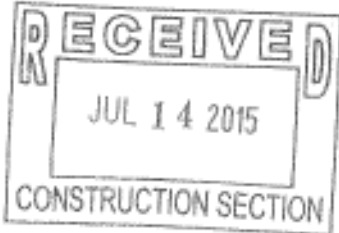


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL006007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/17/2015
NAME OF PROVIDER OR SUPPLIER CRANBERRY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 6255 US HIGHWAY 19 EAST NEWLAND, NC 28857		
(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 000)	Initial Comments Report of a Follow-Up Construction Survey by Ed Miller on June 17, 2015. The following deficiencies cited during the March 11, 2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	(C 000)		
(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 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 was not maintained in a safe manner because of smoke barrier doors not latching properly in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings include: a. The smoke barrier doors on the 100 Hall would not latch closed when released by the fire alarm system. b. The smoke barrier doors on the 300 Hall would not latch closed when released by the fire alarm system. 2. Based on observation, the battery powered emergency light in the dining room would not	(C 189)	 The smoke barrier door on the 100 hall now latch The smoke barrier door on the 300 hall now latch	 6/20/2015 6/20/2015

Division of Health Service Regulation

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

TITLE
Facilities Director

(X6) DATE
7/14/2015

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL006007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/17/2015
NAME OF PROVIDER OR SUPPLIER CRANBERRY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 6255 US HIGHWAY 19 EAST NEWLAND, NC 28657			
(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 180)	Continued From page 1 work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 4. Based on observation, the battery back-up function of several required exit signs would not work when tested. Exit signs that do not work properly could delay or prevent an evacuation in an emergency. Locations include: b. Exit sign near room 106, 5. Based on observation, the sampling tubes for the duct mounted smoke detectors in the attic were dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. 6. Based on observation, the sounding alarm devices in the cover for several of the magnetic locking emergency release switches would not alarm when opened. An alarm device that does not work could allow resident elopement. Locations include: a. Exit near room 201, 7. Based on observation, storage was packed too close to the ceiling in the clean linen room. Storage that is not maintained 18 inches below the sprinkler head could prevent the sprinkler system from spraying properly in a fire. 8. Based on observation, the juice dispenser drain line were extended into the floor drain. Drain lines from food producing appliances that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the juice and/or ice to become contaminated.	(C 180)	A light has been order to replace defective light...estimated completion 7/17/2015 Exit sign has been repair Sampling tubes have been cleaned A part has been ordered to repair sounding devices...Estimated completion: 7/17/2105 Corrected Corrected	6/25/2015 6/25/2015 6/25/2015	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL006007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/17/2015
NAME OF PROVIDER OR SUPPLIER CRANBERRY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 0255 US HIGHWAY 19 EAST NEWLAND, NC 28657		
(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 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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust system was not working on the 200 Hall.	(C 199)	The exhaust system for hall 200 is now working	6/25/2015

Contractor's Material and Test Certificate for Underground Piping	
PROCEDURE Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.	
Property name	Cranberry House
Property address	6215 N. Hwy 19 East Elk Park, AK 99623
Plans	Accepted by approving authorities (name)
	Address
Installation conforms to accepted plans	☒ Yes ☐ No
	Equipment used is approved
If no, state deviations	☒ Yes ☐ No
Instructions	Has person in charge of the equipment been instructed as to location of control valves and care and maintenance of this new equipment?
	If no, explain
How copies of appropriate instructions and care and maintenance checks been left on premises?	☒ Yes ☐ No
	If no, explain
Location	Supplier buildings All
Underground pipes and joints	Pipe types and class
	Ductile iron 50 / C-900
	Pipe conforms to
	Fittings conform to
If no, explain	☒ Yes ☐ No
Joints needed anchorage clamped, stoppped, or blocked in accordance with	☒ Yes ☐ No
	If no, explain
Test description	Flushing: Flow the required rate until water is clear as indicated by no collection of foreign material in burial bags at outlets such as hydrants and blow-offs. Flush at flows not less than 300 gpm (1478 L/min) for 4-in. pipe, 600 gpm (3001 L/min) for 6-in. pipe, 1000 gpm (5002 L/min) for 8-in. pipe, 2440 gpm (9235 L/min) for 10-in. pipe, and 9520 gpm (13,283 L/min) for 12-in. pipe. When supply cannot produce required flow rates, obtain maximum available. Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.8 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.3 bar) for 2 hours. Leakage: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour (1.89 L/hr) per 100 joints (respective of pipe diameter). The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made. The amount of allowable leakage specified above can be increased by 1 fluid ounce per inch valve diameter per hr (30 mL/25 mm/hr) for each metal seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open so the hydrants are under pressure, an additional 6 ounces per minute (160 mL/min) leakage is permitted for each hydrant.
Flushing facts	New underground piping flushed according to
	☒ Yes ☐ No
If no, explain	
	How flushing flow was obtained
Through what type opening	☒ Public water ☐ Tank or reservoir ☐ Fire pump ☐ Hydrant butt ☒ Open pipe
	Lead-ins flushed according to
If no, explain	☒ Yes ☐ No
How flushing flow was obtained	
	Through what type opening
☒ Public water ☐ Tank or reservoir ☐ Fire pump	☒ Y connection to flange ☐ Open pipe and spigot

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Hydrostatic test	All new underground piping hydrostatically tested at <u>200</u> psi for <u>2</u> hours		Joints covered ☒ Yes ☐ No
Leakage test	Total amount of leakage measured _____ gallons _____ hours		
	Allowable leakage _____ gallons _____ hours		
Hydrants	Number installed <u>0</u>	Type and make	All operate satisfactorily ☐ Yes ☐ No
Control valves	Water control valves left wide open If no, state reason		☒ Yes ☐ No
	Hose threads of fire department connections and hydrants interchangeable with those of fire department answering alarm		☒ Yes ☐ No
Remarks	Date left in service <u>7-9-2015</u>		
Signatures	Name of installing contractor <u>Century Fire Protection, LLC</u>		
	Tests witnessed by		
	For property owner (signed) <u>[Signature]</u>	Title <u>Utilities Supervisor</u>	Date <u>7-9-15</u>
	For installing contractor (signed) <u>Daniel Bryant</u>	Title	Date <u>7-9-15</u>
Additional explanation and notes			

Contractor's Material and Test Certificate for Underground Piping

CRANBERRY HOUSE

6215 North US Hwy. 19E
Newland, NC 28657
Phone 828-733-5558
Fax 828-733-5207

FAX COVER SHEET

TO: Vaughn FROM: Debbie Stines-mcn

ATTN: DATE: 7/14/15

FAX NUMBER: PAGES INCLUDING COVER:

1-828-318-8732 2

RE: _____

☒ Urgent ☐ For Review ☐ Please Reply

This fax may contain confidential information for the addressee. Do not read, copy or disseminate this communication unless you are the intended addressee. If you receive this fax by error, please contact the sender by reply fax or by phone.

5-10-2015

From: Avery County Fire Marshal
David C. Jace

I am confirming that the sprinkler
system at Cranberry House located
in Cranberry, N.C., is back in service
and in operation as of 5-10-2015
at 11:30 AM.

Signed:

David C. Jace

Avery Co. Fire Marshal