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
	HAL054069	A. BUILDING: 01 B. WING _____	R 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE VISTA ASSISTED LIVING	2130 ROSE VISTA ROAD KINSTON, NC 28504

(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 Follow Up Construction Survey by Suzanna Fay conducted on November 15, 2023. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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 have current fire and building safety inspection reports maintained in the home and available for review. Findings on November 15, 2023: a. The last fire official inspection report was dated August 7, 2019.	{C 111}	It is the policy of Rose Vista Assisted Living to have current sanitation and fire and building safety inspection reports maintained in the facility and available for review. All reports are available as of now. The Administrator will maintain a record of all inspections and the corresponding reports.	January 15, 2024 and ongoing
{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 1 This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Findings on November 15, 2023: a. The roof shingles were bucking along the fire walls and some were loose or missing over the front entrance. Interview with staff revealed that the roofers would be out this week. b. The flashing along the fire walls was pulling loose which will allow water to penetrate the facility. Interview with staff revealed that the roofers would be out this week.	{C 160}	It is the policy of Rose Vista Assisted Living to ensure the outside grounds are maintained in a clean and safe condition. The shingles and flashing has been repaired temporarily. The landlord is scheduling the roof to be replaced.	February 1, 2024 and ongoing
{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: 2. Observations revealed that the walls were not kept clean and in good repair. Findings on November 15, 2023: b. 100 Hall, Exit 2 - the door frames are rusting and deteriorating along the bottom of the wall. The work has begun on the doors frames c. Room 116 - the corner of the far closet wall is damaged. The built-in drawers were removed	{C 164}	It is the policy of Rose Vista Assisted Living to have walls ceilings, floors or floor coverings clean and in good repair, to have no chronic unpleasant odors, and have furniture clean and in good repair. The repairs at the 100 Hall Exit and in Room 116 have been completed. Maintenance Director will follow up weekly to ensure continued compliance.	January 15, 2024 and ongoing

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{C 164}	Continued From page 2 and the walls have not been finished. The work on replacing the drawers has begun.	{C 164}		
{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 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. Review of records revealed that the fire rehearsal logs did not provide a short description of what the rehearsal involved. Findings on November 15, 2023: a. There was not a short description provided on the fire rehearsal logs. The descriptions have not been added to the rehearsal logs since the survey in March.	{C 185}	It is the policy of Rose Vista Assisted Living to conduct quarterly rehearsals of the fire plan on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. Records of rehearsals will be maintained and furnished to Lenoir County DSS annually. The records include the date, time, shift, staff members present, and a short description of what the rehearsals involved. Records going forward included all the required information including a short description of the rehearsal. Administrator and Maintenance Director will conduct the rehearsals as required and document apporpriately.	January 15, 2024 and ongoing
{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	{C 189}		

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{C 189}	Continued From page 3 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: 2. 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 November 15, 2023: d. There is a pattern of small unsealed cable penetrations in the corridor ceilings. f. 100 Hall, Exit 2 - there is an unsealed cable penetration over the exit door. I. Attic over 100 Hall - there were three areas of damaged sheetrock compromising the integrity of the fire resistant rated ceiling of the corridor. 3. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on November 15, 2023: b. Beauty Salon - the GFCI outlet appears to have broken test and reset buttons and does not appear to be working. 6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the	{C 189}	It is the policy of Rose Vista Assisted Living to ensure that the building and all fire safety, electrical, mechanical and plumbing equipment in the facility are maintained in a safe and operating condition. Penetrations noted we fire chalked. GFCI outlets have been installed in areas noted. All exit signs are illuminated. Administrator and Maintenance Director will monitor to ensure continued compliance.	January 15, 2024 and ongoing

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{C 189}	Continued From page 4 event of an emergency evacuation. Findings on November 15, 2023: a. Kitchen - the exit sign over the exterior door did not illuminate on test. b. The exit light going into the 200 Hall did not illuminate on test. c. The exit light at the 200 Hall exit did not illuminate on test. New Deficiency: d. A problem occurred while replacing one of the exit signs and now none of them are illuminated.	{C 189}		