

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/21/2025
NAME OF PROVIDER OR SUPPLIER ROLLING RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 700 MOUNT OLIVE DRIVE NEWTON GROVE, NC 28366		
(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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 21, 2025. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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 May 21, 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}	1. Soffits have been corrected and no holes are exposed. 1.a. Escutcheon Ring has been ordered and delivery date of 6/11/25. Maintenance Tech will place escutcheon ring upon delivery.	5/22/25 6/12/25
{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.	{C 189}		

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

TITLE

(X6) DATE

Laura H. Anderson, Ed.

6-10-25

If continuation sheet 2 of 4

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{C 189}	Continued From page 2 closed. 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 May 21, 2025: a. Kitchen - the left nozzle on the hood suppression system was pointing directly at the shelf above the cooking surfaces.	{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}	a. Vendor has been notified to correct issue with left nozzle.	6/28/25

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{C 199}	Continued From page 3 that can cause mildew and slick areas and prevents the dissipation of odors. Findings on May 21, 2025: b. Laundry - the exhaust fan is not working. The fan was repaired but has gone out again. d. 100 Hall Spa - the exhaust fan is not working.	{C 199}	Exhaust fans for the Laundry room and 100 hall spa room has been ordered for replacement on 6/10/25.	

(X6) DATE

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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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