

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2016
NAME OF PROVIDER OR SUPPLIER CHERRY SPRINGS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792		
(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 Biennial Construction Survey by Dennis Harrell on 10-26-2016. Records indicate this facility was first licensed on 5-28-1997, for 60 beds. Based on this information, the facility was surveyed for conformance with the 1996 edition of the North Carolina State Building Code, Institutional Occupancy, the 1996 Rules for Homes for the Aged and Infirm Minimum Desired Standards and Regulations and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the most recent sprinkler inspection report was dated 9-30-2015. Sprinkler systems must be inspected and approved annually as required to ensure the system can operate properly in an actual fire.	C 111		
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	C 166		

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

TITLE

(X6) DATE

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C 166	Continued From page 1 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 door to the Sunroom is designated as an exit with a lighted exit sign. There is a magnetically locked exit door inside the Sunroom that is also designated with a lighted exit sign. At the end of North Corridor, there is an exit sign with directional arrows pointing left to the Sunroom and right to the North Stair exit. The door from the corridor to the Sunroom, which now also serves as an Activity room, was found mechanically locked. Based on interview, some staff did not carry a key to the locked door in the path of egress. 2. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in no container at all in the oxygen storage/med supply room. 3. Based on observation there was a barrel bolt latch at the top on the inside of the door to the dining room. Latching hardware that can only be operated from one side of the door, such as barrel bolt latches, present the possibility that someone could be trapped in the room.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift	C 185		

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C 185	<p>Continued From page 2</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Finding includes: Prior to September of this year, only one rehearsal was done in each quarter.</p> <p>2. Based on a review of documents, some of the records available onsite did not include the time of the rehearsal.</p> <p>3. Based on a review of documents, some of the records available onsite did not include a list of the staff members present.</p> <p>4. Based on a review of documents, the only records available onsite included no description of what the rehearsal involved.</p>	C 185		

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C 189	Continued From page 3	C 189		
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> <p>1. Based on observation, many corridor doors are prevented from closing quickly and latching or are not fitting properly to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <p>a. The ¾ hour fire rated door to the laundry was held open with a screen door hook. This fire rated door must be self-closing and must automatically latch when closed.</p> <p>b. Corridor door the the kitchen did not fit the opening to be smoke resisting at the top.</p> <p>c. Corridor door the the Spa room next to the beauty salon did not fit the opening to be smoke resisting at the top.</p> <p>2. Based on observation, the sampling tube for the duct mounted smoke detector in the basement was very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.</p>	C 189		

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C 189	Continued From page 4 3. Based on observation, a section of the roof at the peak over the dining room was sagged indicating a leak and rot.	C 189		