Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036034	A. BUILDING: _____ B. WING _____	R 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF CHERRYVILLE	401 WEST ACADEMY STREET CHERRYVILLE, NC 28021

(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
D 000	Initial Comments The Adult Care Licensure Section and Gaston County Department of Social Services conducted an annual, follow-up survey and complaint investigation on October 29, 2025, through October 30, 2025. The complaint investigation was initiated by Gaston County Department of Social Services on October 6, 2025.	D 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts in the statement of deficiencies corrective action report; the plan of correction is prepared solely as a matter of compliance with state.	
D 079	10A NCAC 13F .0306 (a)(5) Housekeeping and Furnishings 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; Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a safe environment free of hazards related to a loose grab bar in the shower enclosure used by two residents located in rooms 121 and 122. The findings are:	D 079		

Reviewed and acknowledged by , Melissa J. Jones 11/17/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036034	A. BUILDING: _____ B. WING _____	R 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF CHERRYVILLE	401 WEST ACADEMY STREET CHERRYVILLE, NC 28021

(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
D 079	Continued From page 1 Observation of the shower enclosure for rooms 121 and 122 on 10/29/25 at 10:48am revealed: -The shower enclosure had two grab bars mounted on the shower wall, an upper and a lower grab bar. -The upper grab bar was an L-shaped grab bar that connected to the shower wall in three places. -One of the mounting plates on the upper grab bar was dislodged from the wall and screws were no longer secure to the adjoining shower wall. -The grab bar was loose when pulled on the first mounting plate and the other two mounting plates were securely fastened to the wall. -The lower grab bar was secure and not loose when pulled on. Interview with the resident residing in room 121 on 10/30/25 at 10:26am revealed: -He showers independently. -He knew the Maintenance Manager had fixed the grab bar about three weeks ago. -The Maintenance Manager used caulk to adhere to the shower wall, and it did not work. -The day after it was fixed it was loose again. -He did not tell anyone that the grab bar was loose. Interview with a personal care aide (PCA) on 10/30/2025 at 10:40am revealed: -She helped the resident in room 122 with his showers. -The Resident would hold onto the grab bar, and she would wash his body. -She did not notice that the grab bar was loose. -She could not remember the last time she assisted the resident with his shower and had been off work the last several days. -If she did notice something that needed to be fixed, she would verbally tell the Maintenance Manager.	D 079	Upon identification of the deficiency, the areas noted during inspection were immediately cleared of all obstructions and potential hazards. Maintenance and direct care staff were directed to ensure all common and resident areas were free of clutter. A facility housekeeping inspection was conducted to identify and correct any similar issues. Housekeeping policy has been reviewed and updated to reinforce the requirement that all areas remain clean, orderly, and free of hazards. All housekeeping and care staff received re-education on proper cleaning procedures, storage of supplies, and maintaining clear walkways and living spaces. Care staff will perform end-of-shift visual checks of assigned areas to ensure compliance with cleanliness and safety standards.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036034	A. BUILDING: _____ B. WING _____	R 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF CHERRYVILLE	401 WEST ACADEMY STREET CHERRYVILLE, NC 28021

(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
D 079	Continued From page 2 Interview with the Maintenance Manager on 10/30/2025 at 11:09am revealed: -He was made aware of the shower grab bar being loose in bathroom between rooms 121 and 121 about two weeks ago from a PCA. -He fixed it by applying caulk to the shower plate. -He did not write down the date he fixed the grab bar. -He would usually go back and check on repairs a few days after they are done and just checked on the grab bar recently but could not remember when. Interview with the Administrator on 10/30/25 at 12:33 pm revealed: -She was made aware of the grab bar being loose from the Adult Home Specialist sometime in October 2025. -She went to assess the shower grab bar in the bathroom for room 121 and 122. -She made the Maintenance Manager aware of the loose shower bar located between rooms 121 and 122 and that it needed to be repaired. -The Maintenance Manager was responsible for following up on repairs to ensure they were working properly. -She expected staff to let her and the Maintenance Manager know when grab bars were loose. Based on observations, interviews, and record reviews it was determined that Resident #1 was not interviewable.	D 079	Maintenance and housekeeping will collaborate to ensure that repairs are identified. Weekly walkthroughs by maintenance will be scheduled to proactively identify hazards before they become deficiencies. Maintenance will conduct weekly safety audits for 90 days, then monthly thereafter. Audit results will be reviewed during the monthly Quality Assurance and Performance Improvement meeting. The Executive Director will monitor the audit findings and ensure that any identified issues are corrected immediately and documented for follow-up.	Date Completed By: 11/26/25