

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL059021                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                                                                  | (X3) DATE SURVEY COMPLETED<br><br>R<br>12/03/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CEDARBROOK RESIDENTIAL CENTER |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1267 PINNACLE CHURCH ROAD<br>NEBO, NC 28761 |                                                                                                                                                      |                                                   |
| (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<br><br>Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on December 3, 2024.<br><br>There are deficiencies not completed from the Biennial Survey, and several new deficiencies were cited that requires a new Plan of Correction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {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. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair.<br><br>Findings on December 3, 2024:<br>d. There was a pattern of floors stained brown around the toilets in the resident room bathrooms. There is evidence that cleaning has occurred but some of the stains are still visible. Interview with staff revealed that they have tried multiple cleaning products and have not been able to completely remove the stains.<br><br>New Findings:<br>e. Room 407 - there is a brown residue at the base of the wall radiators in the bedroom and in the adjoining bathroom. There are piles of | {C 164}                                                                              | - Stains on terazo flooring have been removed, floor refinishing will be completed.<br>Inspection of bathroom will be completed no less than weekly. | 1/10/25                                           |

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

TITLE

(X6) DATE

*Meredith Boswell*

*Operations Manager*

*1/3/25*

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br>CEDARBROOK RESIDENTIAL CENTER |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1267 PINNACLE CHURCH ROAD<br>NEBO, NC 28761                                                                                                                        |                        |                                                   |
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| {C 164}                                                           | Continued From page 1<br><br>clothing spilling out of the closet. There are food crumbs and trash on the floor.<br>f. Room 411 - a roof leak has damaged the ceiling in the bedroom and there are black spots of microbial growth at the damaged portions.<br><br>2. Observations revealed that the furnishings were not kept in good repair.<br><br>Findings on December 3, 2024:<br>b. Room 304 Bathroom - the interior side of both bathroom doors are damaged and have rough splintered surfaces exposed. This has not been corrected.                                                                                                                                                                                                                                                                                                    | {C 164}                                                             | - Any stains will be removed and routine cleaning will be ongoing.<br><br>- Room 407 deep cleaned. All rooms will continue to be on routine cleaning schedule with an additional deep cleaning when needed. | 1/10/25                |                                                   |
| {C 189}                                                           | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>2. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition.<br><br>Findings on December 3, 2024:<br>b. Room 305 Bathroom - at the time of the follow up there was water around the base of the toilet and there is a strong odor of urine. The floor appears to have been cleaned but the brown | {C 189}                                                             | - Operations Manager or designee will inspect rooms no less than bi weekly.<br><br>- Room 411 roof leak will be repaired.                                                                                   | 1/10/25<br><br>1/31/25 |                                                   |

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STATE FORM

past due. was  
emailed to  
surveyor on 12/3/24