

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/09/2016
NAME OF PROVIDER OR SUPPLIER CUMBERLAND VILLAGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1124 CEDAR CREEK ROAD FAYETTEVILLE, NC 28301			
(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 report is of a Followup Survey done by Bob Getchell on June 9, 2016. A Complaint survey was performed at the same time. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}			
{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 have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Followup Findings on June 9, 2016: d. Bedroom 11 - the floors in this area dirty. e. Bedroom 12 - the floors in this area dirty. Interview with facility staff revealed that corporate maintenance is scheduled to repair by 6-17-16.	{C 164}	D&E Floors was cleaned and repaired (see pictures)	6-15/16	

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

TITLE

(X6) DATE

Director of Maintenance 6/29/16

STATE FORM

0049

ULPY23

If continuation sheet 1 of 1