

Fax Transmission

Attention to:-

Name: DHSR

Company:

Fax: 9197336592

Date: 11-05-2024

Time: 01:20:01 P

From:-

Name: Meadows Of Rockwell

Company: ALG Senior Living

Fax:

Telephone:

Pages: 4

RE: SOD

Comments/Notes:



The Meadows of Rockwell

612 China Grove Hwy

Rockwell, NC 28138

Phone: 704-279-5300

Main Fax: 704-279-1702

To: DHR

Fax: 919-733-6592

From: Richard Stone

Date: 10/5/24

Re: statement of deficiency

Pages: 3

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PRINTED: 10/31/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/08/2024
NAME OF PROVIDER OR SUPPLIER THE MEADOWS OF ROCKWELL RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 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 October 8, 2024. Cited deficiencies remain uncorrected and a Plan of Correction is required.	{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 Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State"	
{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 and interview with staff, 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 operate during a fire. Findings on October 8, 2024: a. The Sprinkler report indicates deficiencies in the sprinkler system. There was no documentation available to indicate that the sprinkler system had been repaired or identified as recommendations to bring the system up to current Code.	{C 189}		
			Sprinkler Report with repairs indicated has been submitted along with this SOD The facility has the report on hand and will maintain records for review on-site when requested by regulatory agencies.	11/5/2024

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8899

5M8H24

If continuation sheet 1 of 1

Century Fire Protection
 1227 26th Street Southeast
 Hickory, NC 28602
 828-328-3802
 dclark@centuryfp.com



Bill To
 ALG Senior
 PO Box 2568
 Hickory, NC 28602

Invoice No.	13064517	Service Location	Meadow at Rockwell Assisted Living
Invoice For	Service Call Job #31689974		612 China Grove Highway
	(10/26/2023)		Rockwell, NC 28138
Transaction Date	11/21/2023		
Due Date	12/21/2023 (Net 30)		

Code	Item	Svc	Qty	Unit Price	Amt
LASC	Labor Hourly Service Crew	SP	13	\$135.00	\$1,755.00
WSMG	Wet Fire Sprinkler System Material General	SP	1	\$1,125.00	\$1,125.00
GRAND TOTAL					\$2,880.00

Notes

Scope of work- Service call- Repair of dry sprinkler that is dripping water
 Technicians: Luke Camper and Brandon Ward
 Please call Debra Horne 704-216-8918 once completed to come out to the site.

Terms & Conditions

Thanks for your Business

****Please Note all invoices are due 30 days from transaction date. ****

For your convenience you may now pay your invoice using the "Pay Now" link on your invoice.

Make check payable to : Century Fire Protection LLC

Remit Payment to: 2450 Satellite Blvd. - Duluth GA 30096 or 1227 26th St SE - Hickory, NC 28601

We accept Visa, Master Card, & Discover. Please call 828-328-3802

If you have any other questions or concerns please contact Dawn Clark at dclark@centuryfp.com