PRINTED: 12/03/2019 FORM APPROVED 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 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE 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

STATE FORM

Division of Health Service Regulation

|  | NT OF DEFICIENCIES<br>I OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | A. BUILDING         | LE CONSTRUCTION<br>1: 01   | (X3) DATE<br>COMF | SURVEY<br>PLETED         |  |  |  |  |
|--|---|--|---------------------|--|-------------------|--------------------------|--|--|--|--|
| 1<br>15  |   | HAL045115  | B. WING             |  | 11/2              | 22/2019                  |  |  |  |  |
| NAME OF  | PROVIDER OR SUPPLIER  | STREET AD  | DRESS, CITY,        | STATE, ZIP CODE  |                   |                          |  |  |  |  |
| CHERRY SPRINGS VILLAGE  358 CLEAR CREEK ROAD  HENDERSONVILLE, NC 28792 |   |  |                     |  |                   |                          |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULI.<br>BC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL)<br>CROSS-REFERENCED TO THE APPROF<br>DEFICIENCY) | D BE              | (X5)<br>COMPLETE<br>DATE |  |  |  |  |
| C 110  | Continued From page 1   |  | C 110               |  |                   |                          |  |  |  |  |
|  | Center, Raleigh, No<br>cost.  | rth Carolina 27699-1632 at no  |                     |  |                   |                          |  |  |  |  |
|  | facility was not in co<br>Governing the Sanit<br>and Rest Homes, Sa<br>Educational and Oth<br>15A NCAC 18A.131<br>Effective measures<br>vermin out of and to<br>presence on the pre<br>The facility does not<br>prevent bed bugs fro<br>present on the prem<br>Findings on 11-22-20<br>a. Interview with the<br>current bedbug prob<br>October of 2018.<br>b. Review of availate<br>Company (PMC) ser<br>rooms were treated were treated 11-23-2<br>The following rooms | on, interview with eview of available records, the impliance with The "Rules ation of Hospitals, Nursing anitariums, Sanatoriums, and her Institutions". Specifically 17 (a) [which requires that] shall be taken to keep prevent their breeding and mises.  I have effective measures to om breeding and being ises.  Administrator revealed the elem has been ongoing since on 9-26-2019 and 7 rooms |                     |  |                   |                          |  |  |  |  |
|  | <ul><li>41.</li><li>c. Direct observation revealed 2 live bed be</li></ul>  | n of Resident rooms 31<br>ougs.  |                     | Pest control treatment for six roowas completed on 12/08/2019. Our treatment will be performed.                  | I                 | 12/16/2019               |  |  |  |  |
| C 164  | Housekeeping and F  | Furnishings-Clean, Repaired  | C 164               |  |                   |                          |  |  |  |  |
|  | SECTION .0300 - PI<br>10A NCAC 13F .030<br>FURNISHINGS  | 3  |                     |  |                   |                          |  |  |  |  |

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L61L21

PRINTED: 12/03/2019 FORM APPROVED 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 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 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 164 Continued From page 2 C 164 (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; Residents rooms will be vacuumed daily and 12/16/2019 (2) have no chronic unpleasant odors: deep cleaned on a monthly schedule. Executive (3) have furniture clean and in good repair: Director to monitor every month, (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on 11-22-2019: The facility is not effectively erasing signs of bed bug activity to make it easier to identify where live bed bugs are so that treatment can be focused where it is needed. a. Direct observation of Resident rooms 32 revealed 2 dead bed bugs. b. Direct observation of Resident room 38 revealed at least 15 dead bed bugs. C 166 Housekeeping-Maintained Free of Hazards C 166

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facilities.

**FURNISHINGS** 

(a) Adult care homes shall:

SECTION .0300 - PHYSICAL PLANT

10A NCAC 13F .0306 HOUSEKEEPING AND

(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and

(e) This Rule shall apply to new and existing

1. Based on observation, electrical plates were missing exposing energized wires and parts.

This Rule is not met as evidenced by:

L61L21

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: 01 B. WING\_ HAL045115 11/22/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CHERRY SPRINGS VILLAGE** 

358 CLEAR CREEK ROAD

| SHERKY                   | SPRINGS VILLAGE  | HENDERSONVILLE,  |  |                          |
|--------------------------|--|------------------|--|--------------------------|
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIEN<br>(EACH DEFICIENCY MUST BE PRECEDED<br>REGULATORY OR LSC IDENTIFYING INFO       | D BY FULL PREFIX | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)      | (X5)<br>COMPLETE<br>DATE |
| C 166                    | Continued From page 3  | C 166            |  |                          |
|                          | Exposed wiring could be a hazard to residents. Findings on 11-22-2019; Several receptacle plates were miss 12. |                  | All receptacle plates will be replaced. Maintenance and Executive Director to monitor receptacle plates every month. | 12/16/2019               |
|                          |  |                  |  |                          |
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