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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ HAL045115 10/10/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD **CHERRY SPRINGS VILLAGE** HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of Biennial Follow Up Construction Survey by Dennis Harrell on 10-10-2018. Some deficiencies were not corrected. Further

{C 135}

{C 166}

{C 135} Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT

action is required.

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 10-10-2018;

There were several mattresses and other items stored in the bathroom with the tub.

{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.

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING: <b>01</b>		R			
		HAL045115	B. WING			0/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE					
CHERRY SPRINGS VILLAGE  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 CROSS-REFERENCED TO THE APPROPROPRIES OF THE APPROPRIES OF	SHOULD BE COMPL			
{C 166}	Continued From page 1		{C 166}					
	maintained in a saft handling portable m could affect all reside cylinders fall, break cylinder and turning Findings on 10-10-2 a. Several (8) portawere stored in an ub. Several (6) portawere stored on a shade of the several stored on a shade of the several stored on the several stored	ation, the building was not be manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ing their valves, propelling the pit into a dangerous projectile. 2018: able medical oxygen cylinders napproved plastic crate. able medical oxygen cylinders nelf in no container at all. wation, an exterior exit path uncluttered and free of 2018: a rear of the facility near room with a chair.						
{C 189}	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex which shall not app  This Rule is not med 1. Based on observerented from closers resist the passage of the same shall resist the same	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.	{C 189}					

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY						
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED						
		HAL045115	B. WING		10/1	0/2018					
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358 CLEAR CREEK ROAD											
CHERRY SPRINGS VILLAGE  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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	SHOULD BE COMPI						
{C 189}	present the possibility that a fire that begins in		{C 189}								
	one space can quickly spread to the corridor and the remainder of the facility. Findings on 10-10-2018:  a. The one hour fire rated door to the large laundry was held open with a chain. 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. 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.										
	maintained in a safe combustible storage Findings on 10-10-2 Many combustibles cardboard boxes, p crawlspace baseme separated with a on	vation, the facility was not e condition because of e in an unapproved space. 2018: , including several mattresses, lywood etc. were stored in the ent. This space is not e-hour ceiling or walls and storage of combustibles.									

6899

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