STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL094007	A. BUILDING: **01** B. WING _____	**05/29/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS MANOR	**503 WEST BUNCOMBE STREET ROPER, NC 27970**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on May 29, 2025. This facility was first licensed on August 6, 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 sand 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. Deficiencies have been cited and a new Plan of Correction is required.	C 000		
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1. Observations revealed that the sink in the Med Prep area was not equipped with wrist type lever handles to prevent contamination after hand washing. Findings on May 29, 2025: a. Med Prep - the sink was not equipped with wrist type lever handles.	C 144		

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C 164	Continued From page 1	C 164		
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. Observations revealed that the walls were not kept in good repair. Findings on May 29, 2025: a. Dining - there is a 2" diameter indention in the corridor wall below the emergency light. 2. Observations revealed that the furniture was not kept in good repair. Findings on May 29, 2025: a. Med Prep Room - one of the drawers is off of its track and the base cabinet doors are not closing. b. Nurses Station - two of the drawers are off of their tracks.	C 164		
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	C 175		

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C 175	Continued From page 2 resident: (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 did not have a towel bar for each resident. Findings on May 29, 2025: a. There was a general pattern of bathrooms with two or three towel bars for four residents. Some of those towel bars were found to be broken or damaged.	C 175		
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 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.	C 189		

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C 189	Continued From page 3 Findings on May 29, 2025: 1. There is a small hole at the base of the exit sign over the front door. This was corrected at the time of survey. 2. Guest Toilet - the fan is not aligned with its opening leaving gaps in the fire resistant rated ceiling. This was corrected at the time of survey. 3. Room 207 - the front sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. 4. Dining - there is a 2" diameter hole in the wall below the emergency light. 5. Beauty Shop - there are holes in the ceiling along the top of the wall above the sink. 6. Soiled Linen - the escutcheon ring on the sprinkler head has dropped. This was corrected at the time of survey. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. 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 May 29, 2025: a. 100 Hall Bath - the door is rubbing on the frame due to loose hinges. The door is equipped with a door closer but does not automatically close. 3. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on May 29, 2025: a. Shared Bath between Rooms 102 and 104 -	C 189		

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C 189	Continued From page 4 the GFCI outlet has tripped and could not be reset at the time of survey. b. 201 Bath - the GFCI outlet is not tripping when tested. 4. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on May 29, 2025: a. 204 Bath - the toilet is not secure to the floor. 5. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the Kitchen did not operate when needed to provide fire protection. The hood suppression system is required to be inspected every six months. Findings on May 29, 2025: a. Kitchen - the last inspection on the tag on the hood suppression system was August 2024. 6. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Open ducts or vents in exterior walls allows for pests to enter the facility. Findings on May 29, 2025: a. Residential Laundry - the exterior dryer exhaust cap was damaged leaving a hole for pests to enter. 7. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could	C 189		

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C 189	Continued From page 5 affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on May 29, 2025: a. Business Office - the emergency light did not illuminate on test. 8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on May 29, 2025: a. 100 Hall - the floor receptor device on the right hand door was broken causing the rod not to be secured and preventing the door from latching.	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.	C 199		

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C 199	Continued From page 6 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 May 29, 2025: a. Janitor's Closet - the exhaust fan is not pulling enough to ventilate the room.	C 199		