

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2019
NAME OF PROVIDER OR SUPPLIER CLEVELAND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HARDIN DRIVE SHELBY, NC 28150		
(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 Ed Miller and Dennis Harrell, conducted on June 5, 2019. Records indicate this facility was first licensed as a Home for the Aged on or about 5-10-1991, for 72 beds. Therefore, the facility is required to meet the 1991 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1991 North Carolina State Building Code, Section 409.1 Group I- Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review and interview with Executive Director - the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on June 5, 2019: a. NFPA 72 "National Fire Alarm and Signaling Code" requires annual Inspection, Testing, and Maintenance of your Fire Alarm Systems. The last annual inspection was performed in May 2018.	C 111		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2019
NAME OF PROVIDER OR SUPPLIER CLEVELAND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HARDIN DRIVE SHELBY, NC 28150		
(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 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, and interview with Manager, the facility failed to keep plumbing system devices clean and in good repair. Findings on June 5, 2019: a. Women Restroom - the handle on the commode is broken off limiting the use commode.	C 164		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2019
NAME OF PROVIDER OR SUPPLIER CLEVELAND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HARDIN DRIVE SHELBY, NC 28150		
(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 185	Continued From page 2 This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Technician/Manager, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. This deficiency affects all by not having trained staff and trained/cooperative residents when there is a need to evacuate the building. Findings on June 5, 2019: a. In the 3rd quarter for the last 12 months, no rehearsals occurred during 1st and 2nd shifts. b. In the 4th quarter for the last 12 months, no rehearsal occurred during 1st shift. 2. Based on Record review of the last 12 months of rehearsals, and interview with Executive Director the Facility failed to fully document the staff members present, and a short description of what the rehearsal involved. Findings on June 5, 2019: a. Since January there is no description of what the rehearsal involved or list of staff member present. b. Before January there is little to no description of what the rehearsal involved.	C 185		
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)	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2019
NAME OF PROVIDER OR SUPPLIER CLEVELAND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HARDIN DRIVE SHELBY, NC 28150		
(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 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on June 5, 2019: a. All Attic HVAC Units - the sampling tubes for the HVAC duct mounted smoke detectors are dirty. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on June 5, 2019: a. Attic on Dogwood Wing - there is a cable bundle not firestopped as it penetrates the fire-resistance-rated smoke barrier assembly. b. Attic on Dogwood Wing - a conduit has been stepped many times and has crushed the fire-resistance-rated wall below, creating an opening in the wall not properly firestopped. c. Attic on Dogwood Wing - there are several penetrations sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated smoke barrier construction. d. Kitchen Storage - 3 three-inch PVC pipes/flues are not properly firestopped with a fire collars, or other approved methods, as they penetrate the one-hour fire fire-resistance-rated ceiling assembly. e. Kitchen - a cable with its firestopped sealant is pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. f. Attic on Dogwood Wing Furnace Room -	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2019
NAME OF PROVIDER OR SUPPLIER CLEVELAND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HARDIN DRIVE SHELBY, NC 28150		
(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 4 there are holes and gaps around all threads not firestopped as they penetrate the fire-resistance-rated ceiling assembly. g. Attic on Dogwood Wing Furnace Room - the make-up air duct escutcheon has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. h. Lobby - a cable with its firestopped sealant is pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. 3. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire room of origin. Findings on June 5, 2019: a. Bulk Laundry - the required self-closing corridor door is held open with a pillow. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed site. 4. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on June 5, 2019: a. Kitchen - the two Dining Room doors have chairs holding the doors open. This prevents the rapid release of the doors with a light push or pull of the doors, to close and latch. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 5, 2019:	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2019
NAME OF PROVIDER OR SUPPLIER CLEVELAND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HARDIN DRIVE SHELBY, NC 28150		
(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 5 a. Attic on Dogwood Wing - the connection of a conduit to a junction box has come loose near the attic access. b. Electrical Panel Room - many cases of water are stored in front of the electrical panels, limiting the required 36-inches by 30-inches minimum clear working space. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on June 5, 2019: a. Kitchen Storage - the corridor door is missing its strike plate; therefore, the door cannot latch into its frame to be smoke tight. b. Med Room - there is a 1/4-inch diameter hole through the corridor door around the door handle. 7. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on June 5, 2019: a. Telephone Room - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. Corridor near Bedroom 13 - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. Deficiency corrected before Construction Surveyors departed site. c. Activity - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat d. Water Heater Room - the fire sprinkler head is located above the ceiling without an	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2019
NAME OF PROVIDER OR SUPPLIER CLEVELAND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HARDIN DRIVE SHELBY, NC 28150		
(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 6 escutcheon plate. If this sprinkler head in not a recessed sprinkler head then the ceiling will obstruct the sprinkler spray pattern. e. Corridor near Bedroom 28 - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. f. Bedroom 40 - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. g. Bedroom 35 - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2019
NAME OF PROVIDER OR SUPPLIER CLEVELAND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HARDIN DRIVE SHELBY, NC 28150		
(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 199	Continued From page 7 ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on June 5, 2019: a. Housekeeping - the required exhaust ventilation system did not work. b. Hoper Room - the required exhaust ventilation system did not work.	C 199		