PRINTED: 12/01/2015
FORM APPROVED

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
	HAL076003	A. BUILDING: 01 B. WING ______	11/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSS ROAD RETIREMENT COMMUNITY	1302 OLD COX ROAD ASHEBORO, NC 27203

(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 Biennial Survey by Billy S. Bryant and Frank Strickland conducted on 11/06/2015. * Records indicate this facility was first licensed on 08/01/1986. The facility is currently licensed for 112 beds Beds with a 40 Bed Bed 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 5) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000	* facility was first licensed on 10/16/1983 and received first resident on 10/17/1983.	
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: 1. Based on observation there is a failure to maintain the facility free from hazards. Emergency means of egress/pathways must be kept clear of obstructions and encroachments and not used for storage. In the event of an emergency requiring evacuation from the facility, obstructing or encroaching on the means of egress/pathways could effect occupants of the facility by delaying evacuation.	C 166		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stephen L. Rumbley TITLE: Executive Director (X6) DATE: 12/14/15

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C 166	Continued From page 1 Finding on 11/06/2015: a. North Hall Nurses' Station - The width of the path of emergency egress was reduced to approximately 5'-0 " by stored med carts. - Note: Corrected while surveyor was on site. 2. Based on observation the storage of oxygen bottles was not maintained in a manner that kept the facility free from hazards. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility. Finding on 11/06/2015: a. Intersection of South and East Hall - There was an oxygen bottle sitting upright and unrestrained on the nurses' station work counter.	C 166	* Med Carts are now stored out of emergency pathways in designated areas. All staff & Care directors have been notified to monitor and also make sure this is part of new employee training. * We have an oxygen bottle storage trailer with racks & restraints located between the main & special care units. The oxygen bottle left during inspection at the nurses station was immediately taken to the storage trailer. All personal care staff & directors were notified of issue and this is now an emphasis of new employee training.	11/06/15 11/06/15
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 there is a failure to maintain the facility's fire safety systems in a safe manner as evidenced by gaps and open penetrations in the fire resistant rated ceilings. Fire resistant rated ceilings must be free of gaps	C 189		

Stephen L. Rumley, Executive Director 12/14/15

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C 189	Continued From page 2 and openings in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.	C 189		
	Findings on 11/06/2015: a. East Hall, Women's Bath Adjacent to Nurse's Station - There is a gap in the fire resistant rated ceiling at the fire sprinkler escutcheon.		a. * East Hall womens bath fire sprinkler escutcheon has been attached back flush to ceiling with no gaps. This will be monitored on a monthly basis along with water [illegible] inspections.	12/1/15
	b. East Hall, Room #7, Bathroom - There is a gap the fire resistant rated ceiling around the perimeter of the exhaust fan in where the exhaust fan grille has detached from the ceiling.		b. * Room #7 bathroom exhaust fan has been attached flush to ceiling to correct any gaps. will monitor on regular basis.	12/07/15
	2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors that do not completely close and latch. Doors are required to completely close and latch in the event of a fire in order to resist the passage of smoke or the spread of fire. All the occupants in the facility could be effected if doors do not latch and remain closed so as to limit the spread of smoke or fire to the area of origin.			
	Findings one 11/06/2015: a. North Hall - The door from the laundry to the corridor did not completely close and latch.		a. * North Hall door from laundry to corridor needed adjustment to strike plate to allow door to close & latch, Has been fixed.	12/1/15
	b. Special Care Unit - The doors to the entrance to the SCU had coordinator type hardware installed that did not work correctly and prevented the doors from completely latching and closing.		b. * The doors to entrance to SCU Now close correctly. The coordinator type hardware was adjusted to allow doors to completly latch & close.	12/7/15
	3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors with automatic self closing hardware devices and			

Stephen L. [illegible], Executive Director 12/14/15

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C 189	Continued From page 3 the hardware devices were inoperable. Doors to rooms or areas required to have self closing hardware devices and the devices are inoperable could effect all occupants of the facility in the event of a fire if the doors did not close in order to resist the passage of smoke or the spread of fire from the area of origin. Findings on 11/06/2015: a. Special Care Unit, Main (Fuel Fired) Mechanical Room - The door's automatic closer hardware device was disabled. Note: Repaired while the surveyor was on site. 4. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated. Finding on 11/06/2015: a. East Hall, Salon - There are no vacuum breaker/anti-siphon devices on the hand held rinse wands on the two sinks.	C 189	a. * SCU Mechanical room door automatic door closer was attached & repaired on day of survey. a. * Vacuum breakers have been ordered by Burroughs Plumbing Company of Asheboro and will be installed as soon as received. Expect correction to be completed by 12/21/15.	11/06/15
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:	C 199		

Stephen L. [illegible], Executive Director 12/14/15

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C 199	Continued From page 4 (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 there is a widespread absence of exhaust ventilation in spaces required to have exhaust ventilation. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, fumes or other air borne contaminates from the area of the room requiring exhaust ventilation. Finding on 11/06/2015. a. Special Care Unit - The resident bathrooms do not have mechnical exhaust fans or windows.	C 199	* It is believed that the original mechanical engineer received a letter from DFS in 1995 that allowed a variance based on the air flow and space. * I have engaged the firm of Applied Engineering, P.A. of Winston-Salem, N.C., to address this issue and design/specify the proper exhaust ventilation solution for the areas of concern in our Special Care Unit. Should have solution in January, 2016 and will address ASAP.	

[signature] Executive Director 12/14/15