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 _____	R 10/18/2023

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

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on October 18, 2023. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected. One new deficiency was added.	{C 000}	Enclosed is the Plan of Corrections for Integrity-Hermitage Retirement Center in response to this statement of Deficiencies. While this document is being submitted as confirmation of the facility 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 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: 2. Observations revealed that the facility did not meet code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Requirements for special locking include the following: if required emergency release switch is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit	{C 101}		

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{C 101}	Continued From page 1 must carry emergency release switch keys; and emergency light shall be provided at the door(s). Findings on October 18, 2023: b. Emergency lights are not provided at the doors with special locking. Only the exit to the courtyard and the courtyard gate had emergency lights installed at the doors. The other exits did not have emergency lights to illuminate the keypad and override switches.	{C 101}	Facility has replaced exit lights with emergency lights at all exit doors with special locking. Maintenance will monitor monthly and document.	11/7/23
{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 facility did not maintain in the home current fire and building safety inspection reports available for review or perform all of the required in house safety inspections. Findings on October 18, 2023: c. Kitchen - the kitchen hood is required to be inspected every six months. An inspection report submitted with the Plan of Corrections dated the semi-annual hood inspection for September 1, 2022. d. Kitchen - the facility is not conducting and recording the monthly in-house inspections for the kitchen hood.	{C 111}	Facility will assure monitor of kitchen Hood is inspected monthly by having Maintenance to check and document, in Maintenance check off book	11/07/23

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{C 164}	Continued From page 2	{C 164}		
{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 walls, ceilings and floors were not kept clean and in good repair. Findings on October 18, 2023: h. There is a pattern of resident bathroom walls that are dirty and the paint is bubbled and peeling around the toilet. This work is in progress but has not been completed at this time. n. Room 34 Bath - the popcorn finish on the ceiling around the exhaust fan is flaking and peeling. Maintenance is currently working on refinishing this bathroom.	{C 164}	Room #34 ceiling has been repaired and bathroom refinish. Maintenance will continue to paint and repair areas as needed. Administrator will monitor weekly.	11/3/23
{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)	{C 189}		

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{C 189}	Continued From page 3 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on October 18, 2023: b. SCU Richmond Hall - the left door of the cross corridor bounces when closing so that the door does not fully close when released. 4. 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 or walls could allow fire and smoke to spread beyond the area of origin. Findings on October 18, 2023: b. There are multiple locations in the attic where the fire resistant rated corridor tunnel has been damaged as observed at the attic access in the Chapel. j. Nutrition Station - there is one small unsealed cable penetration. m. Attic - there is an unsealed cable bundle penetration through the fire wall, typical. 11. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Findings on October 18, 2023: a. Small sections of exposed copper pipe were	{C 189}	Door latching on corridor door has been adjusted and lubed. It will latch intermittently. Facility is currently in process of attempting to schedule a repairman (hard to find) to repair or replace the latching hardware, so door operates as designed. Nutrition Station hole has been sealed with 1 hour rating fire caulking. Attic cable hole has been sealed with 1 hour rating fire caulking. Exposed copper pipes have been covered with proper insulation. Maintenance will monitor and make sure the areas are kept in compliance.	1/09/24 11/03/23 12/03/23 11/01/23

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{C 189}	Continued From page 4 located in the attic without proper insulation to prevent freezing. 16. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on October 18, 2023: a. Room 19 - the door has dropped on the latch side and there is a 1/2" gap at the top of the door. New Deficiency: 19. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not provide the required protection during a fire. Findings on October 18, 2023: a. Chapel - the attic access panel is a single layer of sheetrock and does not meet the fire resistant rating requirements for the ceiling.	{C 189}	Room #19 door has been repaired Maintenance replaced attic access panel with 1 hour fire resistant access panel.	11/17/23 10/25/23