Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUF IDENTIFICATION		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL059021		B. WING		11/0	09/2015	
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE			
CEDARE	ROOK RESIDENTIAL	CENTER	1267 PINI NEBO, NO	NACLE CHUI 28761	RCH ROAD			
(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 C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	(X5) COMPLETE DATE		
C 000	Initial Comments			C 000				
	Report of Complaint Investigation by Dennis Harrell on 11-9-2015. A Biennial Construction Survey and another Complaint/Fire Investigation survey was conducted at the same time.							
	Records indicate the licensed on 5-2-19 licensed for 80 resignation we are the 1971 Minimum Regulations for Holapplicable portions Adult Care Homes, State Building Code Institutional Occupations	73. The facility is of dents. Based on requiring the facil and Desired Starmes for the Aged of the 2005 Reguland the 1967 Note Section 407.1, Control of the section 407.1, Control of the facility and the facility and the section 407.1, Control of	currently this ity to meet idards and and Infirm, ilations for rth Carolina					
	The complaint alleged poor environmental conditions.							
	The complaint was were cited that will							
	Note: This report of focuses on 5 specificulars and specifical substantiated. The are also listed on the Survey which noted and are listed in a substantial specificiencies.	fic allegations tha findings from this ne Biennial Consti d other additional	t were complaint ruction deficiencies					
C 164	Housekeeping and	Furnishings-Clea	n, Repaired	C 164				
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronically Service Regulation	es shall: lings, and floors o an and in good rep	EPING AND r floor pair;					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation									
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED					
HAL059021			B. WING		11/09/2015				
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
CEDARE	ROOK RESIDENTIAL	CENTER	1267 PINN NEBO, NO	NACLE CHUI 28761	RCH ROAD				
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C 164	Continued From page 1			C 164					
	 (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to be maintained clean. Findings include: a. Many corridor doors were stained and needed cleaning. b. Floors were stained and/or discolored around toilets and at door frames. c. Trash was found on the floor behind some toilets. 								
	 2. Based on observation, the facility failed to be maintained in good repair. Findings include: a. A window was broken in the dining room. b. Some bedroom windows were broken. c. Some window screens were bent, broken or cut. d. There was a broken toilet in the 300 Odd bath. e. The door to room 306 was damaged beyond repair. f. The door to the closet off room 309 was damaged with splinters exposed. g. Several window sills were partially deteriorated on the outside. 								
	3. Based on observe maintained clean de Findings include: a. One roach was de bathroom. b. One roach was de c. Spiders were obtin room 101 and 20	ue to the present observed in the observed in roo served in the co	nce of insects. 100 Hall m 410.						

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL059021 11/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 Continued From page 2 C 166 C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility did not maintain the home free of hazards associated with unsupervised smoking. Findings include: a. There was a smell of tobacco smoke in a bedroom on the 400 Hall. b. Some bedroom and bathroom window screens were bent outward, removed or cut. c. There were cigarette buts on the ground outside many of the damaged window screens. C 189 Building Equipment Maintained Safe, Operating C 189 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.

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LIER/CLIA IUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COME	(X3) DATE SURVEY COMPLETED	
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CEDARBROOK RESIDENTIAL CENTER 1267 PINNACLE CHURCH ROAD NEBO, NC 28761								
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C 189	Continued From pa This Rule is not me 1. Based on observe maintained in a property because of a leaking cause unhealthy living Findings include: a. There were 4 leads b. The roof was lead room 210.	et as evidenced by: vation, the facility w per operating cond g roof. A leaking r ing conditions belo aks in the kitchen.	as not ition oof can w.	C 189				

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Division of Health Service Regulation STATE FORM

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