

PRINTED: 04/04/2017
FORM APPROVED

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 03/23/2017
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 000	Initial Comments Construction Section Biennial Survey report by Frank Strickland on 03/23/2017: This facility was licensed on 03/25/1998 for a 60 BED SCU. Therefore, this facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCA 13F .0305 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, this facility has not maintained the wood finishes of the interior doors in good repair. Findings on 03/23/2017: The entry doors for Rooms 101 and 103 have damaged due to wheel-chair interaction. 2-Based on observation, this facility has not maintained the interior door hardware in good	C 164	Housekeeping has cleaned the wall, however scratches are still visible. Building is scheduled for painting and refurbishing in the near future. BMS will repair door by 5/8/2017.	5/8/2017

Division of Health Service Regulation

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

TITLE

(X6) DATE

*M. Danielle Gayle**Executive Director 4/18/17*

STATE FORM

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If continuation sheet 1 of 2

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C 164	Continued From page 1 repair. Findings on 03/22/2017: The following interior doors have holes due to hardware replacement that have left holes: (a) Room 204 (b) Room 206 (c) Staff Lounge	C 164	Maintenance was contacted and hardware was replaced covering the holes.	5/8/2017
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 has not maintained in a safe manner by improper storage of oxygen cylinders. This could affect all residents and staff by potentially exposing them to hazards for a ruptured ruptured cylinder. Findings on 03/23/2017: There was one oxygen bottle not in a rack located in the Oxygen Storage Room,	C 189	Lincare was contacted and the large oxygen tank was picked up. Lincare provided a holder for all other oxygen tanks.	4/4/2017