Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL045115 11/22/2019 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 DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Construction Section Complaint Survey by Dennis Harrell on 11-22-2019. The Complaint alleged that the facility has bed bugs. 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. The Complaint was substantiated. C 110 Construction-Meet Sanitary Requirements C 110 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals. Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the

Division of Health Service Regulation

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

Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service

TITLE (X6) DATE

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	
		HAL045115	B. WING		11/2	2/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CHERRY	SPRINGS VILLAGE		R CREEK R SONVILLE, N			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	
C 110	Continued From page 1		C 110			
	Center, Raleigh, North Carolina 27699-1632 at no cost.					
	This Rule is not met as evidenced by: Based on observation, interview with Administrator and review of available records, the facility was not in compliance with The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions". Specifically 15A NCAC 18A .1317 (a) [which requires that] Effective measures shall be taken to keep vermin out of and to prevent their breeding and presence on the premises. The facility does not have effective measures to prevent bed bugs from breeding and being present on the premises.					
	current bedbug pro October of 2018.	e Administrator revealed the blem has been ongoing since ble Pest Management				
	Company (PMC) se rooms were treated were treated 11-23- The following room	ervice tickets indicated 12 on 9-26-2019 and 7 rooms 2019. s have been treated for bed				
	41.	8, 29, 31, 32, 34, 37, 38, 40 & on of Resident rooms 31 bugs.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS	PHYSICAL PLANT 06 HOUSEKEEPING AND				

Division of Health Service Regulation STATE FORM

6899 L61L21 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL045115	B. WING		11/2	2/2019
NAME OF I	PROVIDER OR SUPPLIER	STATE, ZIP CODE	1 11/2	2/2010		
CHERRY SPRINGS VILLAGE 358 CLEAR (HENDERSON						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 164	coverings kept clear (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me Based on Observativalls, ceilings, floor furniture clean and Findings on 11-22-2. The facility is not elbug activity to make bed bugs are so that where it is needed. a. Direct observativative revealed 2 dead between the control of the	es shall: ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: ion, the facility failed to keep is or floor coverings and in good repair. 2019: ifectively erasing signs of bed is it easier to identify where live at treatment can be focused on of Resident rooms 32 d bugs. on of Resident room 38	C 164			
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained in orderly manner, free hazards; (e) This Rule shall facilities.	o6 HOUSEKEEPING AND es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing	C 166			

6899

Division of Health Service Regulation STATE FORM

L61L21 If continuation sheet 3 of 4

Division of Health Service Regulation

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HAL045115		HAL045115	B. WING		11/22/2019		
			DDRESS, CITY, STATE, ZIP CODE				
CHERRY	CHERRY SPRINGS VILLAGE 358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792						
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C 166	Exposed wiring couresidents. Findings on 11-22-2	lld be a hazard to the	C 166				

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Division of Health Service Regulation STATE FORM