STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059027	A. BUILDING: **01** B. WING _____	**12/04/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE HILL RETIREMENT COMMUNITY	**120 FLEMING AVENUE MARION, NC 28752**

(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 Suzanna Fay conducted on December 4, 2024. Records indicate this facility was first licensed on January 16, 1996 as a Home for the Aged. The facility is currently licensed for 87 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1991 Edition of the North Carolina Building Code(s), Section 409-Institutional Unrestrained Occupancy and the 1991 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited that require a Plan of Correction	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of	C 101		

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. The 1991 NCSBC Section 409.1.4.2 requires that all doors, other than patient room doors, in corridor partitions shall be self closing or automatic closing by smoke detection. Findings on December 4, 2024: a. All Floors - the dining and living rooms had door closers that were either removed or disabled so that the doors did not close automatically.	C 101		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have handrails provided on both sides of the corridor capable of supporting a 250 pound concentrated load. Findings on December 4, 2024: a. The short handrail outside of Room 206 was loose and may not support a 250 pound concentrated load.	C 148		

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C 148	Continued From page 2 b. Third Floor - the handrail outside of Room 323 has been ripped from the wall leaving torn sheetrock.	C 148		
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 observation there is a failure to maintain the corridors free of all equipment and other obstructions. Corridors must maintain six feet clear for egress. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on December 4, 2024: a. First Floor Vending - the vending machines obstruct the six foot clearance in front of the stair door. b. Basement - there were two laundry barrels in front of the exit door by the elevator. These were moved at the time of survey. c. Second Floor Dining - there is a table and chairs blocking the second means of egress from the Dining Room.	C 150		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are:	C 155		

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C 155	Continued From page 3 (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that the facility had scatter or throw rugs in use. Loose rugs can cause injury from a slip or fall. Findings on December 4, 2024: a. First Floor Living Room - there is a thin throw rug on the floor.	C 155		
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: 1. Observations revealed that the walls, ceilings and floors were not kept in good repair. Findings on December 4, 2024: a. Beauty Shop Storage - there is one ceiling tile at the light with a 3" black stain inside a 6" brown water stain. b. First Floor North Hall Shower Room - water came through the window during the storm	C 164		

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C 164	Continued From page 4 causing water damage. The wallpaper is peeling and the base has been removed. c. Second Floor South Hall Living Room - there are four stained ceiling tiles. d. Third Floor Housekeeping across from Room 301 - there is water damage at the ceiling around the smoke detector. e. Third Floor Med Room - there is a large water stain on one ceiling tile over the back desk. f. There is a general pattern of exhaust fans with accumulations of dust.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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. Observations revealed that the facility was not free of all hazards. Exit doors with damaged or broken hardware affects the staff, residents and guests if the door cannot be opened during a fire or other emergency. Findings on December 4, 2024: a. Kitchen - the push bar on the exterior door is broken.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	Continued From page 5 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 there is a failure to maintain the building's fire safety systems in a safe condition. Use of materials that are not fire resistant rated could allow fire and smoke to spread beyond the area of origin. Findings on December 4, 2024: a. First Floor Telephone Room - a yellow foam product was used to seal the gap between the wall and ceiling. b. Basement - there are multiple ceiling and wall penetrations that have been sealed using an orange foam product which does not meet the fire resistant rating of the walls and ceilings. c. Basement Biohazard - orange foam was used to seal penetrations. 2. Based on observation there is a failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on December 4, 2024: a. Maintenance Office - the smoke detector is not secure to its base. b. Room 322 - the smoke detector is not secure	C 189		

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C 189	Continued From page 6 to its base. c. Room 316 - the smoke detector is hanging from its wires. 3. 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 December 4, 2024: a. Basement - the copper pipes for the water heater lines have not been sealed where they penetrate ceilings and walls or they were sealed with an unacceptable foam product. b. Basement Water Heater Room - there is an unsealed pipe penetration near the electrical panel. c. Basement - there is a duct penetrating the corridor wall that has been stuffed with a blanket or cloth. d. Basement Laundry - there is a 3" hole in the ceiling at the copper water lines and there is one open conduit. e. First Floor Stair by Room 104 - there is a roughly patched hole in the ceiling above the door. 4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on December 4, 2024: a. First Floor - the emergency light across from the Beauty Shop did not illuminate on test. b. First Floor Vending - the emergency light did not illuminate on test.	C 189		

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C 189	Continued From page 7 c. East Stair - the emergency light between the second and third floor did not illuminate on test. 5. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on December 4, 2024: a. East Stair - the exit sign at the stair door did not illuminate on test. b. Third Floor - the exit sign at the stair across from Room 315 does not illuminate on test. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on December 4, 2024: a. First Floor - the right hand door of the cross corridor doors near the Lobby did not latch two out of three times when released. 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on December 4, 2024: a. Fist Floor Residential Laundry - there is an accumulation of lint on the sprinkler head which	C 189		

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C 189	Continued From page 8 may impair its ability to activate during a fire. 8. Based on observation and interview, it was revealed that electrical and mechanical equipment was not maintained in a safe and operating condition. Findings on December 4, 2024: a. Elevator 2 was not working due to an equipment failure. The facility is waiting on parts. 9. 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 December 4, 2024: a. First Floor Dining - the outlet to the right of the sink at the beverage counter did not trip when tested. The tester indicated "reversed polarity." 10. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on December 4, 2024: a. Basement - the fire extinguisher in the exit corridor at the Boiler Room did not receive its annual inspection. The tag was dated July of 2023. 11. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if	C 189		

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C 189	Continued From page 9 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on December 4, 2024: a. Second Floor - the corridor door to the East Stair is rubbing on the frame and did not automatically close and latch. 12. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps or holes within the face of the door. Findings on December 4, 2024: a. Second Floor Nurse Station Bathroom - there are two 1/4" diameter holes through the face of the door above and below the door hardware. 13. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Loose seats could cause injury from a slip or fall. Findings on December 4, 2024: a. Room 322 Bath - the toilet seat is loose.	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:	C 199		

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C 199	Continued From page 10 (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 that can cause mildew and slick areas and prevents the dissipation of odors. Findings on December 4, 2024: a. First Floor North Hall Housekeeping - the exhaust fan and the light were not working. b. One of the roof top exhaust units is down. Therefore a number of exhaust fans were not working. c. Room 222 Bath - the exhaust fan is not working. d. Second Floor - the exhaust fans tested on this floor were not working. e. Third Floor East Wing - the exhaust fans tested are not working.	C 199		