STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080026	A. BUILDING: **01** B. WING _____	R **01/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS OF ROCKWELL RETIREMENT	**612 HIGHWAY 152 EAST ROCKWELL, NC 28138**

(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 Follow Up Survey by Tod Hancock conducted on January 30, 2024. Cited deficiencies remain uncorrected and a Plan of Correction is required	{C 000}		
{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. Observations revealed that each bedroom or adjoining bathroom did not have a towel bar for each resident. Findings on January 30, 2024: a. There was a pattern of locations where the towel bar was removed leaving the rooms short one or two towel bars for each resident.	{C 175}		
{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	{C 189}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080026	A. BUILDING: **01** B. WING _____	R **01/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS OF ROCKWELL RETIREMENT	**612 HIGHWAY 152 EAST ROCKWELL, NC 28138**

(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 189}	Continued From page 1 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 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 function as intended during a fire. Findings on January 30, 2024: a. The sprinkler system has been turned off due to leaks on the system. Review of records and interview with staff revealed that the system has been down since the first of August. Fire watches are being conducted every 30 minutes per the Fire Marshal. 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 could allow fire and smoke to spread beyond the area of origin. Findings on January 30, 2024: a. 100 Hall Mechanical Room - there is a large hole in the middle of the ceiling. b. Room 138 - there is a small hole at the base of the front sprinkler head. c. B Hall Activity Room - the sprinkler head at the back wall has dropped leaving a hole in the fire resistant rated ceiling. d. Dining - two of the sprinkler heads along the right wall are not aligned in the openings leaving holes in the fire resistant rated ceiling.	{C 189}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080026	A. BUILDING: **01** B. WING _____	R **01/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS OF ROCKWELL RETIREMENT	**612 HIGHWAY 152 EAST ROCKWELL, NC 28138**

(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 189}	Continued From page 2 e. Dining Mechanical Room - there is one unsealed conduit penetration the ceiling. f. Kitchen - one of the sprinkler heads over the dishwashing area is missing its escutcheon ring. g. Activity Director's Office - there is one unsealed conduit penetration in the ceiling to the right of the door. h. Room 336 - the escutcheon ring on the sprinkler head near the entry has dropped leaving a gap in the fire resistant rated ceiling. i. B Hall Living Room at the end of the Hall - the screws are backing out of the vent grilles at two locations so that the grilles are loose and there are gaps in the ceiling.	{C 189}		
{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: (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity	{C 199}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080026	A. BUILDING: **01** B. WING _____	R **01/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS OF ROCKWELL RETIREMENT	**612 HIGHWAY 152 EAST ROCKWELL, NC 28138**

(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 199}	Continued From page 3 that can cause mildew and slick areas and prevents the dissipation of odors. Findings on January 30, 2024: a. Rooms 114 and 115 Shared Bath - the exhaust fan is not working. b. B Hall Women's Visitor Bathroom - the exhaust fan is not working. c. B Hall Soiled Linen - the exhaust fan is not working. d. B Hall Spa (near SCU) - the exhaust fan is not working. e. SCU Staff Bathroom - the exhaust fan is not working.	{C 199}		
{C 202}	Existing Fac. Housing Non-ambs-Hand Bells SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices. (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 observations, the facility had a call system for residents to use as a signaling device. Findings on January 30, 2024: a. Room 336 - the call system in the bedroom has been removed by the previous resident and has not been reinstalled.	{C 202}		