

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL094006</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/11/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CYPRESS MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>503 WEST BUNCOMBE STREET<br/>ROPER, NC 27970</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                    | Initial Comments<br><br>Construction Section Biennial Survey report by Frank Strickland conducted on 07/11/2019:<br><br>This facility was first licensed on 08/06/1996 and is currently licensed for forty Beds. Therefore, this 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.<br><br>Deficiencies have been cited and a new Plan of Correction is required.                         | 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, the floor coverings have not been kept clean and in good repair.<br><br>Findings on 07/11/2019:<br>The floor tiles adjacent to the toilet for Room 102 has excessive staining and is dirty. | C 164                                                                                        |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CYPRESS MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>503 WEST BUNCOMBE STREET<br/>ROPER, NC 27970</b> |                                                                                                                          |                                                        |
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| C 189                                                    | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C 189                                                                                        |                                                                                                                          |                                                        |
| C 189                                                    | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER<br/>REQUIREMENTS<br/>(a) The building and all fire safety, electrical,<br/>mechanical, and plumbing equipment in an adult<br/>care home shall be maintained in a safe and<br/>operating condition.<br/>(k) This Rule shall apply to new and existing<br/>facilities with the exception of Paragraph (e)<br/>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>1-Based on observation, the building has not<br/>been maintained in a safe and operating<br/>condition.</p> <p>Findings on 07/11/2019:<br/>There is a through wall hole in the Lobby under<br/>the clock into the Dining Hall that would allow the<br/>passage of smoke and/or fire.</p> <p>2-Based on observation, the building has not<br/>been maintained in a safe and operating<br/>condition.</p> <p>Findings on 07/11/2019:<br/>The doors at the following locations do not latch<br/>that would allow the of smoke and/or fire:<br/>(a) Room 205<br/>(b) Soiled Linen Room</p> <p>3-Based on observation, the HVAC components<br/>have not been maintained in a safe and operating<br/>condition.</p> <p>Findings on 07/11/2019:</p> | C 189                                                                                        |                                                                                                                          |                                                        |

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| C 189                                                    | <p>Continued From page 2</p> <p>The Kitchen return-air grille and filter has excessive grease build-up.</p> <p>4-Based on observation, the HVAC components have not been maintained in a safe and operating condition.</p> <p>Findings on 07/11/2019:<br/>The ceiling diffuser located in the front Administrator's Office has peeling paint/rust due condensation.</p> <p>5-Based on observation, the dryer venting has not been maintained in a safe and operating condition.</p> <p>Findings on 07/11/2019:<br/>The back-draft dampers for the 4" dryer vent are missing that would allow vermin to enter the facility via inside the backside of the dryer.</p> | C 189                                                                                        |                                                                                                                          |                                                        |