

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL018018</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/20/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERITAGE CARE OF CONOVER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3430 LESTER STREET<br/>CONOVER, NC 28613</b> |
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| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| C 000                    | Initial Comments<br><br>Report of a Biennial Construction Survey by Tod Hancock conducted on August 20, 2024.<br><br>This facility was licensed on September 1, 1985, as a Home for the Aged for 60 beds. Based on this information, this facility was surveyed using the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, the 1978 NC State Building Code and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.<br><br>Deficiencies have been cited and a Plan of Correction is required.                                                                                                                                                                                                                                                                                                                                              | C 000               |                                                                                                                          |                          |
| C 189                    | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner.<br>Findings on August 20, 2024:<br>a. 100 Hall- Women's Spa- The outlet adjacent to the lavatory is not energized and does not appear to be GFCI protected.<br>b. 100 Hall-Guest restroom- The outlet adjacent to the lavatory is not energized and does not appear | C 189               |                                                                                                                          |                          |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*C. V. D.*

*Manzjin, Member*

*10/4/24*

If continuation sheet 2 of 2