

PRINTED: 04/17/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761		
(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 Follow Up Construction Survey by Dennis Harrell on 2-28-2018. Some deficiencies were not corrected. Further action is required.	(C 000)		
(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 2-28-2018: a. The fire plan rehearsal records included little to no description of what the rehearsal involved.	(C 185)	Fire drill form has been updated to include information and details required for fire plan rehearsal.	3/28/18
(C 189)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	(C 189)	Management or designee will review completed rehearsal forms no less than once a quarter to ensure full description is documented.	3/28/18

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

TITLE

(X6) DATE

Janet Vess 5/2/18

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(C 189)	Continued From page 1 (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. This Rule is not met as evidenced by: 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. Findings on 2-28-2018: a. Firewall between 300 and 400 Halls - the cross-corridor door did not latch when the fire alarm hold open device released. 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 2-28-2018: a. Activity Storage - the corridor door does not latch because the latching hardware had been removed.	(C 189)	Doors have been fixed to completely close and latch properly. Management or designee will inspect doors for proper closure and latching no less than monthly.	4/17/18 4/17/18