

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2025
NAME OF PROVIDER OR SUPPLIER ROXBORO ASSISTED LIVING OPCO LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5660 DURHAM ROAD ROXBORO, NC 27574		
(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 a Construction Section Complaint Survey by Suzanna Fay conducted on June 11, 2025.</p> <p>Records indicate this facility was first licensed on May 27, 1999. The facility is currently licensed for 120 Beds including a 40 Bed addition in 2003. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1996 and 2002 (for the addition) Editions of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>The complaint alleged that the sprinkler system was causing the fire alarm system to go off.</p> <p>The complaint was substantiated.</p> <p>No deficiencies were observed at the time of the investigation and no further action is required at this time.</p>	C 000		

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

TITLE

(X6) DATE