

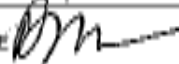
PRINTED: 09/06/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 08/29/2018: This facility was licensed on 07/28/1994 and is currently licensed for 64 residents w/28 BED SCU. Therefore, we are requiring that this facility to meet the 1991 rules Homes For The Aged and Disabled (Minimum Standards and Regulations) and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1991 North Carolina State Building Code Section 409 Institutional Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000	POC SECTION .0300 PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS A locksmith has installed a new lock on the lever handle of the walk in freezer. This can now be locked from the outside while maintaining the ability to open the freezer door from the inside if necessary. Locksmith contacted and anticipated completion date is October 15 th . The storage room now has an additional shelf that is on wheels to store more supplies and therefore keeping all supplies less than 16" from the ceiling. This was completed on September 3 rd .	
C 106	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, this facility has not been maintained to be free of all obstructions and hazards. Findings on 08/29/2018: The Kitchen walk-in freezers have emergency release mechanisms to open the doors in an event of lock-in, that are not operational.	C 106		

Division of Health Service Regulation

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

TITLE **Executive Director**(X6) DATE **10/4/18**

PRINTED: 09/06/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 186	Continued From page 1 2-Based on observation, this facility has not been maintained to be free of all obstructions and hazards. Findings on 08/29/2018: Stored items in the Storage Room at the end of 100 HALL are piled to high at the top shelves (Less than 18 " from ceiling).	C 186	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS a. A carpenter has adjusted the double doors in the memory care unit (by room 101) and they now close when the fire alarm goes off. This was completed 09.29.2018.	
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 building fire resistant components have not been maintained in a safe and operating condition. Findings on 08/29/2018: The door adjacent to Room 101 of the pair of cross-corridors in the SCU, did not latch/close all the way in the frame to prevent the passage of smoke/fire. 2-Based on observation, the building fire resistant components have not been maintained in a safe and operating condition. Findings on 08/29/2018:	C 189	b. The kitchen door in the back is now secured on the frame and no longer drags the floor. This was completed on 09.10.2018. c. 5/8" sheetrock type X was placed in the opening behind the AHU in the mechanical room adjacent to the kitchen. This was completed on 09.10.2018. d. The emergency light located in the SCU dining room has a new battery and is illuminating properly. This was completed on 09.10.2018. e. The toilet in room 217 had a leak at the base that has been corrected. This was completed on August 30, 2018.	

PRINTED: 09/08/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 189	Continued From page 2 The rear Kitchen fire-rated door frame is not secure in the wall and the door drags on the floor making latching difficult. 3-Based on observation, the building fire resistant components have not been maintained in a safe and operating condition. Findings on 08/29/2018: There is a 24" x 36" wall opening behind the AHU that requires fire resistance, that is located in the Mechanical Room adjacent to the Kitchen. 4-Based on observation, the building fire safety equipment have not been maintained in a safe and operating condition. Findings on 08/29/2018: The emergency light that is located in the SCU Dining Hall did not illuminate when tested. 5-Based on observation, the building plumbing fixtures have not been maintained in a safe and operating condition. Findings on 08/29/2018: There is a toilet leak in Room 217. 5-Based on observation, the building plumbing fixtures have not been maintained in a safe and operating condition. Findings on 08/29/2018: There is floor and wall damage to Room 213 from a plumbing leak in the adjacent Spa that have been repaired. But repair is required in Room 213. 6-Based on observation, the building mechanical equipment has not been maintained in a safe and	C 189	f. The plumbing leak in spa adjacent to room 213 has been fixed. The flooring in room 213 has been replaced. The flooring repair is expected to be completed by October 31, 2018. g. The bath fan in room 113 is now repaired and operating correctly. This was completed on September 11, 2018.	

PRINTED: 09/06/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 189	Continued From page 3 operating condition. Findings on 08/29/2018: The mechanical exhaust system in Room 113 is not operational.	C 189		