

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL076003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER CROSS ROAD RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1302 OLD COX ROAD ASHEBORO, NC 27203		
(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 Construction Section Biennial Survey by Tod Hancock conducted on April 15, 2025. Records indicate this Facility was first licensed on August 1, 1986, for 112 beds. There was an addition of 40 Special Care Beds submitted on August 1, 1994. Based on this information, the Assisted Living facility is required to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1978 North Carolina State Building Code (Revision 5) Section 409 Group I Institutional Occupancy. The Special Care Unit is required to meet the 1992 Rules for the Licensing of Domiciliary Homes, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1991 North Carolina State Building Code Section 409 Group I Institutional Occupancy. Deficiencies were cited and a Plan of Corrections is required.	C 000		
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:	C 189		

Division of Health Service Regulation

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

TITLE

(X8) DATE

Evan Ridge

Director of Maintenance

4/30/25

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

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C 195	Continued From page 2 1. Based on observation and testing, it was revealed that the hot water temperature at all fixtures used by residents was not maintained between 100 and 116 degrees F. Findings on April 15, 2025: a. Spa Hand Sink-Near Room 30- The water temperature was 131 degrees F.	C 195	C-195: The water temperature at the hot water heater was adjusted to fall within the 100-116 degrees F range. A monthly water temperature maintenance check will be implemented to ensure the water temperatures stays within acceptable ranges on supplies of hot water.	4/23/25