FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B, WING HAL045115 08/22/2024 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 (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRĖFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Responses to the cited deficiencies do not constitute and admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies Report of a Construction Section Biennial Survey or corrective action report. The plan of correction is by Suzanna Fay conducted on August 22, 2024. prepared solely as a matter of compliance with state This facility was licensed on May 28, 1997 for 60 beds. Based on this information, this facility was surveyed for conformance with the 1996 editionof 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. Deficiencies have been cited and a Plan of Correction is required. C 101 Existing Licensed Fac- No less than '71 Rules SECTION ,0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of

Division of Health Service Regulation

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

Health Service Regulation at no cost:

This Rule is not met as evidenced by:

7 bleyeting

1/6/1075

If continuation sheet

STATE FORM

689

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 08/22/2024 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 PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 101 Continued From page 1 C 101 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Findings on August 22, 2024: 8/22/2024 As stated in the summary, Magnetic locks a. The magnetic locks, except for the exit door were corrected. by Room 21, did not release upon activation of the fire alarm. An email received on August 23, 2024 indicated that this had been corrected. 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 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 Center, Raleigh, North Carolina 27699-1632 at no cost.

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

HAL045115

| Complete Construction | (X2) Multiple Construction | (X3) Date Survey Completed | (X4) Multiple Construction | (X5) Date Survey Completed | (X6) D

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHERRY SPRINGS VILLAGE

358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 110	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, interview 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 18A1317 (a) [which requires that] Effective measures shall be taken to keep vermin out of and to prevent their breeding and presence on the	C 110		
	Findings on August 22, 2024: a. Rooms 24, 25, 28 and 29 were actively being treated for bed bugs. Interview with staff revealed that the bed bugs came into the facility with the resident in Room 24 and based on proximity, the other three rooms were being treated as well. The pest control company was on site and stated that they had observed two live bed bugs in Room 24 that day while treating. The resident has been moved from the room. Her recliner was bagged and sitting on a back stair. Bed bugs were found in the chair and they were in the process of treating it as well. Clothing and personal items had been cleaned, bagged and currently being stored in an empty room.		Extermination services treated the affected rooms on 8/19, 8/22, and 9/3	9/3/2024
C 111	Must Have Current San. & Fire Safety Reports 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:	C 111		

Division of Health Service Regulation

PRINTED: 09/16/2024 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 08/22/2024 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 (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) C 111 Continued From page 3 C 111 1. Review of records revealed that the fire and Once the Fire Sprinkler System has been 2/1/2025 repaired, facility will have the Sprinkler building safety inspections were not current. System inspected to be in compliance. Findings on August 22, 2024: a. The most recent Fire Sprinkler System inspection report was conducted on May 30, 2023. The inspection could not be conducted since the sprinkler system has been down. Bathrooms-Not to Be Utilized for Storage C 135 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: All non personal Hygeine items were 9/13/2024 1. Observations revealed that the one community removed from from the bathroom bathroom off of the corridor was being utilized for storage. Findings on August 22, 2024: a. Spa - the housekeeping carts were stored in Housekeeping carts, weight scale and all the bathroom as well as Christmas decorations. 9/13/2024 other non personal hygiene items have been removed to another designated area The wheelchair scale was blocking access to the where they will be stored going forward. toilet and sink.

Division of Health Service Regulation

ENVIRONMENT

other obstructions.

Corridors-Free of equipment and Obstructions

(4) Corridors shall be free of all equipment and

SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL

(g) The requirements for corridors are:

C 150

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL045115 08/22/2024 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 (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 150 Continued From page 4 C 150 This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of all equipment and other obstructions. Findings on August 22, 2024: As stated in the SOD, the large floor buffer a. North Corridor - there was a large floor buffer was removed from the exit path during the 8/22/2024 in the corridor obstructing the exit path. The completion of the survey. Facility has equipment was moved at the time of survey. identified an appropriate storage area for this piece of equipment. C 164 C 164 Housekeeping and Furnishings-Clean, Repaired 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 August 22, 2024; a. Room 22 Bath - the shower floor is dirty and All facility bathrooms have been inspected 9/13/2024 the grout along the bottom of the wall tile is and repaired/cleaned. stained a dark brown. All facility bed frames have been inspected 9/13/2024 b. Room 24 - there is a heavy presence of debris and cleaned appropriately. and dead bugs on the bed frame. b. Laundry - the mechanical vents have a heavy Laundry room mechanical vents have 8/23/2024 accumulation of lint and dust. been cleaned and included on a cleaning schedule. c. Room 9 Bath - the shower had backed up and damaged the floor in the bedroom. The flooring

Division of Health Service Regulation

in front of the bathroom has been removed.

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL045115 B. WING 08/22/2024 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 (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRĖFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 164 Continued From page 5 C 164 Flooring will be replaced/repaired in the 2/1/2025 bedroom area, along with bathroom floor There is debris in the shower. The tile floor of the repairs. shower is stained. 2. Observations revealed that the furnishings were not kept in good repair. Findings on August 22, 2024: 9/12/2024 Resident room door has been repaired. a. Room 14 - the door veneer is pulling away from the door. 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. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on August 22, 2024: a. Maintenance Office - there are five oxygen All oxygen bottles have been relocated to 8/23/2024 a designated area and restrained bottles, unsecured, on the floor of the closet. appropriately. b. Basement - there are two oxygen bottles,

Division of Health Service Regulation

unsecured, on the floor of the basement.

C 185 Fire Safety-Rehearsals on Each Shift

C 185

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL045115 08/22/2024 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 (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 185 Continued From page 6 C 185 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 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: 1. Review of records revealed that the fire rehearsals are not being conducted on each shift per quarter and the rehearsal logs do not contain a short description of what the rehearsal involved. Findings on August 22, 2024: a. There was not a fire drill conducted on the Fire Drills have been corrected to include 8/23/2024 third shift of the first quarter of 2024. a short description of what the rehersal involved. b. There was not a fire drill conducted on the second or third shift of the second quarter of 2024. c. The fire rehearsal logs did not contain a short description of what the rehearsal involved. C 189 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

Division of Health Service Regulation

care home shall be maintained in a safe and

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 08/22/2024 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 PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 7 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 affected if the equipment failed to alert the occupants in case of a fire. Findings on August 22, 2024: a. The fire alarm panel was indicating trouble due to the sprinkler system being down since May The magnetic locks on all exit doors have 8/23/2024 been repaired and are working of 2024. Interview with staff revealed that the fire appropriately. alarm panel had been partially disabled to prevent frequent false alarms. The system was tested and the magnetic locks on the exit doors failed to release. The facility is currently on a fire watch due to the sprinkler system being down. 2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function during a fire. Findings on August 22, 2024: a. The sprinkler system is down. Interview with 2/1/2024 Facilities Fire Sprinkler System will be staff revealed that the system had been down repaired and or replaced. since May. Fire watch records indicated that the system has not been operating consistently since January 28, 2024 when the fire watch records

Division of Health Service Regulation

3. Based on observation there is a failure to

PRINTED: 09/16/2024 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 08/22/2024 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 (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 189 Continued From page 8 C 189 maintain the building's fire safety systems in a Facilities Fire Sprinkler System will be 2/1/2025 safe condition. Holes or gaps at penetrations repaired and or replaced. through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on August 22, 2024: a. Kitchen - the sprinkler head in front of the door is missing its escutcheon ring. This was replaced As indicated in the SOD, the escutcheon at the time of survey. 8/22/2024 rings were replaced during the time of the b. Beauty Salon - the sprinkler head is missing survey. its escutcheon ring. This was replaced at the time of survey. 4. Observations revealed that the plumbing equipment is not maintained in operating condition. Findings on August 22, 2024: Beauty Salon sink drain has been repaired 8/23/2024 and is working appropriately. a. Beauty Salon - the sink is draining at a very b. Room 9 Bath - the shower is not functioning Bathroom shower will be repaired/replaced. 2/1/2025 as it is under repair. 5. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the

Division of Health Service Regulation

spread of smoke and/or fire to the area of origin.

between the door and the door frame at the door

a. Laundry - there was a hanger wedged

between Laundry and Soiled Utility.

Findings on August 22, 2024:

to wedged open.

All items, to include hangers, have been

removed and all staff have been educated

on not wedging doors that are not meant

8/22/2024

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 08/22/2024 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 PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 199 Continued From page 9 C 199 C 199 **Exhaust Ventilation** C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on August 22, 2024: a. Guest Bathroom - the exhaust fan is not All exhaust fans have been inspected and 8/23/2024 replaced/repaired any not functioning. working. b. Spa - the exhaust fan is not working.

Division of Health Service Regulation