STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL082024	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING RIDGE ASSISTED LIVING	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
D 000	Initial Comments The Adult Care Licensure Section conducted a complaint investigation from April 1, 2026 to April 2, 2026. The complaint investigation was initiated by the Sampson County Department of Social Services on March 30, 2026.	D 000		
D 096	10A NCAC 13F .0307 (a)(b)(c) Fire Alarm System 10A NCAC 13F .0307 Fire Alarm System (a) The fire alarm system in adult care homes shall be able to transmit the fire alarm signal automatically to the local emergency fire department dispatch center that is legally committed to serving the area in which the facility is located. The alarm shall be transmitted either to a fire department or through a third-party service that shall transmit the alarm to the fire department. The method used to transmit the alarm shall be in accordance with local ordinances. (b) The facility shall comply with fire safety requirements of the city and county in which the facility is located as required by local building and fire officials. (c) In a facility licensed before April 1, 1984 and constructed prior to January 1, 1975, the building, in addition to meeting the requirements of the North Carolina State Building Code in effect at the time the building was constructed, shall have the following: (1) A fire alarm system with pull stations within five feet of an exit and sounding devices which are audible throughout the building; (2) Products of combustion (smoke) U/L listed detectors in all corridors. The detectors shall be no more than 60 feet from each other and no more than 30 feet from an end wall; (3) Heat detectors or products of combustion	D 096		

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D 096	Continued From page 1 detectors in all storage rooms, kitchens, living rooms, dining rooms and laundries; (4) All detection systems interconnected with the fire alarm system; and (5) Emergency power for the fire alarm system, heat detection system, and products of combustion detection with automatic start generator or trickle charge battery system capable of operating the fire alarm systems for 24 hours and able to sound the alarm for five minutes at the end of that time. Emergency egress lights and exit signs shall be powered from an automatic start generator or a U/L approved trickle charge battery system capable of operation for 1-1/2 hours when normal power fails. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure current fire safety inspection reports were completed every six months for the hood suppression system to ensure the system functioned properly to prevent a fire from spreading throughout kitchen and the facility. Review of the facility's license dated 01/01/26 revealed the facility was licensed for a capacity of 61. Review of the facility's census report on 04/01/26	D 096		

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D 096	Continued From page 2	D 096		

revealed there were 41 residents living in the facility.

Review of the facility's hood suppression cleaning inspection report dated 06/06/23 revealed:
-The hood suppression system was cleaned.
-There was heavy build up due to the fryer and there was hard to remove buildup.
-The report did not list what type of heavy build up was in the fryer.

Review of a hood suppression system report dated 11/08/23 revealed a semi-annual inspection was completed and the facility was in compliance.

Review of the facility's fire safety inspections revealed there were no hood cleaning or hood inspection reports for 2024 or 2025.

Review of the facility's annual fire inspection dated 10/08/25 revealed:
-The inspection was completed by the local fire department.
-There was a violation for the automatic fire suppression systems inspections, tests, and maintenance.
-There was a comment that stated the hood suppression system shall be tested and inspected every 6 months.
-The inspector would return on or after 11/10/25.

Review of the facility's first fire system reinspection dated 02/03/26 revealed:
-There was a violation for the automatic fire suppression systems inspections, tests, and maintenance.
-There was a comment that stated the hood suppression system shall be tested and inspected every 6 months.
-The inspector would return on or after 03/02/26.

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D 096	Continued From page 3 Review of the facility's second fire inspection from the annual dated 03/10/26 revealed: -There was a violation for the automatic fire suppression systems inspections, tests, and maintenance. -There was a comment that stated the hood suppression system shall be tested and inspected every 6 months. -The inspector would return on or after 04/06/26. Review of the local fire department's fire prevention related to a code complaint 03/30/26 revealed: -There was a violation for the automatic fire suppression systems inspections, tests, and maintenance. -There was a comment that stated the hood suppression system shall be inspected and tested for proper operation at 6-month intervals and a citation for the ongoing violation was issued. -The inspector would return on or after 04/30/26. Review of the facility's third fire inspection from the annual dated 03/31/26 revealed: -It was verified the hood suppression system had been serviced and was working properly. -It was verified the hood suppression system had been cleaned. -The violation of the automatic fire suppression systems inspections, tests, and maintenance was cleared. Interview with a representative from the facility's contracted hood suppression services provider on 04/01/26 at 12:29pm revealed: -The hood suppression system was meant to diffuse a grease fire or any fire in the kitchen. -The hood suppression system automatically diffused when the temperature of a fire reached	D 096		

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D 096	Continued From page 4 360 degrees Fahrenheit or it would be manually activated. -He completed the hood suppression report on 03/30/26. -He removed the nozzles, unclogged nozzles, and cleaned nozzles. -He pulled the pipes to ensure there was no obstruction in the hood suppression system. -The hood suppression system was functioning properly. -He followed the recommendations of the local fire department for how often to clean and inspect a hood suppression system; however, the facility should be cleaning the filters in the hood suppression system monthly. Interview with a representative from the local fire department on 04/01/26 at 2:33pm and 4:07pm revealed: -He was responsible for coming out to the facility annually to ensure the fire alarm, sprinkler, hood suppression (same as fire suppression), hood cleaning, and fire extinguisher inspections were completed at the facility. -When the fire department completed an annual inspection, they always reviewed the actual inspections that were done at the facility. -When violations were cited, they followed up with the facility within 30 days to 2 months. -There were no deficiencies in the facility in August 2023 and September 2024. -The facility began having deficiencies in October 2025 when it was noted the hood suppression system should be tested and inspected every 6 months. -As of 03/10/26 the hood suppression system violation was not corrected. -He cleared the violation that the automatic fire suppression system needed an inspection, tests, and maintenance completed on 03/31/26.	D 096		

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D 096	Continued From page 5 Interview with the Dietary Manager on 04/02/26 at 10:19am revealed: -She did not know the last time the hood suppression system was inspected. -The Administrator was responsible for ensuring the hood suppression was inspected. -She informed the Administrator that the hood suppression system needed to be inspected but she was not sure of the exact date. Interview with the Regional Vice President of Operations on 04/01/26 at 3:46pm revealed: -The hood suppression system should be inspected every 6 months. -The Administrator was responsible for ensuring the inspections for the facility were done. -The Administrator informed her the hood suppression system needed to be inspected, and she was not sure of date. -She had the hood suppression system inspection for 2023. -She contacted the division's maintenance director to notify him the hood suppression system needed to be inspected, and she was not sure of date. -She sent a weekly spreadsheet of the inspections that were due to the division's maintenance director. -She did not remember when she last followed up with the division's maintenance director to check the status of the hood suppression system being inspected. -She did not know why the hood suppression system had not been inspected. -She expected the hood suppression system to be inspected and cleaned every six months to prevent a fire and ensure the safety of the residents.	D 096		

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D 096	Continued From page 6 Interview with the Administrator on 04/02/26 at 10:16am revealed: -The most recent hood suppression system cleaning inspection report she had was dated 06/06/23. -The most recent hood suppression system inspection report was dated 11/08/23. -She had communicated with the corporate maintenance staff, the previous Regional Vice President of Operations and the current Regional Vice President of Operations that the hood suppression system needed to be cleaned and inspected. -She could not place an order for the hood suppression system cleaning or inspection without approval from the corporate office. -It was ultimately her responsibility to ensure that the hood suppression system cleaning and inspection were completed per state regulations to ensure the safety of the residents. Attempted telephone interview with the corporate division maintenance director on 04/02/26 at 10:03am was unsuccessful. _____ The facility failed to have the hood suppression system which was meant to diffuse a grease fire or any fire in the kitchen, cleaned and inspected every six months, with the last cleaning on 06/06/23 and the last inspection on 11/08/23. The failure of the facility to ensure the hood suppression system was cleaned and inspected every six months was detrimental to the health, safety, and welfare of residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/01/26 for this violation.	D 096		

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D 096	Continued From page 7 THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 17, 2026.	D 096		
D 105	10A NCAC 13F .0311 (a) Other Requirements 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. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the oven was maintained in a safe operating condition, which resulted in an oven fire in the facility's kitchen. The findings are: Review of the facility's license dated 01/01/26 revealed the facility was licensed for a capacity of 61. Review of the facility's census report on 04/01/26 revealed there were 41 residents living in the facility. Review of the facility's environmental health	D 105		

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inspection for the kitchen dated 01/15/26 revealed the stove and oven needed additional cleaning.

Observation of the oven on 04/02/26 at 10:40am revealed:
-The oven was outside of the facility on a sidewalk away from the area that residents walked.
-There were two oven doors.
-The oven door to the left had black, brown and beige built-up grease that dripped down the front of the oven door to the bottom of the oven.
-The oven door to the right had brown and beige built-up grease that dripped down the front of the oven door to the bottom of the oven.

Interview with a representative from the local fire department on 04/01/26 at 2:33pm and 4:07pm revealed:
-He had noted heavy grease buildup in previous violations.
-There was a grease fire under the stove on 03/30/26 in the facility's kitchen.

Interview with a medication aide (MA) on 04/01/26 at 9:10am revealed:
-She was working on 03/30/26 when there was a fire in the facility's kitchen.
-She was in the hallway near the dining room, helping the residents prepare to enter the dining room for breakfast.
-Most residents were at the dining room waiting area and were dressed for the day.
-She and a second staff member noticed a little bit of smoke coming from the kitchen.
-The cook called "fire" and yelled for a fire extinguisher.
-The fire alarm began sounding and a staff person directed residents to exit the front of the

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building near the dining room.
-She and two personal care aides (PCA) went to get other residents that were bed bound to escort them out of the facility.
-All residents were accounted for in the parking lot near the facility van away from the building.
-All residents were out of the facility in their safe location once the local fire department arrived.

Telephone interview with a cook on 04/02/26 at 10:51am revealed:
-She came in on 03/30/26 to cook and prepare breakfast.
-She placed bacon in the oven.
-The bacon was cooking in the oven when she noticed there was a fire coming up between two burners on the stove.
-She immediately retrieved the fire extinguisher because she did not know how to manually activate the hood suppression system.
-The grease trap did not have anything to do with the fire.
-She saw grease on the oven door but did not clean it because she did not think about it.

Interview with the Dietary Manager on 04/02/26 at 10:19am revealed:
-There were shift logs created for cleaning duties in the kitchen.
-The tables, stove, and dishwasher were included as part of the cleaning on the shift logs.
-The stove and the oven should be deep cleaned quarterly unless there was a spill they should be cleaned to remove the spill as needed.

Interview with the Administrator on 04/02/26 at 10:16am revealed:
-Regular cleaning of the oven and the kitchen was expected from dietary staff to ensure the safety of residents.

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D 105	Continued From page 10 -The oven was not clean and "I admit that." -It was a grease fire from the oven under components of the stove that had built up grease. _____ The facility failed to ensure the stove was maintained in a safe and operating condition. The oven was not properly cleaned to prevent grease buildup which resulted in an oven fire at the facility which prompted staff to evacuate residents from the facility. The failure placed the residents in harm, resulting in neglect and constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/01/26 for this violation. THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED MAY 2, 2026.	D 105		
D 176	10A NCAC 13F .0601 (a) Management of Facilities-General Administrato 10A NCAC 13F .0601 Management Of Facilities - General Administrator And Manager Responsibilities (a) Each adult care home shall have an administrator who is certified in accordance with Rule .1701 of this Subchapter. The administrator shall be responsible for the total operation and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for complying with the rules of this	D 176		

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D 176	Continued From page 11 Subchapter. The co administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term "administrator" also refers to co administrator where it is used in this Subchapter. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the Administrator failed to ensure the total operation and management of the facility to ensure care and services were provided to maintain the health, safety, and welfare of the residents as related to design and construction and other requirements. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/26 for a capacity of 61 residents. -The expiration date of the facility's license was	D 176		

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D 176	Continued From page 12 12/31/26. Review of the facility's census report on 04/01/26 revealed there were 41 residents who resided at the facility. Review of a hood suppression cleaning inspection report dated 06/06/23 revealed: -The hood suppression system was cleaned. -There was heavy build up due to the fryer and there was hard to remove buildup. Review of a hood suppression system report dated 11/08/23 revealed a semi-annual inspection was completed and the facility was in compliance. Review of the facility's fire safety inspections revealed there were no hood cleaning or hood inspection reports for 2024 or 2025. Review of the facility's environmental health inspection for the kitchen dated 01/15/26 revealed the stove and oven needed additional cleaning. Review of an email dated 10/13/25 from the Administrator of the facility to the previous Regional Vice President of Operations revealed: -The Administrator informed the Regional Vice President of Operations that the hood suppression inspection was past due. -The fire department had completed an inspection the previous week and the facility was cited because the hood suppression inspection was past due. -The Administrator asked for assistance with the past due hood suppression inspection. -The fire department's inspection was attached to the email.	D 176		

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Review of an email dated 11/07/25 from the current Regional Vice President of Operations revealed:
-The Regional Vice President of Operations sent an email to the Administrator to request dates that inspections had been completed for the hood suppression system, hood suppression cleaning as well as other inspections.

Review of an email dated 11/10/25 from the facility Administrator to the current Regional Vice President of Operations revealed:
-The hood suppression cleaning was completed in January 2025.
-The hood suppression inspection was completed on 04/04/25.

Interview with a representative from the facility's contracted hood suppression services provider on 04/01/26 at 12:29pm revealed he followed the recommendations of the local fire department for how often to clean and inspect a hood suppression system; however, the facility should be cleaning the filters in the hood suppression system monthly.

Interview with the Dietary Manager on 04/02/26 at 10:19am revealed:
-The Administrator was responsible for ensuring the hood suppression was cleaned and inspected.
-She informed the Administrator that the hood suppression system needed to be cleaned and inspected but was not sure of the exact date.

Interview with the Regional Vice President of Operations on 04/01/26 at 3:46pm revealed:
-The hood suppression system should be inspected and cleaned every 6 months.
-She did not know why the hood suppression

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system had not been cleaned or inspected.
-She had the hood suppression system inspection for 2023.
-The Administrator was responsible for ensuring the inspections for the facility were done.

Interview with the Administrator on 04/02/26 at 10:16am revealed:
-Regular cleaning of the oven and the kitchen was expected from dietary staff to ensure the safety of residents.
-The oven was not clean and "I admit that."
-It was a grease fire from the oven under components of the stove that had built up grease.
-She could not order the hood suppression system cleaning or inspection without corporate approval.

Non-compliance was identified in the following areas:

1. Based on interviews and record reviews, the facility failed to ensure current fire safety inspection reports were completed every six months for the hood suppression system to ensure the system functioned properly to prevent a fire from spreading throughout kitchen and the facility. [Refer to Tag 096, 10A NCAC 13F .0307(b) Fire Alarm System (Type B Violation)].

2. Based on observations, interviews and record reviews, the facility failed to ensure the oven was cleaned and maintained in an operating condition, which resulted in an oven fire in the kitchen. [Refer to Tag 105, 10A NCAC 13F .0311(a) Other Requirements (Type A1 Violation)].

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The facility failed to ensure the Administrator was responsible for the total operation and management of the facility to ensure care and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL082024	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING RIDGE ASSISTED LIVING	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
D 176	Continued From page 15 services were provided to maintain the health, safety, and welfare of residents. The facility failed to ensure current safety inspection reports were completed every six months for the hood suppression system. The facility failed to ensure the oven was maintained in a safe operating condition which resulted in a kitchen fire in the oven due to grease buildup, on 03/30/26 . The kitchen fire resulted in the evacuation of the residents from the facility. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/02/26 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 17, 2026.	D 176		