STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL082024	A. BUILDING: **01** B. WING _____	**03/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING RIDGE ASSISTED LIVING	**700 MOUNT OLIVE DRIVE NEWTON GROVE, NC 28366**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay conducted on March 18, 2025. Records indicate this facility was first licensed on May 22, 1996. A 19 Bed addition was licensed in 2016 making the current capacity 61 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 and applicable portions of the 1996 and the 2012 Editions (for the addition) of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficencies were noted which requires a Plan of Correction.	C 000		
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 March 18, 2025: a. Corridor outside of Dining - a forty-two inch	C 150		

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C 150	Continued From page 1 square table with a chair under it was in the corridor reducing the exit path down to less than six feet.	C 150		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Holes in exterior soffits allow for pests to enter the facility. Findings on March 18, 2025: a. Exit by Room 311 - the escutcheon ring is missing on the sprinkler head at the stoop leaving a hole for pests to enter.	C 160		
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.	C 164		

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C 164	Continued From page 2 This Rule is not met as evidenced by: 1. Observations revealed that the floors were not kept in good repair. Findings on March 18, 2025: a. Room 201/203 Shared Bath - the vinyl floor is stained and appears dirty. b. Room 104 Shared Bath - the vinyl floor is stained and appears dirty.	C 164		
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. Based on observation the facility did not provide a towel bar for each resident in the bedroom or adjoining bathroom. Findings on March 18, 2025: a. Room 104 Shared Bath - one of the towel bars is broken leaving a hard metal bracket exposed.	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,	C 189		

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C 189	Continued From page 3 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. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on March 18, 2025: a. A sprinkler pipe burst in Room 201 and the repairs to the ceiling have not been completed. There are holes and gaps around the sheetrock patch. There is an open junction box where the light fixture was removed. b. 200 Hall - there is an unsealed cable penetration outside of the Activity Room. c. 200 Hall Spa - the escutcheon ring is missing on the back sprinkler head leaving a gap in the fire resistant rated ceiling. d. Room 206 - the front sprinkler head is missing its escutcheon ring. e. Staff Lounge - there are two small unsealed cable penetrations in the ceiling. 2. Based on observation and testing there is 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 March 18, 2025:	C 189		

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C 189	Continued From page 4 a. The fire alarm panel is indicating trouble on the smoke detector in Room 201 where the sprinkler pipe burst. The smoke detector in Room 201 is hanging from its wires. 3. 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 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 18, 2025: a. Room 206 - the door does not latch when closed. b. Room 303 - the door is not latching when closed. c. Room 102 - the door is not latching when closed. 4. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on March 18, 2025: a. There was a wedge propping the Dining door open near the Kitchen. The wedge was removed at the time of survey. b. Residential Laundry - a kickdown device was installed on the door. c. 300 Hall - kickdown devices were installed on both of the Storage Room doors at the intersection of the 100 and 300 Halls. d. Private Dining - a kickdown device was	C 189		

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C 189	Continued From page 5 installed on the door. 5. Observations revealed that the fire safety equipment is not maintained in a safe and operating condition. Fryers adjacent to gas cooking surfaces without a barrier allows for grease to splatter onto the cooking surfaces and may ignite a fire. Findings on March 18, 2025: a. Kitchen - the fryer was against the stove top and there was not a fryer guard separating the appliances. 5. 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 March 18, 2025: a. Kitchen - the left nozzle on the hood suppression system was pointing directly at the shelf above the cooking surfaces. 6. Based on observation there is a failure to maintain the facility in a safe manner. Emergency means of egress/pathways must not be blocked or obstructed including access to the emergency override switches. This could delay the occupants' evacuation from the facility in an emergency if the magnetic locks did not release during a fire. Findings on March 18, 2025: a. The screamer boxes for the emergency override switches were secured with plastic ties. The ties were not easily breakable delaying the	C 189		

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C 189	Continued From page 6 ability to access the switches. 7. 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 March 18, 2025: a. 300 Hall Storage Room/Water Heater Room - one of the penetrations was sealed using an orange foam product which does not meet the requirements of the fire resistant ceiling assembly.	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		

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C 199	Continued From page 7 that can cause mildew and slick areas and prevents the dissipation of odors. Findings on March 18, 2025: a. Rooms 201/203 Shared Bath - the exhaust fan is not working. b. Laundry - the exhaust fan is not working. c. Service Hall Housekeeping - the exhaust fan is not working. d. 100 Hall Spa - the exhaust fan is not working.	C 199		