Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077012	A. BUILDING: 01 B. WING ______	C 06/22/2023

CONSTRUCTION SECTION
JUL 25 2023
RECEIVED

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERMITAGE RETIREMENT CENTER	139 MALLARD LANE ROCKINGHAM, NC 28379

(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 Complaint Survey by Suzanna Fay and Tony McQuage conducted on June 22, 2023. A Construction Section Biennial Survey was performed at the same time. The complaint alleged that the facility was not safe due to inadequate exit monitoring and control to an elevated outside area. Records indicate this facility was first licensed on May 27, 1988. The facility is currently licensed for 114 Beds with a 54 Beds Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (revision 8) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1987 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. The complaint was substantiated.	C 000	Enclosed is the Plan of Correction for Integrity- Hermitage Retirement Center in response to this Statement of Deficiencies. While this document is being submitted as confirmation of the facilities on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in this Statement of Deficiency.	
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	C 101		

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C 101	Continued From page 1 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 observation and document review, the facility does not meet the licensure requirement in effect at the time of construction or alteration. The facility is not in compliance with 13F .1304(8) which requires "Direct access from the facility to a secured outside area shall be provided." The facility has not maintained all the outdoor areas directly accessible from the Special Care Unit to be secure. This could allow resident elopement. Findings on June 22, 2023: Review of the Statement of Deficiencies [SOD] from Adult Care licensure Section Annual and Complaint Survey dated June 6, 2023 revealed a resident eloped from the facility's Special Care Unit (SCU) by accessing an outside porch through a sitting room at approximately 1:04 am without staff knowledge and being found outside on the facility grounds approximately 9 hours later deceased. The SOD also included the following: Observations of the Veranda Room and porch as noted on 06/02/23 at 3:35 pm revealed: -The Veranda Room door [corridor door] was locked. -Staff unlocked the Veranda Room door. -There was a door directly across from the Veranda Room entrance door [corridor door] which led to a porch.	C 101	Door to Veranda room was locked on 4/14/23 and will remain locked indefinitely, removing all resident/staff access to the Veranda porch area. Administrator is the only person with a key to this door. Alarm to be installed on the Veranda door exiting to the porch.	7/24/23

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C 101	Continued From page 2 -The door leading to the Veranda Room porch was unlocked and there was no sounding device when the door was opened. -The porch was concrete. -The perimeter of the porch had brick pillars separated by white wood pickets. -There was lattice atop the porch rails. -There were 5 plastic chairs on the porch against the building wall. -There were no stairs leading off of the porch. -From the top of the lattice to the ground was approximately 16 to 17 feet. Direct observation on June 22, 2023 revealed: a. The door to the deck area off the Veranda Room is not locked nor equipped with a sounding device, which could allow a resident to wander out on the deck without supervision. b. The plastic chairs were not affixed and could be moved to allow a resident to climb onto one of the brick pilasters. c. The brick pilasters have a large enough surface to allow a resident to stand on the top of the pilaster and support themselves with the lattice work above. d. The lattice work has openings approximately 2 3/4 inches by 2 3/4 inches, large enough to gain a foothold or a handhold. e. The top of the lattice to the ground is approximately 16 feet.	C 101		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is	C 154		

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C 154	Continued From page 3 determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not equip all exit doors accessible by residents with a sounding device that is activated when the door is opened in the SCU where residents are known to be disoriented or a wanderer. The sound shall be of sufficient volume that it can be heard by staff. Findings on June 22, 2023: a. The Veranda Room has an exterior door open to an elevated and enclosed deck. The door was not locked and is accessible to residents. When the door was opened an alarm did not sound, therefore the door was not equipped with a working sounding device loud enough to be heard by staff.	C 154	Door to Veranda room was locked on 4/14/23 and will remain locked indefinitely, removing all resident/staff access to the Veranda porch area. Administrator is the only person with a key to this door. Alarm to be installed on the Veranda door exiting to the porch.	7/24/23
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;	C 160		

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C 160	Continued From page 4 This Rule is not met as evidenced by: 1. Record review and observations determined that the outside grounds of the existing facility were not maintained in a safe condition. Findings on June 22, 2023: Review of the Statement of Deficiencies [SOD] from Adult Care licensure Section Annual and Complaint Survey dated June 6, 2023 revealed a resident eloped from the facility's Special Care Unit (SCU) by accessing an outside porch through a sitting room at approximately 1:04 am without staff knowledge and being found outside on the facility grounds approximately 9 hours later deceased. The SOD also included the following: Observations of the Veranda Room and porch as noted on 06/02/23 at 3:35 pm revealed: -The Veranda Room door [corridor door] was locked. -Staff unlocked the Veranda Room door. -There was a door directly across from the Veranda Room entrance door [corridor door] which led to a porch. -The door leading to the Veranda Room porch was unlocked and there was no sounding device when the door was opened. -The porch was concrete. -The perimeter of the porch had brick pillars separated by white wood pickets. -There was lattice atop the porch rails. -There were 5 plastic chairs on the porch against the building wall. -There were no stairs leading off of the porch. -From the top of the lattice to the ground was approximately 16 to 17 feet. Direct observation on June 22, 2023 revealed:	C 160	Door to Veranda room was locked on 4/14/23 and will remain locked indefinitely, removing all resident/staff access to the Veranda porch area. Administrator is the only person with a key to this door. Alarm to be installed on the Veranda door exiting to the porch.	7/24/23

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C 160	Continued From page 5 a. The door to the deck area off the Veranda Room is not locked nor equipped with a sounding device, which could allow a resident to wander out on the deck without supervision. b. The plastic chair were not affixed and could be moved and could be repositioned to allow a resident to climb onto one of the brick pilasters. c. The brick pilasters have a large enough surface to allow a resident to stand on the top of the pilaster and support themselves with the lattice work above. d. The lattice work has openings approximately 2 3/4 inces by 2 3/4 inches, large enough to gain a foothold or a handhold. e. The top of the lattice to the ground is approximately 16 feet.	C 160		