NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 1, 2019
Caitlin Flockhart (via e-mail only)
Po Box 2568
Hickory, NC 28603

RE: The Gardens Of Roseboro - HA Biennial Survey
507 Pinewood Street
Roseboro Sampson County
FID #991121 Hal082028

Dear Ms. Flockhart:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on July 24, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by August 16, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by August 16, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by August 16, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller

Ed Miller
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Sampson County DSS - with attachment-(via e-mail only)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL082028	A. BUILDING: 01 B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSEBORO	507 PINEWOOD STREET ROSEBORO, NC 28382

(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 Biennial Survey by Ed Miller, conducted on July 24, 2019. Records indicate this facility was first licensed on August 23, 2004. The facility is currently licensed for 40 Beds. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Bed sand applicable portions of the 2002 Edition of the North Carolina Building Code, Institutional Occupancy, and the 2004 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure Deficiencies were cited that require a Plan of Correction.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies; the plan of correction is prepared solely as a matter of compliance with state law.	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors smooth and in good repair. Findings on July 24, 2019: a. Carpeted Corridors - Throughout out the building, the carpet seams are unraveling.	C 150	Quotes will be obtained and a vendor will be secured to replace carpet in hallways as cited in C150.	9/7/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Cattie Flaukhart, Executive Director 8/15/19

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C 166	Continued From page 1 (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, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on July 24, 2019: a. Thought out the facility - some showers had a 2½- inch step over threshold and hand-held shower wands with hoses. These hoses are long enough to reach gray water and are not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines. b. Beauty Shop - the shampoo sink has a sprayer hose long enough to reach gray water, and there is no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixtures present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 2. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on July 24, 2019: a. Nurse Station - nine portable medical oxygen cylinders are standing up on the floor in an unapproved plastic crate not physically secured in racks, stands or chained to the structure.	C 166	1. Clele-a vaccum breakers will be installed on all shower wands with hoses 1. Clele-2 vaccum breaker will be installed on beauty shop shampoo sink sprayer 2 Clele-a Proper Oxygen Storage systems will be Implemented	9/7/19 9/7/19 8/1/19

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C 175	Continued From page 2	C 175	C175-a All resident rooms will be audited and appropriate towel bars will be installed as needed to ensure that each resident has access to a towel bar.	9/7/19
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towel bars for each resident. Findings on July 24, 2019: a. Entire Building - Many Bedroom Bathrooms do not have working towel bars. In addition, many adjoining Bedroom, typically closets, do not have working towel bars. Provide an individual towel bar for each Resident either in the Bathrooms or the adjoining Bedrooms.	C 175		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short	C 185		

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C 185	Continued From page 3 description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review of the last 12 months of rehearsals, and interview with Executive Director/Administrator/Maintenance Technician/Manager the Facility failed to fully document the by not providing a short description of what the rehearsal involved. Findings on July 24, 2019: a. Most quarters do not have a short description of what the rehearsal involved.	C 185	C185 a. Going forward fire drill records will include information detailing specifics about fire drills such as evacuation location and location of supposed fire.	9/1/19
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, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on July 24, 2019: a. 100 Hall Smoke Barrier Living Room Side - the exit sign does not illuminate on backup power when tested.	C 189	C189-a 100 hall exit sign will be repaired or replaced so as to operate on backup power	9/7/19

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C 189	Continued From page 4 b. Intersection of the 100 and 200 halls - the ceiling mounted exit sign, has no chevron directional indicators punch-outs removed, to direct you to the front of the building. c. Dining - the back wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on July 24, 2019: a. Bedroom 111 Corridor Side Closet - there is a hole at the Auxiliary Drain valve not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Throughout the Building - there are holes at the recently installed WIFI devices not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Nurse Station - there are two PVC conduits above the door control box not firestopped as they penetrate the fire-resistance-rated ceiling assembly. d. Riser Room - there is a penetration sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. 3. Based on Observation, corridor doors and kitchen doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on July 24, 2019: a. Kitchen to Dining - the door has a wedge	C 189	C189-1b Chevrons will be punched out as appropriate to direct traffic to front of building C189 2a Firestop will be completed for room 111a closet C189 2b Firestop will be installed at wifi devices C189 2c Fire stop will be installed at nurses station around PVC conduits C189 2d orange foam will be replaced with appropriate fire stop C189 3a Wedge will be removed from kitchen door	9/1/19 9/1/19 9/1/19 9/1/19 8/16/19

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C 189	Continued From page 5 holding the door open. b. Resident Laundry - the corridor door has a 5 gallons bucket of detergent, plastic, and washing machine holding the door open. 1. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on July 24, 2019: a. Front Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle is missing its weather resistant cover. b. Residents Laundry - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. 2005-191 Unvented & Portable Elec Heaters Prohibited 1. Based on Observation, the facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on July 24, 2019: a. 100 Hall Janitor Closet - a portable electric heater was found in this room.	C 189	C189 3b Obstructions will be removed so that door can be closed 1a GFCI weather resistant cover will be replaced 1b Multiple plug adapter will be removed from receptacle 2005-191 1a Portable electric heater will be removed from the premises.	8/16/19 9/1/19 8/1/19 8/1/19
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		

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C 199	Continued From page 6 (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 the facility failed to provide ventilation equipment in rooms required to be mechanically exhausted and odor is present. Findings on July 24, 2019: a. 100 Hall Janitor Closet - the ventilation systems radiation damper is close so there is no exhausting of odors in this room. 2. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on July 24, 2019: a. 200 Hall Handicapped Bathroom - the required exhaust ventilation system is running but is not removing the required amount of any air. b. Beauty Shop - the required exhaust ventilation system is running but is not removing the required amount of any air. c. Utility - the required exhaust ventilation system is running but is not removing the required amount of any air.	C 199	C199 1a ventilation system radiation damper will be corrected so that exhausting of odors can take place in this room. C199 2a ventilation fan will be repaired or replaced in order to maintain the ventilation system C199 2b Beauty shop exhaust fan will be repaired or replaced in order to maintain ventilation system C199 2c utility room exhaust fan will be repaired or replaced to maintain the ventilation system	9/7/19 9/7/19 9/7/19 9/7/19