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 |
|---|---|---|---|
| | HAL006007 | A. BUILDING: 01<br>B. WING _____ | R<br>05/11/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CRANBERRY HOUSE | 6255 US HIGHWAY 19 EAST<br>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<br><br>Report of a Biennial Follow Up Construction Construction Survey by Suzanna Fay conducted on May 11, 2017.<br><br>Deficiencies were cited that will require a new plan of correction. | {C 000} | | |
| {C 164} | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, this facility has not maintained the wood finishes of the interior doors in good repair.<br><br>Findings on 05/11/2017:<br>a. The entry doors for Rooms 101 and 103 have damaged due to wheelchair interaction. Interview with Staff revealed that due to the number of doors that had been damaged from wheelchairs, they have requested that all of the doors be replaced. They have not received approval from their corporate office for the repairs. | {C 164} | The entry doors for Rooms 101 and 103 damaged due to wheelchair interaction will be replaced. It should be noted a facelift is schedule for 2017, howerver a date has not been scheduled.<br>Estimated completed for rooms 101 and 103 doors: June 19, 2017. | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: M. Jennelle Daugald

TITLE: Excutive Director

(X6) DATE: 6/1/2017