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: _____ B. WING _____	R-C 08/30/2023

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
D 000	Initial Comments The Adult Care Licensure Section conducted a follow- up survey and complaint investigation on August 29, 2023 to August 30, 2023. The complaint investigation was initiated by the Richmond County Department of Social Services on August 8, 2023.	D 000		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide personal care to a resident who rang her bell for staff assistance and did not receive a response from staff for 3 hours (#6). The findings are: Review of Resident #6's current FL-2 dated 03/06/23 revealed: -Diagnoses included blind, rheumatoid arthritis, depression, anxiety, bipolar disorder, osteoarthritis, hypertension, and congestive heart failure (CHF). -The resident was semi-ambulatory. -The resident was incontinent of bladder. -The resident was continent of bowel.	D 269	Facility add Brief check every 2 hours onto current touch point form. Staff will document on touch point form for each "brief check" administrator/designee will review. touch points for completion 3 times a shift for 2 weeks and conduct random spot checks after	8/30/2023

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Layeis R. Deese, Adm. TITLE (X6) DATE 9/25/23

MW 09/26/23

Reviewed and Acknowledged

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D 269	Continued From page 2 immediately and not have laid in feces for three hours. -She expected the PCA to notify her if they could not respond to a resident for personal care and she would help. Attempted telephone interview with a PCA, who worked on Sunday, 08/27/23, on 08/29/23 at 3:09pm was unsuccessful. Interview with the Administrator on 08/30/23 at 8:49am revealed: -Resident #6 told her Monday, 08/28/23, she laid in feces for three hours on 08/27/23 before staff responded to her bell. -It was unacceptable for Resident #6 to lay in feces for three hours. -She expected staff to respond as soon as possible when a resident rang their bell. Interview with the Primary Care Provider (PCP) on 08/30/23 at 10:21am revealed: -Resident #6 was at risk for skin breakdown due to the amount of time she stayed in the bed. -If Resident #6 was lying in feces for three hours that placed her at a potential risk for skin breakdown.	D 269		