

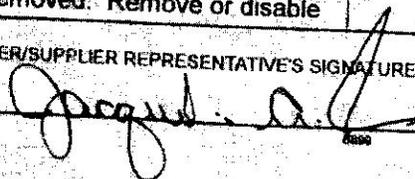
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082028	(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	<p>Section .0300- The building 10A NCAC13G .0312 Outside entrance and exits. Bedroom</p> <p>#1 safety catch has been removed. Please see attached photos</p>	10/6/16

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



TITLE
Cuneel/Adm.

(X6) DATE
10/6/16

STATE FORM

6NJQ21

If continuation sheet 1 of 2

Division of Health Service Regulation

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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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	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>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.</p>	C 174	<p>oomSection .0300- The building 10A NCAC13G .0317 Building service equipment. Return air grille in hallway of bedroom #2 has been cleaned and filter replaced. Photo is attached</p>	10/6/16