

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 May 22, 2025. This facility was licensed on June 21, 1986 and increased with a 26 bed addition on April 5, 1994. This facility is currently licensed for One Hundred and Four (104) Beds that includes a 39 bed Special Care Unit. Based on the above information, this facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code Section 409- Institutional Occupancy I(U). The addition is required to meet the 1992 Rules and the 1991 NC State Building Code, Institutional Occupancy I(U). Deficiencies have been cited and a Plan of Correction is required.	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	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 101	Continued From page 1 Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of 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. For licensed facilities equipped with special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Findings on May 22, 2025: a. SCU - the magnetic locks on the exit doors did not release when the fire alarm was activated by spraying canned smoke into a smoke detector. 2. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. Findings on May 22, 2025: a. SCU - the emergency release located outside the Med Room did not release the electromagnetic locks on the exit doors. 3. 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. For	C 101		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 101	Continued From page 2 licensed facilities equipped with special locking, for any required emergency release switch that is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on May 22, 2025: a. SCU - the exit doors are equipped with keyed emergency release switches. None of the staff in the SCU carried keys for the release switches. A Plan of Protection was put in place until these issues are resolved.	C 101		
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 grounds were not maintained in a clean and safe condition. Wasps can cause harm to residents or staff if stung. Findings on May 22, 2025: a. Dogwood Exit by Room 1 - there is an active wasp nest at the edge of the porch ceiling. 2. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Findings on May 22, 2025:	C 160		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 160	Continued From page 3 a. Exit by Room 30 (Cardinal Hall) - a piece of the flashing is loose at the peak of the exterior wall.	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. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings and floors were not kept clean and in good repair. Findings on May 22, 2025: a. Dogwood Men's Spa - there is a heavy accumulation of dust on the fan and on the radiation damper. b. Room 8 - the ceiling finish is cracking and the tape is pulling away from the joint near the closet. c. Dogwood Ladies' Spa - there is a heavy accumulation of dust on the fan and on the radiation damper. d. Dining - the concrete slab at the floor drain just outside the Kitchen door has buckled up creating a trip hazard. e. Dining - there is a an old yellow water stain on the ceiling near the back of the Dining room. f. Staff Office - there is a large yellow water stain on the ceiling at the light fixture.	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 189	Continued From page 4	C 189		
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 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 May 22, 2025: a. The hold open devices on the cross corridor doors did not release the doors when the fire alarm was activated except in the Cardinal Hall. 2. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All the occupants in the facility could be affected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin. Findings on May 22, 2025: a. Laundry Room - the door was held open using a wedged device. This was removed at the time	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 189	Continued From page 5 of survey. 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 could allow fire and smoke to spread beyond the area of origin. Findings on May 22, 2025: a. Outside Mechanical - there are two small unsealed cable bundles at the back wall and a small hole where the ceiling was damaged at a third cable penetration. b. Dogwood 2 Mechanical Room - there is a four inch diameter unsealed cable sleeve and there is a one inch diameter hole in the middle of the ceiling where a light was replaced. c. Dining - there is a small hole at the base of the exit sign over the back door. 4. Based on observation 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 function during a fire. Findings on May 22, 2025: a. Conference Room - the heat detector was not secure to its base. This was corrected at the time of survey. 5. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Loose or hanging electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on May 22, 2025:	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 189	Continued From page 6 a. Room 17 - the electrical outlet box by the PTAC unit is not secure in the wall. 6. 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 May 22, 2025: a. Room 12 - the latch plate is missing so the door cannot latch. b. Room 11 - the door does not latch when closed. c. Room 42 - the door does not latch when closed. d. Room 19 - the bed was sticking out beyond the door frame and the door would not close. This was corrected at the time of survey. 7. 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 May 22, 2025: a. Kitchen - there was not a six month inspection tag on the hood suppression system equipment but there was a record of an inspection on March 3, 2025. There was a build up of grease on the hood panels. 8. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 189	Continued From page 7 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 May 22, 2025: a. SCU - the exit/emergency sign over the exit at the long hall (ramp side) did not illuminate on test.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 testing, it was revealed that the hot water temperature at all fixtures used by residents was not maintained at a minimum of 100 degrees Fahrenheit and does not exceed 116 degrees Fahrenheit. Findings on May 22, 2025: a. Room 3 - the water temperature at the sink was 98 degrees Fahrenheit. The temperature was adjusted at the time of survey. b. Dogwood, Men's Spa - the water temperature at the sink was 98 degrees Fahrenheit. The	C 195		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 195	Continued From page 8 temperature was adjusted and found to be in the required range before the survey ended.	C 195		
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 of humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on May 22, 2025: a. Dogwood Men's Spa - the exhaust fan is not working. b. Cardinal Hall Employee Restroom - the exhaust fan is not working. c. Room 26 Bathroom - the motor on the fan appears to be locked up and not turning. d. SCU Soiled Linen - the exhaust fan is not working.	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE OF LUMBERTON			STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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	