

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL059021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/27/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>CEDARBROOK RESIDENTIAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1267 PINNACLE CHURCH ROAD NEBO, NC 28761</b>		
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C 000	Initial Comments  Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell conducted on September 27, 2017. A Construction Section Complaint Survey was performed at the same time.  Records indicate that this facility was first licensed on 5-2-1973. The facility is currently licensed for 80 residents. Based on this information we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1967 North Carolina State Building Code Section 407.1, Group D-2 Institutional Occupancy.  Deficiencies were cited that require a Plan of Correction.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (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 keep walls, floors or floor coverings clean and in good repair. Findings on September 27, 2017:	C 164		

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

TITLE

(X6) DATE

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C 164	Continued From page 1  a. Bedroom 411 Bathroom - the floor is dirty. b. 400 Even Bathroom - the floor is dirty. c. 400 Even Bathroom - there is trash on the floor. d. 400 Odd Bathroom - there is lot of water on the floor as deep as ½ inch in some areas. e. Corridors Throughout the Facility - the VCT floor covering is dirty, especially at the intersection with the walls, and around the doorframes, where there was a build-up of dirt and wax. f. New Linen near Bedroom 401 - the floor is dirty. g. Bedroom 309 - the floor is dirty. h. 300 Even Bathroom - there is lot of water on the floor. i. 300 Odd Bathroom - there is lot of water on the floor. j. 200 Hall Bathroom - there is water around the commode and a puddle at the door. k. Utility near Bedroom 104 - some of the corridor door veneers have peeled off.  2. Based on Observation, the facility failed to keep plumbing devices clean and in good repair. Findings on September 27, 2017: a. 400 Even Bathroom - the commode was stopped up. Deficiency corrected before Construction Surveyors departed site. b. Shared Bathroom between Bedrooms 105/107 - the commode had a loose hand grips (grab bar). c. Bedroom 403 Bathroom - the hand wash sink was loosely attached to the wall. d. Bedroom 403 Bathroom - the connection of the commode to the floor is loose.	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	Continued From page 2  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 failed to prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing them to an unpleasant environment. Findings on September 27, 2017: a. Bedroom 309 - there is a slight urine odor that persisted during the Construction Survey. b. Bedroom 105 - there is an odor that persisted during the Construction Survey.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (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 provide residents areas, with the required individual towels and/or towel bars for each resident.	C 175		

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C 175	Continued From page 3  Findings on September 27, 2017: a. Bedroom 309 - this double occupant bedroom and adjoining Bathroom is missing one of the two towel bars required for the residents.	C 175		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (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. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Record review and interview with Administrator/ and Maintenance Technician the Facility failed to document all aspects of the fire plan rehearsals. Findings on September 27, 2017: a. The fire plan rehearsal records included date, time, and shift, but little to no description of what the rehearsal involved and no list of staff members present.	C 185		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	<p>Continued From page 4</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, the Building was not maintained in a safe manner by not maintaining a clear unobstructed path of egress from the building. This would affect all residents, staff and visitors by obstructing egress during an emergency.</p> <p>Findings on September 27, 2017:</p> <p>a. Gate - the Gate, part of a path of egress, is difficult to open as vegetation has overgrown the gate.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in Firewalls did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin.</p> <p>Findings on September 27, 2017:</p> <p>a. Firewall between 300 and 400 Halls - the cross-corridor door did not latch when the fire alarm hold open device released.</p> <p>b. Firewall between 200 and 300 Halls - the cross-corridor doors did not latch when the fire alarm hold open device released.</p> <p>3. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>during an emergency. Findings on September 27, 2017:</p> <p>a. Exit Sign near 400 Hall Day Room - the exit sign did not illuminate on backup power when tested.</p> <p>b. 100 Hall - the wall-mounted self-contained emergency light may not have the range to illuminate a corridor 60 feet long.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff, and visitors if the doors did not contain smoke/fire in the room of origin. Findings on September 27, 2017:</p> <p>a. Activity Storage - the corridor door is equipped with a chain bolt that hit its receptor hardware and does not allow the door to close and latch into its doorframe without pulling the chain.</p> <p>5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on September 27, 2017:</p> <p>a. Laundry - there is a hole where a cover plate was removed not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. Med Room - there is a hole where a cover plate was removed not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>c. Bedroom 210 - leaks near the Firewall had deteriorated the one-hour fire-resistance-rated ceiling assembly to a point where there are holes and gaps through the assembly that are not</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>firestopped.</p> <p>d. Bedroom 210 - near the Firewall, the one-hour fire-resistance-rated ceiling assembly had been patched and the materials used for the patch does not look like gypsum wallboard.</p> <p>e. 200 Hall Diaper Room - there are gaps around two cables and pipe not firestopped as they penetrate the fire-resistance-rated wall assembly.</p> <p>f. Utility near Bedroom 104 - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>g. Activity Room Office - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 27, 2017:</p> <p>a. Activity Storage - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.</p> <p>b. Med room - the light fixture's lens was broken.</p> <p>c. Smoke Porch near Dining - a large fan has exposed energized electrical components.</p> <p>7. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on September 27, 2017:</p> <p>a. Fire Wall between 200 and 300 Halls -wire ties were found on the hold open devices to prevent the release of the doors when the fire alarm system is activated. Deficiency corrected before Construction Surveyors departed site.</p>	C 189		

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C 199	Continued From page 7	C 199		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 3. Based on observation, the building mechanical systems are not kept in good repair. Findings on September 27, 2017: a. 300 Hall Janitor - the exhaust ventilation system did not work, and there is odor. b. 200 Hall Employee Lounge - the ventilation grille with their radiation damper have an excessive accumulation of dust/lint. c. 200 Hall Utility - the exhaust ventilation system did not work, and there is odor.	C 199		