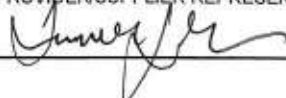


Division of Health Service Regulation

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 R 11/02/2017
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 Report of a Biennial Follow Up Construction Construction Survey by Dennis Harrell on 11-2-2017. The deficiencies were not corrected. Further action 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, this facility has not maintained the wood finishes of the interior doors in good repair. Findings on 03/23/2017 and 05/11/2017: 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. Findings on 07/5/2017: Replacement doors are scheduled to be ordered with delivery and installation taking 7 to 13 weeks. Finding on 11-2-2017; The Administrator stated the doors had been ordered but had not yet been installed.	{C 164}	{C 164} The entry doors for Rooms 101 and 103 damaged. Doors have been ordered and are to be replaced on or before 12/22/17.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director

(X6) DATE

12/5/17

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 R 11/02/2017
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	