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 HAL059021 09/26/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 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 CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Suzanna Fay conducted on September 26, 2023. Records indicate that this facility was first licensed on May 2, 1973. The facility is currently licensed for 80 residents. Based on this information we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1967 North Carolina State Building Code Section 407.1, Group D-2 Institutional Occupancy. Deficiencies were cited that require a Plan of Correction. C 111 Must Have Current San. & Fire Safety Reports C 111 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports available for review. Findings on September 26, 2023: a. There was not a current copy of the Fire Marshal's annual inspection report. Staff noted that the inspection was scheduled for September 28, 2023. b. There was not a copy of the annual Fire Alarm

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

TITLE (X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMP	SURVEY
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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C 111	Continued From page 1		C 111			
		report available for review. that an inspection took place 122.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.					
	This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair.					
	Findings on September 26, 2023: a. 200 Hall Bath - the popcorn finish is cracked and spalling in several places in the room. b. Med Room - there is a large yellow water stain on the ceiling from a burst pipe. A 4' x 6' section of the ceiling has been replaced but has not been finished. c. Room 206 Bath - the walls are streaked with yellow stains running the length of the walls. d. There was a pattern of floors stained brown around the toilets in the resident room bathrooms.					
	Observations re were not kept in go	vealed that the furnishings od repair.				
	Findings on September 26, 2023:					

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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 HAL059021 09/26/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 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 CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 164 Continued From page 2 C 164 a. 300 Hall Odd Bathroom - the corridor door is heavily damaged. b. Room 304 Bathroom - the interior side of both bathroom doors are damaged and have rough splintered surfaces exposed. c. 400 Hall exit door to the smoking area - the push bar on the door has broken off. C 166 Housekeeping-Maintained Free of Hazards C 166 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. Observations revealed that the facility was not maintained free of all obstructions and hazards. Findings on September 26, 2023: a. Rooms 101 and 103 - Room 103 has a sliding lock on the bedroom side of the door. Room 101 has a large piece of furniture in front of the bathroom door. This could allow for the resident in Room 103 to become trapped in the bathroom during a fire or other emergency. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical,

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C 189	Continued From pa	ge 3	C 189				
	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 and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on September 26, 2023: a. Room 207 - the smoke detector has been removed from its base. b. The FACP is showing a Communications Failure 055 Smoke. The system was tested and appeared to be functioning normally. c. Med Room - the smoke detector is covered with clear packing tape. 2. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Findings on September 26, 2023: a. 200 Hall Bathroom - the toilet is leaking around the base and at the shut off valve of the water line. b. Room 305 Bathroom - there is standing water around the base of the toilet and the floor is stained brown where the water is ponding indicating that there is a leak at the toilet. c. Exterior Boiler Room outside of the Kitchen - there are at least two leaks on the water heater lines causing water to collect on the floor.						

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C 189	Continued From pa	ne 4		C 189			
0 100	Continued i form pa	90 4		0.00			
	d. Can Wash - the						
	to back up in the ba						
	sidewalk. The spig						
	properly shut off cre		nuous water flow				
	into the clogged bas						
	e. 300 Hall Odd Ba	throom - the	toilet is leaking				
	around the base.						
	f. 400 Hall Shower	Room - the s	shower head is				
	broken off.						
	3. Observations revealed that the plumbing						
	equipment was not maintained in a safe and operating manner. Water Closets securely						
	mounted to maintain seal prevent water leaks and sewer gas from entering the facility.						
	sewer gas nom em	ering the raci	iity.				
	Findings on September 26, 2023:						
	a. Room 305 Bathr						
	to the floor.		ict is not scourc				
	b. 300 Hall Odd Ba	throom - the	toilet is not				
	secure to the floor.		tollot lo flot				
	4. Based on observ	vation the fac	ility did not				
	maintain electrical						
	equipment in safe of						
	of the facility could						
	indicating exit paths						
	event of an emergency evacuation.						
	January Standard						
	Findings on September 26, 2023:						
	a. The exit sign at the exterior door in Small						
	Dining did not illuminate on test.						
	b. The exit sign at the doors leading into the 300						
	Hall did not illuminate on test.						
	c. The exit sign to the 300 Hall smoking porch						
	did not illuminate or	n test.					
	5. Based on observ						
	maintain the facility						
	safe operating condition. The occupants in the						

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AND DIAN OF CORRECTION IDENTIFICATION NUMBER		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
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C 189	Continued From pa	ge 5	C 189					
	smoke compartment resistant rated door latch to help limit the to the area of origin. Findings on Septema. The 400 Hall first when released by the b. The fire door go close and latch when test. 6. Based on observation in the building safe condition. Holes.	nt could be effected if the fire is do not completely close and e spread of smoke and/or fire it. The property of the spread of smoke and/or fire it. The property of the spread of smoke and latch it. The fire alarm test, in ginto the 200 Hall did not en released by the fire alarm it. The property of the spread of the s						
	through fire resistar allow fire and smok of origin. Findings on Septen a. There is a hole i Doctor's Office. b. Kitchen Pantry-the ceiling over the ceiling over the ceiling to condud. Employee Loung detaching from the the fire resistant rate. 200 Hall - there the exit sign. 7. Based on observe equipment is not be operating condition. plates on electrical electrical panels may	nt rated ceilings or walls could e to spread beyond the area nber 26, 2023: In the corridor wall outside the there are five small holes in door. Ge - a hole has been cut into loct repairs for the pipe leak. Ge - the exhaust fan is ceiling leaving an opening in						

Findings on September 26, 2023:
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C 189	Continued From pa	ge 6		C 189				
	 a. Doctor's Office - on the left hand wal b. The electrical pa Bath has about a th leaving numerous of 8. Based on observation has not been inspe- maintained in a safe Occupants of the fa 	II. Inel outside of ird of the blank open breakers wation fire safected to assure and operable	300 Hall Odd c plates missing exposed. ty equipment it has been condition.					
	Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection.							
	Findings on September 26, 2023: a. Kitchen - the inspection tag on the kitchen hood fire suppression equipment is dated November of 2022 which is approximately four months overdue for its bi-yearly inspection.							
	9. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Exposed heating elements on wall mounted heating equipment could cause injury from a burn.							
	Findings on September 26, 2023: a. 300 Hall Odd Bathroom - the cover for the wall mounted radiator has broken off on the section at the exterior wall leaving the heating coils exposed.							
	10. Based on obse maintain the facility safe operating cond compartment could doors do not compl limit the spread of sorigin.	's fire safety ed lition. Occupar be exposed to etely close and	uipment in a nts in the smoke smoke or fire if I latch to help					

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C 189	Continued From page 7			C 189			
	Findings on Septer a. Room 308 - the requiring excessive	door rubs on th	ne floor				
	11. Observations revealed that the electrical system is not maintained in a safe and operating condition.						
	Findings on September 26, 2023: a. The facility is installing a new intercom system. The speaker at Room 202 is not secure and is dangling from its wires.						

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