report the water being too hot to the Maintenance Director.</li> </ul> <p>Interview with a second PCA on 02/23/22 at 11:06am revealed:</p> <ul style="list-style-type: none"> <li>-She had adjusted the hot water temperature by adding cold water.</li> <li>-She tested the water temperature with her hand and would have the resident to test the water to see if it was too hot.</li> <li>-She had not observed any steam coming from the water.</li> </ul> | {D 113}             |                                                                                                                          |                          |

Division of Health Service Regulation

|                                                     |                                                                               |                                                                        |                                                                    |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL077012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/25/2022</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HERMITAGE RETIREMENT CENTER**

**139 MALLARD LANE  
ROCKINGHAM, NC 28379**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {D 113}                  | <p>Continued From page 2</p> <p>-Many of the resident could not respond to say if the water was too hot and that was why she always tested the water temperature first.</p> <p>-She was not trained on testing hot water temperatures.</p> <p>Interview with a medication aide (MA) on 02/23/22 at 10:58m revealed:</p> <p>-The PCAs had not reported the water temperature was too hot in the SCU room #67 and the common bathroom on the SCU Moore hall.</p> <p>-Residents had not complained to her of the water temperature being too hot.</p> <p>-If the water temperature was too hot, she reported it to the Maintenance Director by completing the maintenance service log.</p> <p>Interview with the Special Care Coordinator (SCC) on 02/23/22 at 10:51am revealed:</p> <p>-Staff had not reported the hot water was too hot in resident room #67 and the common geriatric bathroom on the SCU Moore hall.</p> <p>-Staff were to report hot water issues to the Maintenance Director.</p> <p>-She did not know the hot water requirements.</p> <p>-The Maintenance Director was responsible for maintaining the water temperatures.</p> <p>-She would place a "Do Not Use" posting on common residents' geriatric bathroom until the hot was adjusted.</p> <p>-She would notify the Maintenance Director of the hot water being too hot in resident room #67 and the common bathroom on the SCU Moore hall.</p> <p>Review of the February 2022 facility's weekly maintenance log dated 02/08/22 revealed:</p> <p>-The weekly maintenance log hot water temperature check for the residents' common bath on the SCU Moore hall was 109.1°F.</p> | {D 113}             |                                                                                                                          |                          |

Division of Health Service Regulation

STATE FORM

0000

IFG512

If continuation sheet 3 of 7

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                                                                          |                          |                                                                    |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL077012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/25/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERMITAGE RETIREMENT CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>139 MALLARD LANE</b><br><b>ROCKINGHAM, NC 28379</b>                          |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                    |
| {D 113}                                                                | <p>Continued From page 3</p> <p>-The weekly maintenance log did not list resident room #67 as recorded for a hot water temperature check.</p> <p>Interview with the Maintenance Director on 02/23/22 at 10:39am revealed:</p> <p>-He completed random hot water temperature checks weekly.</p> <p>-All residents' common bathrooms were checked weekly.</p> <p>-He last completed hot water temperature checks was on 02/08/22.</p> <p>-New hot water tanks were recently installed separately on the SCU Moore and Roosevelt halls.</p> <p>-The hot water temperatures were within range of 100°F and 116°F when checked.</p> <p>-He was responsible for completing weekly hot water checks and regulating the temperature.</p> <p>Observation of water thermometers being calibrated on 02/24/22 at 8:59am revealed:</p> <p>-The Maintenance Director and Surveyor's water thermometers were placed in a cup of ice water.</p> <p>-Both water thermometers temperatures were calibrated at 32°F.</p> <p>Observations of re-check of water temperatures with the Maintenance Director on 02/24/22 revealed:</p> <p>-At 8:58am, "Do not use/Caution Hot Water" sign had been placed on the door of the residents' common bathroom on the Moore hall.</p> <p>-At 9:10am, the hot water temperature at the sink in the residents' common bathroom on the SCU Moore hall was at 122.6°F completed by the Maintenance Director and at 122.1°F completed by the Surveyor.</p> <p>-At 9:11am, the hot water temperature at the shower in the residents' common bathroom on</p> | {D 113}                                                                       |                                                                                                                          |                          |                                                                    |

Division of Health Service Regulation

|                                                     |                                                                               |                                                                        |                                                                    |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL077012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/25/2022</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HERMITAGE RETIREMENT CENTER**

**139 MALLARD LANE  
ROCKINGHAM, NC 28379**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {D 113}                  | <p>Continued From page 4</p> <p>the SCU hall was at 117.8°F completed by the Maintenance Director and at 118.3°F completed by the Surveyor.</p> <p>-At 9:15am, the hot water temperature at the sink in resident room #67 was at 104.4°F completed by the Maintenance Director and at 106.6°F completed by the Surveyor.</p> <p>Observations of re-check of water temperatures with the Maintenance Director on 02/25/22 revealed:</p> <p>-At 10:09am, a "Do not use/Caution Hot Water" sign was still placed on the door residents' common bathroom on the SCU Moore hall.</p> <p>-At 10:10am, the hot water temperature at the sink in the residents' common bathroom on the SCU Moore hall was at 109.1°F completed by the Maintenance Director and at 109.4°F completed by the Surveyor.</p> <p>-At 10:11am, the hot water temperature at the shower in the residents' common bathroom on the SCU Moore hall was at 103.0°F completed by the Maintenance and was at 102°F completed at by the Surveyor.</p> <p>Interview with the Maintenance Director on 02/25/22 at 10:05am revealed:</p> <p>-He had left the "Do not use/Caution Hot Water" signs on the residents' common bathroom door on the Moore hall until the hot water temperature for the shower and sink had been rechecked with the Surveyor.</p> <p>-He knew the required hot water temperature range was 100°F to 116°F.</p> <p>-He adjusted the temperatures on the hot water heater and had released some of the hot water on 02/23/22.</p> <p>Interview with the Assistant Administrator on 02/23/22 at 11:34am revealed:</p> | {D 113}             |                                                                                                                          |                          |

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                          |                                                                    |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL077012</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/25/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERMITAGE RETIREMENT CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>139 MALLARD LANE</b><br><b>ROCKINGHAM, NC 28379</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {D 113}                                                                | <p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-Residents had not complained to her about the water temperature being too hot.</li> <li>-She was not responsible for completing the hot water temperatures.</li> <li>-The Maintenance Director was responsible for completing the hot water temperatures.</li> <li>-The Maintenance Director was the only staff to monitor the hot water temperatures.</li> <li>-The Maintenance Director completed hot water temperatures weekly and log the results.</li> </ul> <p>The facility failed to ensure hot water temperatures were maintained between 100° to 116° degrees Fahrenheit (F) which resulted in hot water temperatures of 118.2°degrees F to 133.8° degrees F at 3 of 23 fixtures accessible by residents residing on the SCU (common residents' bathroom on the Moore hall and one resident's room #67). A water temperature of 118.4 degrees F could result in a first degree burn in 15 minutes and a second degree burn in 20 minutes. A water temperature of 127.4 degrees F could result in a first degree burn in 30 seconds and a second degree burn in 60 seconds. A third degree burn can occur in 10 seconds when skin is placed in contact with water measuring 130 degrees F. This failure of the facility was detrimental to the safety, health and welfare of the residents and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/23/22 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 9, 2022.</p> | {D 113}                                                                                         |                                                                                                                          |                                                                    |

Division of Health Service Regulation

|                                                     |                                                                               |                                                                        |                                                                    |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL077012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/25/2022</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HERMITAGE RETIREMENT CENTER**

**139 MALLARD LANE  
ROCKINGHAM, NC 28379**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {D912}                   | Continued From page 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | {D912}              |                                                                                                                          |                          |
| {D912}                   | <p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights<br/>Every resident shall have the following rights:<br/>2. To receive care and services which are<br/>adequate, appropriate, and in compliance with<br/>relevant federal and state laws and rules and<br/>regulations.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, interviews and record<br/>reviews, the facility failed to ensure residents<br/>received care and services which were adequate,<br/>appropriate and in compliance with relevant<br/>federal and state laws and rules and regulations<br/>related to other requirements.</p> <p>The findings are:</p> <p>Based on observations, interviews, and record<br/>reviews the facility failed to ensure that hot water<br/>temperatures were maintained at 100° to 116°<br/>degrees Fahrenheit (F) for 4 of 23 fixtures in the<br/>common residents' bathroom and a resident's<br/>rooms (#67) on the Moore and Roosevelt halls<br/>located on the Special Care Unit (SCU) with<br/>temperatures of 118.2° degrees F to 133.8°<br/>degrees F. [Refer to Tag 113 10A NCAC 13F<br/>.0311(d) Other Requirements (Type B Violation)].</p> | {D912}              |                                                                                                                          |                          |

Attachment A

Facility will adhere to rule 10A NCAC 13F .0311(d) Other Requirements by

Checking water temperatures per hot water heater daily. Maintenance will be checking the temps to assure they are in range (100-116). Monday- Friday. Supervisor/Med Tech will check Saturday and Sunday and documentation findings. If any temperature is out of range (100-116) they will report immediately to Administrator and caution signs in area for non-used/ hot. And if Maintenance can't get temperatures adjust within the day Plumber will be contact that day.

G.S. 131D-21 Residents Right. Facility will assure resident right are being adhere to by making sure the temperatures are checked daily and are in range and adjust immediately

*Jay's Reese, Adm.*  
3-31-2022

Addendum per telephone conversation with Jay's Reese, Administrator  
on April 4, 2022 at 4:00pm.

- Maintenance staff will check hot water temperatures daily on Monday through Friday in two resident rooms and the community showers on each hall.
  - The Maintenance staff will document the hot water temperature checks on the hot water temperature log.
  - Medication Aide/Supervisor and Housekeeper will check the hot water temperatures in two resident rooms and community bathrooms on each hall on Saturday & Sunday's and document the hot water temperature readings in the hot water temp log notebook.
  - If any hot water temperatures are out of the recommended range of 100°F - 116°F, Maintenance staff, MA/SIC, or Housekeeper will report the finding to the Administrator immediately.
  - Hot water caution signs will be posted immediately at each fixture with hot water temperatures greater than 116°F to caution residents and staff of non-use.
  - Maintenance and/or Plumber will be contacted by the Administrator once notified of hot water temperatures at fixtures in the facility.
- Date of completion is March 1, 2022. — *Steph Lantz R*  
Licensee Consultant

## **Forte, Hope**

---

**From:** AOL Service <hermitagerock@aol.com>  
**Sent:** Thursday, March 31, 2022 4:54 PM  
**To:** Forte, Hope  
**Subject:** [External] Completed SOD  
**Attachments:** hermitagerock@aol.com\_20220331\_165126.pdf

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to Report Spam.

---

Hello Ms. Hope

Here's is my SOD from 2-25-2022

Thanks  
Taylis

-----Original Message-----

From: hermitagerock@aol.com <hermitagerock@aol.com>  
To: hermitagerock@aol.com  
Sent: Thu, Mar 31, 2022 4:51 pm  
Subject: sod

Reply to: [hermitagerock@aol.com](mailto:hermitagerock@aol.com) <[hermitagerock@aol.com](mailto:hermitagerock@aol.com)>  
Device Name: Hermitage Retirement Center  
Device Model: MX-B476W  
Location: Front Office

File Format: PDF (Medium)  
Resolution: 200dpi x 200dpi

Attached file is scanned image in PDF format.

Use Acrobat(R)Reader(R) or Adobe(R)Reader(R) of Adobe to view the document.

Adobe(R)Reader(R) can be downloaded from the following URL:

Adobe, the Adobe logo, Acrobat, the Adobe PDF logo, and Reader are registered trademarks or trademarks of Adobe in the United States and other countries.

<http://www.adobe.com/>