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	HAL088014	A. BUILDING: **01** B. WING _____	**04/30/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR MOUNTAIN HOUSE	**11 SHERWOOD RIDGE ROAD BREVARD, NC 28712**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on April 30, 2025. Records indicate this facility was first licensed on March 24, 1998 as a Home for the Aged with 64 beds. Therefore, the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies. Deficiencies were cited which require a plan of corrections.	C 000	Responses to the cited deficiencies do not constitute and admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state laws.	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

Deanna Milner 06/03/2025

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C 101	Continued From page 1 1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. An additional on/off emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on April 30, 2025: a. The door between Memory Care and the Lobby is equipped with an electromagnetic lock. There is not an emergency release switch within 3 feet of the door. 2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking, a wiring diagram and system components location map shall be provided under glass adjacent to the fire alarm panel. Findings on April 30, 2025: a. There was not a wiring diagram or a system components location map adjacent to the fire alarm panel. 3. Observations revealed that the courtyard fence was obstructing the residents from exiting. Findings on April 30, 2025: a. Courtyard - the gate was equipped with a padlock and staff did not carry keys to release the gate if required during an emergency.	C 101	10A NCAC 13F 0.301 1. a. Emergency release switch will be added to the door between Memory Care and the lobby. 2. a. Wiring diagram will be placed adjacent to fire panel. 3. a. Executive Director has educated the staff to ensure that they carry keys to the gate for emergency purposes.	06/06/2025 06/23/2025 5/24/2025

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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. Review of records revealed that the facility did not maintain current fire and building safety inspection reports in the home and available for review. Findings on April 30, 2025: a. There was not a copy of the annual Fire Sprinkler inspection report available for review.	C 111	10A NCAC 13F. 0302 1. a. Annual Fire Sprinkler Inspection Report has been obtained and is available for review.	06/03/2025
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the corridors free of all equipment and other obstructions. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on April 30, 2025: a. Stairwell by Room 128 - there was a box and wheelchair stored in the stairwell behind the door.	C 150	10A NCAC 13F .0305 1. a. All items in stairwell by Room 128 have been removed.	5/24/2025

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C 150	Continued From page 3 The door was only able to be opened about 60 degrees.	C 150		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that the facility has residents known to be disoriented or a wanderer which requires that each exit door accessible by residents to be equipped with a sounding device that is activated when the door is opened. Findings on April 30, 2025: a. Stair by Room 210 - the door was not equipped with a working sounding device that is activated when the door is opened to alert staff that someone was entering the stairwell.	C 154	10A NCAC 13F .0305 1. a. Sounding Device will be installed at Stair by Room 210.	6/23/2025
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	C 164		

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C 164	Continued From page 4 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. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on April 30, 2025: a. Dining - a section of the base has fallen off at the right side of the exterior doors. b. Kitchen - there are two missing floor tiles at the the right hand entrance off of Dining. c. Kitchen - the ceiling is damaged in the front outside corner due to a gutter leak. The sheetrock is cracked and sagging and the area has a dark yellow water stain. d. Room 135 Bath - the wall separating the shower is heavily damaged at the bottom. The base is off, the finish is torn and the metal trim pieces are rusting. e. Room 123 Bath - the shower wall is damaged and in the process of being patched. The shower surround has two yellow stains that appear to be old patches. f. Room 123 - the transition strip at the corridor door has fallen off and is behind the door. g. Room 121 - there are food containers and food crumbs all over the floor by the left side bed. There are pens, tubs, shoes and miscellaneous cords and other items on the floor under the bed and in front of the chest of drawers. h. Med Room - the floor is dirty and scuffed.	C 164	10A NCAC 13F. 0306 1. a. Base will be replaced/repaired . b. Floor tiles will be replaced c. Ceiling will be repaired/replaced. d. Bath in room 135 will be repaired. e. Bath in room 123 will be repaired. f. Transition strip in Room 123 will be repaired/replaced. g. Room 121 will be cleaned and all unnecessary items removed. h. Med room floor will be cleaned i. Stair tread/strips will be being replaced/ repaired.	6/23/2025

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C 164	Continued From page 5 i. Front Stair - the rubber nosing on the stair treads is torn and tearing off creating a trip hazard.	C 164		
C 166	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 the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on April 30, 2025: a. Room 133 - there is an unsecured oxygen bottle on the floor in the left closet. b. Room 123 - there is an unsecured oxygen bottle behind the door.	C 166	10A NCAC 13F .0306 1. a. Oxygen has been removed from 133 and secured. b. Oxygen has been removed from 123 and secured.	05/24/2025
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:	C 175		

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C 175	Continued From page 6 (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that each bedroom or adjoining bathroom were not equipped with a towel bar for each resident. Findings on April 30, 2025: a. Room 218 Bath - the towel bar had been removed and the wall was partially patched. There was not another towel bar in the room and the room is laid out for two residents.	C 175	10 A NCAC 13F .0306 1 a. Towel bar will be replaced in Room 218 Bath and wall repaired.	05/24/2025
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 facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on April 30, 2025: a. Dining - emergency light #2 did not illuminate	C 189	10A NCAC 13F .0311 1.a. Emergency light #2 will be replaced. b. Emergency light #26 will be replaced. c. Emergency light #8 will be replaced. d. Emergency light outside of Beauty Salon will be replaced. e. Emergency light #19 will be replaced.	06/23/2025

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C 189	Continued From page 7 on test. b. Front Stair - emergency light #26 in the stairwell did not illuminate on test. c. Emergency light #8 by Room 129 did not illuminate on test. d. Second Floor: the emergency light outside of the Beauty Salon did not illuminate on test. e. Emergency light #19 by Room 222 did not illuminate on test. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on April 30, 2025: a. Front Stair - the exit sign at the exterior door did not illuminate on test. 3. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could affect all occupants of the facility if the domestic water supply became contaminated. Findings on April 30, 2025: a. Kitchen - the drain line for the icemaker is resting down in the elevated drain piece. 4. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. The kitchen hood suppression system is required to be inspected every six months. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection.	C 189	2. a. The Exit Sign at front stair at exterior door will be replaced. 3. a. The drain for the icemaker will be repaired. 4. Kitchen Hood inspection will be completed.	6/23/2025 6/3/2025 6/3/2025

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C 189	Continued From page 8 Findings on April 30, 2025: a. The kitchen hood was last inspected in September of 2024. 5. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on April 30, 2025: a. Service Hall - the escutcheon ring is missing on the first sprinkler head. b. Service Hall - the escutcheon ring has dropped on the second sprinkler head leaving a gap in the fire resistant rated ceiling. c. The internet cable box has fallen off of the wall and is dangling by its wires leaving a 2" diameter hole in the wall exposed. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Forty-five minute rated doors are to be equipped with a closer in hazardous areas. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on April 30, 2025: a. Clean Linen - the closer was removed from the corridor door and it no longer automatically closes and latches. b. Soiled Linen - the closer has been disabled on the corridor door and the door no longer automatically closes and latches.	C 189	5. a. Escutcheon ring in Service hall at first sprinkler head will be replaced. b. Escutcheon ring in Service hall at second sprikler will be repaired and any gaps filled with appropriate material c. The internet box has been secured to the wall. 6. a. Closer for door for Clean Linen will be replaced. b. Closer for door at Soiled Linen will be repaired/replaced.	6/23/2025 5/24/2025 5/24/2025 5/24/2025 5/24/2025

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C 189	Continued From page 9 7. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on April 30, 2025: a. Clean Linen - the corridor door was held open by a box and clothing on hangers prevented the door from closing. 8. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on April 30, 2025: a. Courtyard - an unidentified piece of rooftop equipment was wrapped in a blue tarp.	C 189	7. a. All items preventing the clean linen door from closing have been removed. 8. a. The blue tarp has been removed from the rooftop of the building.	5/24/2025 5/24/2025
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	C 199		

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C 199	Continued From page 10 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up of humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on April 30, 2025: a. There was a pattern of fans not working in the common areas such as Guest Bathrooms, Laundry Rooms, Spas, Housekeeping and other areas. 2. Based on observation, there is not exhaust ventilation in a space required to have exhaust ventilation. This could affect the occupants of the facility if heat, odors, fumes or possible air borne contaminates were not exhausted from the building. Findings on April 30, 2025: a. Main Laundry - there does not appear to be an exhaust ventilation system in the laundry area.	C 199	10A NCAC 13F .0311 1 a. All fans will be repaired and replaced . 2. a. Exhaust ventilation system will be installed in the laundry area.	6/23/2025 6/23/2025