

Division of Health Service Regulation

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| 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 08/17/2018 |
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| NAME OF PROVIDER OR SUPPLIER CHERRY SPRINGS VILLAGE | STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792 |
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| (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 |
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| C 000 | Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 8-17-2018. 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 135 | Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: Based on observation, the community bathroom with the accessible tub was being used for storage. Finding on 8-17-2018; There were several mattresses and other items stored in the bathroom with the tub. | C 135 | | |
| C 150 | Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT | C 150 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| C 150 | Continued From page 1 (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Finding on 8-17-2018: There was a cart stored in the corridor reducing the clear width to about 3.5 feet. | C 150 | | |
| 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 building was not maintained free of obstructions and hazards. An obstructed exit could delay or prevent an evacuation in an emergency. Finding on 8-17-2018: The facility front door has Special Locking (magnetic locking) and is shown on the evacuation plan as a required exit. An emergency release switch for the magnetic locking is provided, as required by Code, however, the cover over the release switch was found to be screwed shut making the required release switch inaccessible. Note; This deficiency was corrected during the | C 166 | | |

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| C 166 | Continued From page 2 survey. 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 on 8-17-2018: a. Several (8) portable medical oxygen cylinders were stored in an unapproved plastic crate. b. Several (6) portable medical oxygen cylinders were stored on a shelf in no container at all. 3. Based on observation, an exterior exit path was not maintained uncluttered and free of obstructions. Finding on 8-17-2018; The exit ramp at the rear of the facility near room 21 was obstructed with a chair. Note; This deficiency was corrected during the survey. 4. Based on observation, there was no key onsite to allow entry into the beauty parlor to survey for hazards. | C 166 | | |
| 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 | C 185 | | |

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| C 185 | Continued From page 3 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: Based on a review of documents, the records available onsite included no description of what the rehearsal involved. | C 185 | | |
| C 189 | Building Equipment Maintained Safe, Operating 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. This Rule is not met as evidenced by: 1. Based on observation, corridor doors are prevented from closing quickly and latching 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 on 8-17-2018; a. The one hour fire rated door to the large laundry was held open with a chain and with a permanent magnet. Note; This same door was found held open with a screen door hook during the survey of 10-26-2016 and was found wedged open on 5-28-2014. This fire rated door must be | C 189 | | |

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| C 189 | <p>Continued From page 4</p> <p>self-closing or automatic closing on activation of the fire alarm system and must automatically latch when closed.</p> <p>b. The latchbolt was found to be disabled with paint on the same one hour fire rated door to the large laundry. Note; This deficiency was corrected during the survey.</p> <p>c. The other door to the main laundry is 3/4 hour fire rated and will not automatically latch when closed.</p> <p>d. The door to the dining room will not latch when closed.</p> <p>e. The door to room 35 will not latch when closed.</p> <p>f. One of the doors to the Library was blocked from being able to close by a large heavy chair. Note; This deficiency was corrected during the survey.</p> <p>2. Based on observation, the facility was not maintained in a safe condition because of combustible storage in an unapproved space. Findings on 8-17-2018; Many combustibles, including several mattresses, cardboard boxes, plywood etc. were stored in the crawlspace basement. This space is not separated with a one-hour ceiling or walls and cannot be used for storage of combustibles.</p> | C 189 | | |