STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL094005	A. BUILDING: **01** B. WING _____	**03/12/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS MANOR	**503 WEST BUNCOMBE STREET ROPER, NC 27970**

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C 000	Initial Comments This report is of a Biennial Construction Survey done by Ed Miller and Bob Getchell on March 12, 2015. This facility was first licensed or submitted for licensure as a Home for the Aged serving 40 residents on August 6, 1996. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 (w/revisions) North Carolina State Building Code; Group I - Unrestrained Occupancy. Deficiencies were noted which will require a plan of correction.	C 000		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on March 12, 2015: a. There were loose hand grips (grab bar) at the commodes, tubs and showers in the following locations to include but not limited to:	C 133		

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C 133	Continued From page 1 i. Back right corridor Bathroom shower, ii. Bedroom 210 commode.	C 133		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on March 12, 2015: a. The handrail was loose, at the following locations to include but not limited to: i. Corridor between the exterior wall and Bedroom 209	C 148		
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	C 164		

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C 164	Continued From page 2 facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation grilles and their associated damper might not function properly. This could affect all residents, staff and visitors if in the event of a fire the dampers does not close completely to contain the fire within the room of origin. Findings: on March 12, 2015: a. The return HVAC/ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint through-out the building. 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair. Findings: on March 12, 2015: a. The connection of the commode to the floor was loose, at the following locations to include but not limited to: i. Bedroom 209, b. Front right corridor Bathroom had a commode that would not flush solids down.	C 164		
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 care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing	C 189		

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C 189	Continued From page 3 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, the Building was not maintained in a safe and operating condition, because new construction had left some areas without fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on March 12, 2015: a. In the attic above the front entrance, the dry fire sprinkler system pipes were leaking. This was confirmed by the sprinkler's air compressor coming on to recharge the system. Further examination of the fire sprinkler riser revealed the accelerator had been by-passed. The Fire Marshal of Washington County was contacted with this information and a Fire Watch was implemented at 4:30 PM on 3-12-2015. The Fire Watch to include persons that are dedicated to constantly patrolling the premises (every closet, room, and space) for signs of smoke and or flame. They must carry a cell phone and have been instructed to call 911 if smoke or flame are noticed. They must document their findings and times. Rounds to be made every haft hour and continue until Fire Marshal removes the Watch 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on March 12, 2015: a. The sample tubes for the HVAC duct mounted smoke detectors were dirty throughout the building.	C 189		

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C 189	Continued From page 4 3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on March 12, 2015: a. The fire alarm system's horn/strobe and associated box was dangling from the wall by its power/operational wire at the following locations to include but not limited to: i. Kitchen b. In the attic a HVAC flex duct was pushed up against a heat detector. Obstructing it from working properly. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during and emergency. Findings March 12, 2015: a. The exit sign did not work on backup power when the test button was pushed at the following locations to include but not limited to: i. Right side of cross-corridor doors in Smoke Barrier near bedroom 201. 5. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler heads have obstructed. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin. Findings on March 12, 2015: a. In the Activity Room, there were item stored to close to the fire sprinkler head, disrupting the	C 189		

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C 189	Continued From page 5 water discharge from it. b. In the Med room, the fire sprinkler head was (loaded) covered with lint. c. The carport ceiling has dropped blocking the fire sprinkler head discharge of water. 6. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on March 12, 2015: a. All firewalls in the attic several sleeves had dislodge and open up gaps around the pipes, b. There were gaps around metal pipes through ceiling assembly in the Sprinkler Riser Room, c. Unprotected ceiling penetration around hood suppression system in Kitchen. d. In the Beauty Shop there was a ceiling leak that had deteriorated the ceiling assembly, (tape and joint compound coming apart) and wall. e. There was a one and a half inch hole through the Dining Room /Corridor Wall. f. The ceiling had a cable running through a ¾ inch hole in the Resident Laundry g. The ceiling has holes in the following locations: i. Activity. h. There was no ceiling radiation damper installed at the following locations to include but not limited to: i. Kitchen, make-up air i. The ceiling radiation damper's fusible link was disconnected and the dampers had not completely deployed at the following locations to include but not limited to: i. Kitchen near corridor door. j. The ceiling has hole in the following locations:	C 189		

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C 189	Continued From page 6 i. The smoke detector did not cover the complete hole through the ceiling at the following locations to include but not limited to: 1. Manages Office, 7. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on March 12, 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the following locations to include but not limited to: i. Med Room, ii. Corridor between Bedroom 202 and 204 8. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on March 12, 2015: a. The Right Side cross-corridor doors front leaf did not latch when the fire alarm system released the doors. 9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their fames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not	C 189		

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C 189	Continued From page 7 contain smoke/fire in the room of origin. Findings on March 12, 2015: a. Bedroom 209 door latch was not aligned with the strike plate, 10. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on March 12, 2015 a. Back Right corridor Bath the corridor door does not latch, b. Bedroom 203 corridor door does not latch, c. Bedroom 203 the door knob was falling out of the door leaf. d. The attic access door near Bedroom 201 did not latch into its frame. 11. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on March 12, 2015: a. There were two 1/4 inch diameter holes through the door beside the door latching device in the following room: i. Med room. 12. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated safely. This would affect all staff, by allowing unsafe conditions to persist.	C 189		

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C 189	Continued From page 8 Findings on February 4, 2015: a. The light switch was broken or missing at the following locations to include but not limited to: i. Residential laundry. b. The electrical power receptacle was broken at the following locations to include but not limited to: i. Bedroom 209. c. In light switch was falling out of the wall at the following locations to include but not limited to: i. Bedroom 201. d. Plugged into an electrical power receptacle was a six-outlet adapter not protect with its own fuse/circuit breaker at the following locations to include but not limited to: i. Bedroom 209.	C 189		
C 199	Exhaust Ventilation 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. Based on Observation, the facility failed to	C 199		

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C 199	Continued From page 9 provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on March 12, 2015: a. There was no ventilation to the following locations to include but not limited to: i. Resident Laundry b. The spot exhaust fan was not running, at the following locations to include but not limited to: i. Staff Toilet.	C 199		