

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
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NAME OF PROVIDER OR SUPPLIER CROSS ROAD RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1302 OLD COX ROAD ASHEBORO, NC 27203
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(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	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Tod Hancock conducted on April 15, 2025.</p> <p>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.</p> <p>Deficiencies were cited and a Plan of Corrections is required.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p>	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 189	<p>Continued From page 1</p> <p>1. Observations revealed that the plumbing equipment was not maintained in a safe operating condition. Findings on April 15, 2025: a. Kitchen- The ice machine drain does not have a 2" air gap.</p> <p>2. 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 with closers do not automatically close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on April 15, 2025: b. Memory Care Laundry - The door closer has been removed so that it no longer automatically closes and latches.</p>	C 189		
C 195	<p>Hot Water System</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p>	C 195		

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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		