

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL094006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2017
NAME OF PROVIDER OR SUPPLIER CYPRESS MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Report of a Construction Section Biennial Survey by Suzanna Fay conducted on June 29, 2017. Records indicate this facility was first licensed on August 6, 1996. The facility is currently licensed for forty Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Bed and applicable portions of the 1996 Edition of the North Carolina Building Code, Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observations, the outside grounds were not maintained in a safe condition. Findings on June 29, 2017: a. The side exits did not have working light bulbs to provide illumination for safe passage when exiting at night. Bulbs were installed at the time of this survey. b. The exterior grease trap hatches are covered by small wood platforms that do not cover the entire "pit" for the grease traps. One of the covers was not stable and poses a fall hazard for residents and staff.	C 160		

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

TITLE

(X6) DATE

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C 160	Continued From page 1 c. The metal handrail separating the front entry from the drive through is loose.	C 160		
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. Observations revealed that the facility was not maintained free of unpleasant odors. Findings on June 29, 2017: a. Room 102 had a strong, unpleasant smell of urine. 2. Observations revealed that the doors within wall openings were not maintained in good repair. Findings on June 29, 2017: a. Living Room - the door to the living room drags on the frame making it difficult to close completely. 3. Observations revealed that the bathroom fixtures are not maintained in good repair. Findings on June 29, 2017" a. 200 Hall - left bath - the sink is not secure and is pulling away from the wall.	C 164		

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C 164	Continued From page 2 4. Observations revealed that the floors were not maintained in good repair. Findings on June 29, 2017: a. Room 208 - two of the floor tiles were broken near the center of the room.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintained free from hazards. The building code designated required clearance of 36" for electrical equipment must not be encroached upon. Obstructing access to electrical equipment could delay timely operation in an emergency situation. Findings on June 29, 2017: a. Access to the electrical panels is obstructed by laundry barrels stored in front of the panels. The barrels were removed at the time of survey. 2. Based on observation the facility was not maintained free from hazards due to oxygen bottles that are stored without any means of restraint to prevent them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility.	C 166		

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C 166	Continued From page 3 Findings on June 29, 2017: a. Room 210 - there was an unsecured oxygen tank located in the room.	C 166		
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 there is a failure to maintain the facility's fire safety systems in a safe manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Findings on June 29, 2017: a. A leak in the sprinkler pipe system has caused extensive damage to the ceilings in the lobby and down the left corridor. The piping has been repaired but the damage has created stains and holes in the sheetrock ceiling. b. A fire sprinkler head escutcheon has dropped down creating a gap in the fire resistant rated ceiling where it is penetrated by the sprinkler pipe at the following locations: 1.) Room 101 (repaired on site.)	C 189		

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C 189	Continued From page 4 2.) Corridor outside of Room 103 (repaired on site.) 3.) Clean linen room (repaired on site.) c. There is gap/hole in the fire resistant rated ceiling where the fire sprinkler head is missing its escutcheon at the following locations: 1.) Activity Room back wall. 2.) Soiled linen room (repaired on site.) 3.) Resident laundry room. 4.) Janitor's closet (repaired on site.) d. Riser Room - there is a small hole at the sprinkler head. e. Riser Room - there is a 2" hole in the ceiling behind the water heater. f. Riser Room - the sheetrock tape is pulling away at the back wall compromising the fire rated ceiling assembly. g. Beauty Salon - a sprinkler pipe leak over the Beauty Salon has caused extensive damage to the ceiling of the Beauty Salon and the corridor outside the salon. A layer of the gypsum ceiling has been removed compromising the rated ceiling assembly. Black mold spots were observed in the areas of the leaks which creates a health hazard for the residents and staff. Note: the Beauty Salon was not being used at the time of the survey as the staff waits for repairs. h. Laundry Room - the fire caulking at one of the conduits along the back wall has pulled loose from the ceiling and no longer provides protection for the penetration. i. Med Room - there is a small cable penetration at the emergency light. 2. Based on observation, the facility failed to maintain the life safety equipment in operating condition. Emergency lighting provides illumination for emergency evacuation and failure to operate could endanger the safety of the residents, staff and visitors.	C 189		

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C 189	Continued From page 5 Findings on June 29, 2017: a. When tested on battery power the wall mounted emergency light (#3) outside of Room 102 did not illuminate. b. Living Room - the emergency light did not illuminate when tested on battery power. 3. Based on observation, the facility failed to maintain the life safety equipment in operating condition. Findings on June 29, 2017: a. At the time of this survey, the smoke detector in Room 106 was chirping indicating a low battery. The battery was replaced on site. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Doors that open to corridors are required to completely close and latch in the event of a fire. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on June 29, 2017: a. 200 Hall - neither of the hall bathroom doors would shut and latch. b. Cross-corridor doors - the right leaf on the 200 hall doors stick making it difficult to open after latching. The left leaf on the 100 hall is sticking, making it difficult to move from one smoke compartment to another. 5. Based on observations, the electrical equipment was not maintained in a safe condition. Failure to maintain the electrical equipment in a safe manner could cause harm to the resident(s) using the equipment.	C 189		

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C 189	Continued From page 6 Findings on June 29, 2017: a. Room 208 bath - the bottom screw was missing from the electrical outlet cover plate. 6. Based on observation, the fire safety equipment was not maintained in operating condition. Smoke detectors that are in trouble mode may not activate the fire alarm system in a timely manner during the case of a fire or other emergency. Findings on June 29, 2017: a. The fire alarm panel indicated trouble at the smoke detector by Room 102 where the sprinkler pipe leak had occurred.	C 189		