Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:						DATE SURVEY COMPLETED	
		HAL059021		B. WING		09/2	27/2017
NAME OF F	PROVIDER OR SUPPLIER			DRESS, CITY, S NACLE CHU	STATE, ZIP CODE		
CEDARB	ROOK RESIDENTIAL	CENTER	NEBO, NO		KOH KOAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 000	Initial Comments			C 000			
	by Ed Miller and De September 27, 201	uction Section Biennial ennis Harrell conducted 7. A Construction Secti vas performed at the sa	l on ion				
	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 of Correction.	ited that require a Plan	of				
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		C 164				
		r floor coverings clean					

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

(X6) DATE TITLE

MAID PLAN OF CORRECTION Mail DENTIFICATION NUMBER A BUILDING 01 BUILDING 01	Division	<u>of Health Service Re</u>	egulation					
NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG COntinued From page 1 a. Bedroom 411 Bathroom - the floor is dirty. b. 400 Even Bathroom - there is trash on the floor. d. 400 Odd Bathroom - there is lot of water on the floor covering is dirty, sepscality 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. 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. k. Utility near Bedroom 401 - the floor is dirty. g. Bedroom 309 - the floor is dirty. g. Bedroom 309 - the floor is dirty. h. 300 Even Bathroom - there is lot of water on the floor. 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 connection of the commode to the floor is loose.								
CEDARBROOK RESIDENTIAL CENTER 1267 PINNACLE CHURCH ROAD NEBO, NC 28761			HAL059021		B. WING		09/2	7/2017
Canal Cana	NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PROVIDER'S PLAN OF CORRECTION CRAHLED FREEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION CRAHLED FREEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	CEDARBROOK RESIDENTIAL CENTER 1267 PINNA			_	RCH ROAD			
PREFIX TAG REGOLATORY OR LSC IDENTIFYING INFORMATION) C 184 C 184 C 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 nand wash sink was loosely attached to the wall. d. Bedroom 403 Bathroom - the connection of the commode to the floor is loose.				•	20701			
a. Bedroom 411 Bathroom - the floor is dirty. b. 400 Even Bathroom - there is trash on the floor. d. 400 Odd Bathroom - there is tof 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. 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.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY	Y FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
b. 400 Even Bathroom - ther 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 1/2 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 connection of the commode to the floor is loose.	C 164	Continued From pa	ge 1		C 164			
C 166 Housekeeping-Maintained Free of Hazards C 166	C 166	b. 400 Even Bathroman C. 400 Even Bathroman Grab bar). c. 400 Even Bathroman Grab bar). c. 400 Odd Bathroman Grab bar). c. Corridors Throman Grab bar). c. Bedroom 403 Even Bathroman Grab bar).	coom - the floor is discoom - there is lot of a ½ inch in some are alghout the Facility - by, especially at the e walls, and around there was a build-up and there is dirty. The floor is dirty. The floor is dirty. The floor is lot of the floor is lot of the floor and there is water and the door. The facility for the commodern and in good the floor is departed site. The floor is departed site. The floor is loose is althroom - the hand and to the wall. Buthroom - the connection is loose.	rty. n on the water on eas. the VCT the p of dirt e floor is f water on water on around the f the failed to od repair. e was e ms and grips wash sink ection of	C 166			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL059021	B. WING		09/2	7/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	CENTER 1267 PIN NEBO, N	NACLE CHU C 28761	RCH ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on Obse prevent chronic ung affect residents, sta them to an unpleas Findings on Septer a. Bedroom 309 - that persisted durin b. Bedroom 105 - during the Construct	PHYSICAL PLANT 06 HOUSEKEEPING AND es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: ervation, the facility failed to bleasant odors. This would aff, and visitors by exposing eant environment. hber 27, 2017: there is a slight urine odor g the Construction Survey. there is an odor that persisted ction Survey.				
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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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED		
		HAL05902	21	B. WING		09/	27/2017
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARB	ROOK RESIDENTIAL	. CENTER	1267 PINI NEBO, NO	NACLE CHUI C 28761	RCH ROAD		
(X4) ID PREFIX TAG		TEMENT OF DEFICI	ENCIES ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 175	Continued From pa	ge 3		C 175			
	Findings on Septem a. Bedroom 309 - bedroom and adjoir of the two towel bar	this double occ ning Bathroom i	s missing one				
C 185	SECTION .0300 - F 10A NCAC 13F .03 EVACUATION (b) There shall be a quarterly on each strequirement of the le Enforcement Official (c) Records of rehe and copies furnished social services annotinclude the date and shift, staff members description of what (f) This Rule shall a facilities. This Rule is not med 1. Based on Record Administrator/ and le Facility failed to door plan rehearsals. Findings on Septema. The fire plan retime, and shift, but the rehearsal involved.	PHYSICAL PLAI 09 PLAN FOR rehearsals of th hift in accordan- local Fire Preve al. earsals shall be ed to the county ually. The reco- d time of the rel s present, and a the rehearsal in apply to new an et as evidenced ord review and in Maintenance Te cument all aspen her 27, 2017: hearsal records little to no descri	e fire plan ce with the ention Code maintained department of rds shall nearsals, the a short nvolved. d existing by: nterview with echnician the cts of the fire s included date, ription of what	C 185			
C 189	members present. Building Equipment SECTION .0300 - F		_	C 189			
	10A NCAC 13F .03 REQUIREMENTS		IN I				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		SURVEY PLETED
		HAL059021	B. WING		09/2	27/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER NEBO, NO			NACLE CHUI C 28761	RCH ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 189	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man and the shall not app. This Rule is not man app. This Rule shall not app. This Rule is not man app. This Rule shall not app. Thi	and all fire safety, electrical, umbing equipment in an adult a maintained in a safe and apply to new and existing acception of Paragraph (e) ally to existing facilities. Let as evidenced by: Let a	C 189			
	emergency equipm safe and operating					

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Division of Health Service Regulation

	IT OF DEFICIENCIES		(VO) MI II TIDI	E CONCERNICATION	(Va) DATE	CLIDVEV	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	U I			
		HAL059021	B. WING		09/2	7/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
			NACLE CHU				
CEDARE	BROOK RESIDENTIAL	CENTER NEBO, NO	_	NOT NOAD			
040.15	CUMMADY CTA			DDOV/DEDIC DLAN OF CODDECTION	ON	0.45)	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE	
				DEFICIENCY)			
C 189	Continued From pa	ge 5	C 189				
	during an emergen	CV					
	Findings on Septem						
		400 Hall Day Room - the exit					
		ate on backup power when					
	tested.						
	b. 100 Hall - the w	/all-mounted self-contained					
	emergency light my	not have the range to					
	illuminate a corridor	r 60 feet long.					
		rvation, the Building was not					
		e and operating condition, or doors did not resist the					
		due to door leafs not fitting					
		th acceptable gaps under					
		onditions. This could affect all					
		I visitors if the doors did not					
		in the room of origin.					
	Findings on Septem	nber 27, 2017:					
		e - the corridor door is					
		ain bolt that hit its receptor					
		not allow the door to close					
		orframe without pulling the					
	chain.						
	5. Based on obse	rvations, the Building fire					
		ntained in a safe and operating					
		d expose all to fire/smoke if					
	not contained in Ro						
	Findings on Septem						
		is a hole where a cover plate					
		restopped as it penetrates the					
	fire-resistance-rated						
		ere is a hole where a cover					
		not firestopped as it resistance-rated ceiling					
	assembly.	esistance-rated centry					
		leaks near the Firewall had					
		e-hour fire-resistance-rated					
		a point where there are holes					
		ne assembly that are not					

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Division	of Health Service Re	egulation					
	NT OF DEFICIENCIES I OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL05	9021	B. WING		09/2	7/2017
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			NACLE CHUI 28761	RCH ROAD			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 6		C 189			
	firestopped. d. Bedroom 210 - one-hour fire-resist had been patched a patch does not look e. 200 Hall Diaper around two cables a they penetrate the frassembly. f. Utility near Bed around a cable not the fire-resistance-reg. Activity Room of cable not firestoppe fire-resistance-rate 6. Based on obse maintain the electric operating condition Findings on Septen a. Activity Storage circuit-interrupter (of receptacle did not frould not be tested b. Med room - the broken. c. Smoke Porch rexposed energized	near the Fire ance-rated cond the mate like gypsum Room - there and pipe not ire-resistance room 104 - the firestopped at the deal sit penet deal wall assembler 27, 2013 - the ground fallight fixture's lear Dining - electrical containing and containing the hold open of the doors ivated. Deficiance Deficiance Program in the containing and the hold open of the doors ivated. Deficiance and Deficiance in the penetic of the doors ivated. Deficiance in the penetic in the penetic ivated. Deficiance in the penetic ivated. Deficiance in the penetic ivated before it is a program in the penetic ivated. Deficiance in the penetic ivated before it is a program in the penetic ivated before it is a penetic ivated befo	eiling assembly rials used for the wallboard. The are gaps firestopped as erated wall where is a gap as it penetrates sembly. The area is a gap around a grates the bly. Facility failed to a safe and the area is a gap around a grates the bly. Facility failed to a safe and the area is a gap around a grates the bly. Facility failed to a safe and the area is a large fan has mponents. The area is a large fan has mponents. The area is a large fan has mponents are erating condition. It is smoke and fire the area is a large fan has mponents are erating condition. It is smoke and fire the area is a large fan has mponents are erating condition. It is smoke and fire the area is a corriected the area is a gap around a grates the bly.				

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Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMPI	
		HAL059021	B. WING		09/2	7/2017
					09/2	112011
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CEDARB	BROOK RESIDENTIAL	CENTER NEBO, NO	NACLE CHUI 28761	RCH ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 199	Continued From pa	ge 7	C 199			_
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per marequirement does in before April 1, 1984 these specified spar (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the exwhich shall not apple. This Rule is not med 3. Based on obsermechanical systems Findings on Septema. 300 Hall Janitor system did not work b. 200 Hall Emplogrille with their radia excessive accumulate. 200 Hall Utility -	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This lot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. Let as evidenced by: rvation, the building s are not kept in good repair. The exhaust ventilation continued at the residence of the ventilation damper have an				

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