STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074042	A. BUILDING: 01 B. WING	04/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS GLEN RETIREMENT COMMUNITY M	100 HICKORY STREET GREENVILLE, NC 27858

(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 Biennial Construction Survey by Ed Miller April 26, 2016. Records indicate that this Facility was licensure as a Home for the Aged serving 12 residents in a special care unit on or about February 17, 2004. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 2002 North Carolina State Building Code, Section 407, Institutional Occupancy, Group I-2 Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 135	Bathrooms-Not to Be Utilized for Storage 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: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in the Rule. This deficiency affects all residents and staff who would not have the fixtures and/or space for the services needed. Findings on April 26, 2016: a. Spa - this area was being used to store wheelchairs and other devices.	C 135	C135 Cypress Glen will ensure the spa is not used for improper storage. IMMEDIATE ACTION: Stored items were removed from the spa. WIDESPREAD CORRECTIVE ACTION: All toilet and bathrooms were checked to remove stored items. SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure the spa is not used for storage. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016.	5/13/16 5/17/16 5/17/16 6/13/16

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C 150	Continued From page 1	C 150		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining clear and unobstructed exit paths to the outside. NC State Building Code requires a six-foot wide corridor. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on April 26, 2016: a. Corridor outside Office - a piano and chair was in the corridor restricts the effective corridor width to thirty-six inches.	C 150	C150 Cypress Glen will maintain corridors free of equipment and obstructions. IMMEDIATE ACTION: The piano and chair were moved out of the corridor. WIDESPREAD CORRECTIVE ACTION: All corridors were checked for obstructions. SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure corridors are unobstructed. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016.	5/17/16 5/17/16 5/17/16 6/13/16
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. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation,	C 164	C164 Cypress Glen will maintain ventilation grilles clean and in good repair. IMMEDIATE ACTION: The grille was cleaned. WIDESPREAD CORRECTIVE ACTION: All grilles were checked for cleanliness. SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure grilles are clean. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A).	4/27/16 5/17/16 5/17/16

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C 164	Continued From page 2 grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on April 26, 2016: a. Spa - the ventilation grille with their radiation damper have an excessive accumulation of dust/lint.	C 164	C164 continued. MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016.	6/13/16
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 Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors keeping rooms the NC State Building Code defines as "Hazardous Area" separated from the rest of the Building. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on April 26, 2016: a. Soiled Linen - the corridor door (45 min rated, self-closing) did not latch into its frame, 2. Based on observations, the Building was not maintained in a safe and operating condition,	C 189	C189 Cypress Glen will maintain fire safety, electrical, mechanical and plumbing equipment in a safe and operating condition. 1.a IMMEDIATE ACTION: The latch on the soiled linen door was replaced. WIDESPREAD CORRECTIVE ACTION: All doors were checked for correct latching. SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure doors latch properly. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016.	4/27/16 5/17/16 5/17/16 6/13/16

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C 189	Continued From page 3 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 April 26, 2016: a. Carport - the sidewall fire sprinkler heads were loaded (covered) with spider webs and leafs. Deficiency corrected before Construction Surveyor departed site 3. Based on observation and testing, 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 power outages and there is no other illumination available. Findings on April 26, 2016: a. Service Entrance - the exterior wall-mounted self-contained emergency light did not work on backup power when the test button was pushed, 4. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct can exhaust to and open free area. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire) Findings on April 26, 2016: a. Carport - the clothes dryer terminates outside into a bird screen that was catching the lint and was nearly clogged. Deficiency corrected before Construction Surveyor departed site. 5. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps around penetration through the fire-resistance-rated construction.	C 189	C189 continued. 2.a IMMEDIATE ACTION: The sprinklerheads under the carport were cleaned during the inspection. WIDESPREAD CORRECTIVE ACTION: All sprinklerheads were checked for cleanliness. SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure sprinklerheads are free of debris. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016. 3.a IMMEDIATE ACTION Batteries were replaced in the emergency light to ensure operation on back-up power. WIDESPREAD CORRECTIVE ACTION: All emergency lighting was checked for proper operation. SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure emergency lighting operate properly. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check	4/26/16 5/17/16 5/17/16 6/13/16 5/2/16 5/17/16 5/17/16 6/13/16

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C 189	Continued From page 4 invalidating its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on April 26, 2016: a. Time Clock Room (telephone room) - there was a gap around a cable that penetrates through the fire-resistance-rated ceiling assembly. b. Time Clock Room (telephone room) - there were two cable bundles penetrating the wall that were sealed with only gypsum joint compound. c. Time Clock Room (telephone room) - there were two open-ended sleeves with cable bundles that were penetrating the fire-resistance-rated ceiling assembly. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on April 26, 2016: a. Corridor near Bedroom 105 - the fire sprinkler escutcheon plate had dropped down from the ceiling. Deficiency corrected before Construction Surveyor departed site. 7. Based on Observation, and interview with Administrator, the Building was not maintained accessible for inspection. This deficiency affects all residents, staff and visitors by not preventing any deficiency that may be discovered with regular inspections from being corrected. Findings on April 26, 2016: a. Kitchen - a closet with an electrical rollup door was broken, denying inspection access to this area.	C 189	C189 3.a continued. will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016. 4.a IMMEDIATE ACTION: The dryer vent was cleaned of lint and debris during the inspection. WIDESPREAD CORRECTIVE ACTION: All dryer vents in the licensed area of the community were checked for cleanliness. SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure the dryer vent is clean. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016. 5.a, b and c IMMEDIATE ACTION: Gaps were sealed with approved fire caulk. WIDESPREAD CORRECTIVE ACTION: All wall penetrations were checked and caulked. SYSTEMIC CHANGE: Staff will conduct monthly inspections to check caulking of firewall penetrations.	4/26/16 5/17/16 5/17/16 6/13/16 4/26/16 5/17/16 5/17/16

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C 199	Continued From page 5	C 199	C189 5.a, b and c continued.	
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 (g) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on April 26, 2016: a. Bedroom 11's Bathroom - the exhaust ventilation system did not remove any air to dissipate odors.	C 199	The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016. 6.a IMMEDIATE ACTION: The sprinkler escutcheon plate was secured to the ceiling during the inspection. WIDESPREAD CORRECTIVE ACTION: All escutcheon plates were checked. SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure escutcheon plates are secure. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016. 7.a IMMEDIATE ACTION: The roll-up door was repaired by an outside contractor.	6/13/16 4/26/16 4/26/16 5/17/16 6/13/16 5/4/16

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C 189	Continued From page 5 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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on April 26, 2016: a. Bedroom 11's Bathroom - the exhaust ventilation system did not remove any air to dissipate odors.	C 189 C 189	C189 7.a continued. WIDESPREAD CORRECTIVE ACTION & SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure the roll-up door is operable. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016. C199 IMMEDIATE ACTION: The exhaust ventilation system was repaired by an outside contractor. WIDESPREAD CORRECTIVE ACTION: Exhaust ventilation in all areas was checked. SYSTEMIC CHANGE: Staff will conduct monthly inspections to ensure proper exhaust ventilation. The inspection will be documented on the Monthly Healthcare Inspection- Memory Care Life Safety Check (Attachment A). MONITORING: Documentation of the Monthly Healthcare Inspection- Memory Care Life Safety Check will be reviewed by the Director of Facility Services and submitted for review during the monthly meeting of the Quality Assurance Performance Improvement (QAPI) committee. The next scheduled meeting is June 13, 2016.	5/17/16 6/13/16 5/10/16 5/17/16 5/17/16 6/13/16

Attachment A

Monthly Healthcare Inspection- Memory Care Life Safety Check

Record a checkmark if no deficiencies are found. If deficiencies are found, provide explanations below and submit work orders immediately.

	Memory Care
1. Spa room is not used for storage.	
2. Egress routes are unobstructed.	
3. Ventilation grilles are clean and free of dust/debris.	
4. All doors positively latch.	
5. All exterior sprinkler heads are clean and free of cobwebs.	
6. Emergency lighting functions on back-up power.	
7. Exterior dryer vent is free of dust/debris.	
8. All fire wall penetrations are sealed with approved fire caulk.	
9. Sprinkler escutcheons are mounted flush to the ceiling.	
10. The kitchen roll-up door is in proper working order.	
11. Exhaust ventilation systems are in proper working order.	

Explanations:

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8.
9.
10.
11.

Name

Date