

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 45 DAYS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2024
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NAME OF PROVIDER OR SUPPLIER

HEARTFIELDS AT CARY

STREET ADDRESS, CITY, STATE, ZIP CODE

**1050 CRESCENT GREEN DRIVE
CARY, NC 27511**

(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 Tod Hancock conducted on November 6, 2024. The facility was first licensed on February 3, 1997, for Ninety-Seven (97) residents, including a Sixteen (16) bed Special Care unit. Based on this information, we are requiring that this facility meet the 1996 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code, Section 419- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	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 available for review. Findings on November 6, 2024: a. A copy of the current Fire Official's Annual Inspection report was not available for review. b. A copy of the current fire alarm system inspection report was not available for review. c. A copy of the current fire sprinkler system inspection report was not available for review.	C 111		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

KU3121

If continuation sheet 1 of 3

Steve Benedict

FACILITY DIR

11/27/24

Division of Health Service Regulation

PRINTED: 11/21/2024
FORM APPROVED

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C 189	Continued From page 2 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on an interview with the Maintenance Director, the building's mechanical system is not maintained in a safe and operable manner. Findings on November 6, 2024: a. Rooftop- One of the fans on the HVAC unit is inoperable causing a reduction in climate control capacity throughout the facility. b. 2nd. Floor-Resident Laundry- The clothes dryer exhaust vent is not attached to its thru-wall connection. 2. Based on observation the facility failed to maintain its plumbing system in a safe and operating manner. Findings on November 6, 2024: a. 3rd. Floor-Spa- The lavatory is full of debris which will prevent the fixture from draining. 3. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained, it could delay timely operation of the breakers in an emergency. Findings on November 6, 2024: a. 2nd Floor-Electrical Room- there are boxes, bins and maintenance equipment stored directly in front of the electrical panels.	C 189		