

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082026 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 09/29/2016 |
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| NAME OF PROVIDER OR SUPPLIER CEDAR SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 670 CEDAR LAKE LANE CLINTON, NC 28328 |
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| (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 | <p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on September 29, 2016 from 11:35 AM to 12:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 12, 2015 as a Family Care Home for six ambulatory Residents. On September 1, 2016, the facility was approved for up to six non-ambulatory Residents (unable to evacuate and respond without any physical or verbal assistance during a fire or other emergency) by installing a sprinkler system. Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.4 - Small Non-ambulatory Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p> | C 000 | | |
| C 148 | <p>Outside Entrances/Exits-Free of Obstructions</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the left window in Bedroom #1 had safety catches that could obstruct the emergency egress in case of an emergency. The measures taken to disable the catches had been removed. Remove or disable</p> | C 148 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| C 148 | Continued From page 1 the safety catches. Provide documentation of the repairs in the form of photos or receipts. | C 148 | | |
| C 174 | Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed that the return air grille in the hallway ceiling outside of Bedroom #2 had an accumulation of dust. Sweep or vacuum out the grille. Provide documentation of the repairs in the form of photos. | C 174 | | |