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
	HAL094005	A. BUILDING: 01 B. WING _____	R 12/10/2015

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

(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 This is a Report of a Follow-up Construction Survey conducted by Greg Cates on December 10, 2015. All of the previously cited deficeincies have not been corrected and will require further action.	{C 000}	JAN 19 2016	
{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: I - Fire Alarm (This condition was initially cited on the September 15, 2015 Follow Up Survey) a- Based on observations, the fire alarm panel is not being maintained operating in a safe manner as the panel was displaying a "TROUBLE" signal. This could affect all occupants of the building if the fire alarm system were not functioning in the event of an emergency. Finding on December 10, 2015 1- The panel display shows "DACT TROUBLE NO. 2". A fire alarm through test revealed the fire alarm does transmit to the monitoring company and sounds within the facility however, the TROUBLE signal remained displayed, even after the panel was re-set.	{C 189}	Century Link was called on 12/11/15, Line was reinstalled on 12/16/15. System no longer displays Dact Trouble NO. 2. Receipt attached.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Katrina Jackson TITLE Manager (X6) DATE 1/13/16

STATE FORM 6899 JRJ624 If continuation sheet 1 of 1

Business Account # 444441138 | 1/12/16

Business Name: William Sasser DBA Cypress Manor

Install Service Address: 503 W Buncombe ST

Plymouth, NC 27962

POTS Line: (252)791-0953

Install and Completion Date: 12/16/2015

Order Confirmation #: 1348672537

Carmen Vargas
Small Business Sales/Care
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CenturyLink Business