

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/07/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE GARDENS OF ROSE HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458
---	--

(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 Construction Biennial Follow-Up Survey by Ryan Meyer conducted on August 7, 2025. All deficiencies have not been corrected which requires a Plan of Correction.	{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: 4. Based on observation and interviews with the staff the facility is not maintaining it's HVAC equipment in a operable condition. Corridors must be maintained not to exceed 80 degrees Fahrenheit. Findings on May 13, 2025: a. There are 5 heat pumps that are not working. Multiple units are providing heating/cooling for the main corridors and nurses station. The temperatures readings were between 78-79.	{C 189}		

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