

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 conducted an annual and follow-up survey from 04/09/24 to 04/11/24.	D 000		
D 079	<p>10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings</p> <p>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; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews, and interviews, the facility failed to provide a safe and clean environment free of hazards related to roaches in the facility.</p> <p>The findings are:</p> <p>Review of the local health department facility establishment inspection report dated 11/28/23 revealed:</p> <ul style="list-style-type: none"> <li>-The facility received a score of 97.</li> <li>-The facility received a one-point deduction for the presence of pest and lack of effective pest control measures.</li> <li>-There was an observation of baby and teenage roaches in a laundry room and in resident rooms 103 and 301.</li> <li>-The facility was instructed to contact a pest control operator.</li> </ul>	D 079		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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	<p>Continued From page 1</p> <p>Review of the facility's contracted pest control company service/inspection reports from October 2023 to April 2024 revealed:</p> <ul style="list-style-type: none"> <li>-On 10/09/23, there was a note to fill out a log book and to service the public areas, spas and restrooms, living, dining and sitting areas, the nurse stations, hallways, lobby, entry/exit points and exterior perimeter and up to five resident rooms.</li> <li>-Target pests were noted as ants and roaches and nothing was noted under the conditions or observations.</li> <li>-On 11/13/23, there was a note to fill out a log book and to service the public areas, spas and restrooms, living, dining and sitting areas, the nurse stations, hallways, lobby, entry/exit points and exterior perimeter and up to five resident rooms.</li> <li>-Target pests were noted as ants and roaches and nothing was noted under the conditions or observations.</li> <li>-On 04/08/24, there was a note to fill out a log book and to service the public areas, spas and restrooms, living, dining and sitting areas, the nurse stations, hallways, lobby, entry/exit points and exterior perimeter and up to five resident rooms.</li> <li>-There were no other notes on the 04/08/24 service/inspection report.</li> </ul> <p>Interview with the Administrator on 04/09/24 at 3:19pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility kept copies of the pest control company's visit reports.</li> <li>-The facility did not have a log book to communicate pest sightings to the exterminator.</li> <li>-From December 2023 to March 2024, the facility did not have a contracted pest control company and did their own pest control.</li> <li>-The Maintenance Director (MD) sprayed the</li> </ul>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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	<p>Continued From page 2</p> <p>facility and the kitchen for pest.</p> <p>Observations of the facility on 04/09/24 at various times from 9:10am to 4:55pm revealed:</p> <ul style="list-style-type: none"> <li>-At 9:10am, there was a live roach crawling on the floor and a second roach crawling on the wall in resident room 208; there was a dead roach on the floor.</li> <li>-At 1:10pm, a resident raised the seat to her rollator-walker and a live roach ran across the paper towel in the seat and down the side of the walker and a smaller roach crawled on the under the seat to the walker.</li> <li>-At 4:55pm, a live roach crawled across the floor of a conference room.</li> </ul> <p>Interview with a resident who resided in resident room 208 on 04/09/24 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>-He saw live roaches every day.</li> <li>-He had seen live and dead roaches in his room, and he had seen live roaches in his bathroom.</li> <li>-He had seen a live roach on the wall of his room the night before.</li> <li>-He had told someone in charge about the roaches and they sprayed his room, but the roaches came back.</li> <li>-A professional pest control company had sprayed for roaches; he thought it had helped but the roaches came back.</li> <li>-He did not remember when he complained about the roaches or the last time he saw someone spray.</li> <li>-The Administrator nor anyone else had not come back to him and asked if he was still seeing live roaches.</li> </ul> <p>Observation of the facility on 04/10/24 at 4:10pm revealed there was a roach crawling on the floor in the staff bathroom.</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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	<p>Continued From page 3</p> <p>Observation of the facility on 04/11/24 at 10:00am revealed a live roach crawled on the wall of the conference room.</p> <p>Interview with a second resident who resided in resident room 203 on 04/09/24 at 9:30am revealed:</p> <ul style="list-style-type: none"> <li>-She had seen live roaches in her room.</li> <li>-The staff cleaned her room every day.</li> <li>-She had seen a live roach on the floor in her room the day before.</li> <li>-She had seen facility staff spay inside the building about six weeks ago.</li> </ul> <p>Interview with two residents on 04/09/24 at 1:08pm revealed:</p> <ul style="list-style-type: none"> <li>-They had seen live roaches in their rooms.</li> <li>-They had seen live roaches in the shower in their bathrooms; one resident had seen a live roach in the shower the day before.</li> <li>-One of the residents said she had live roaches in her rollator walker a few days ago.</li> <li>-They had seen a live roach in the lobby the day before.</li> <li>-They had reported the sightings to the Administrator, and she told them they were "all over".</li> <li>-They had seen the MD spraying for roaches in the building about a week ago, but they were still seeing live roaches.</li> <li>-They had seen live and dead roaches for over a month.</li> </ul> <p>Interviews with a two additional residents on 04/09/24 at 2:50pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility had a problem with roaches.</li> <li>-Two months ago, one resident woke up swatting a roach out of her bed and it crawled onto her headboard.</li> <li>-The resident told the Administrator the next</li> </ul>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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	<p>Continued From page 4</p> <p>morning; the Administrator told her she would contact a company to spray the resident's bedroom.</p> <ul style="list-style-type: none"> <li>-The facility had an exterminator come out, but she could not remember when.</li> <li>-She did not see any roaches for about a month, but the roaches came back.</li> <li>-There were roaches in the bathroom last week and she told the MD.</li> <li>-The MD sprayed the bedroom with bug spray.</li> </ul> <p>Telephone interview with a representative from the facility's contracted pest control company on 04/09/24 at 2:56pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility was exterminated by a technician who sprayed the inside of the facility.</li> <li>-The pest control technician sprayed the facility once a month.</li> <li>-The technician had not made notes on his reports he turned into the pest control company for the last few months; the technician was also supposed to leave a note of what he had done and observed at the facility.</li> <li>-If the technician observed pest including roaches, ants or bedbugs in any resident rooms he would spray them or if the facility reported any sightings of bugs in resident rooms, he would spray those rooms.</li> <li>-The pest control company sprayed the facility every other month beginning April 2023; she could not say when the facility began spraying every month.</li> </ul> <p>Telephone interview with the health inspector from the local health department on 04/10/24 at 8:21am revealed:</p> <ul style="list-style-type: none"> <li>-He had only conducted one health inspection for the facility and that was in November 2023.</li> <li>-The facility was inspected by the local health department twice a year.</li> </ul>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-The facility was due an inspection.</li> <li>-At his last inspection, he observed holes in resident bathrooms around grab bars, towel bars and plumbing and roaches were coming out of those holes.</li> <li>-He instructed the facility to fill the holes so the roaches would not have access to nesting and breeding areas.</li> <li>-He documented the rooms and areas where he saw the most live or dead roach activity.</li> <li>-A combination of needed repairs to holes and more frequent spraying of a fast-acting chemical was needed to control roaches.</li> <li>-Increased and more frequent spraying would need to be done to stop the life cycles of the roaches.</li> <li>-The pest control company would need to spray more frequently because spraying once would only kill live roaches but not the eggs; the eggs would then hatch, and those roaches would have to be sprayed to kill before they were able to lay more eggs.</li> <li>-A pest control company might need to spray weekly at this point because there were roaches in every stage of the life cycle.</li> <li>-The facility would need to do physical repairs and increase pest control spraying to completely rid the facility of roaches.</li> <li>-Sightings of live roaches usually indicated there was a lot of roaches in the facility.</li> </ul> <p>Interview with the MD on 04/09/24 at 4:00pm revealed:</p> <ul style="list-style-type: none"> <li>-When the pest control company's exterminator visited the facility, they were supposed to report to him; he was responsible for the pest control in the facility.</li> <li>-The pest control company varied the times of day they sprayed the facility.</li> <li>-The exterminator would spray and inspect for</li> </ul>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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	<p>Continued From page 6</p> <p>pests in designated common areas and approximately four residents' rooms per hallway at each visit; there were three hallways.</p> <p>-After about four visits the entire building would be completely exterminated including all the residents' rooms.</p> <p>-He was unsure how frequently the pest control company visited the facility to spray; he never knew when they were coming.</p> <p>-He did not always have contact with or see the exterminator when they came to spray the facility.</p> <p>-When he did see the exterminator, the exterminator would tell him which resident rooms he had sprayed.</p> <p>-At each visit the exterminator would concentrate on a different area including a television room , a sunroom, or the library.</p> <p>-Sometimes the residents would tell him about a roach sighting somewhere in the facility.</p> <p>-When a resident had reported a sighting to him, he would try to give the exterminator the room number or the location so the exterminator could spray the room.</p> <p>-The locations in the facility and the resident room numbers that were sprayed would be noted on the pest control invoice.</p> <p>-The facility did not have a sightings log or a communication log for the exterminator.</p> <p>-He did not recall if the exterminator told him about any roach sightings during the last visit.</p> <p>-Residents had told him a couple of days ago they saw two to three roaches, but he did not recall where.</p> <p>-Two weeks ago, a resident complained about seeing roaches in his bathroom along the baseboards under the sink in the shared bathroom for resident rooms 102 and 104.</p> <p>-He sprayed resident rooms 102 and 104 and the shared bathroom after the sightings.</p> <p>-He had not followed up with the residents</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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	<p>Continued From page 7</p> <p>because if the residents had seen any more roaches, they would come tell him.</p> <ul style="list-style-type: none"> <li>-The roach sightings would go in spurts; it seemed like things would be good for two weeks and then they would get bad again.</li> <li>-The last couple of weeks, 4 or 5 residents had reported seeing roaches on the 100 hallway; he had not had a seen the exterminator to tell him.</li> <li>-He had worked at the facility for two years and there had been roach sightings reported during the entire time.</li> <li>-He tried not to spray the facility between the pest control company's exterminators visit.</li> <li>-Occasionally during a meeting, he would tell the administrator about the roach sightings from residents; he might would tell her about a room because a resident came to him to complain.</li> <li>-There was a period from about November 2023 to January 2024 when the facility did not have a contracted pest control company.</li> <li>-He sprayed the facility every two weeks during the time the facility did not have a contracted pest control company.</li> <li>-He sprayed the facility including the common areas and resident rooms when residents reported sightings to him; the facility still had roach sightings during that time.</li> </ul> <p>Interview with the Administrator on 04/10/24 at 10:20am revealed:</p> <ul style="list-style-type: none"> <li>-The facility had an ongoing pest problem and had the pest control company spray once a month then it would get better and then after a while more roaches would come back.</li> <li>-The facility had been treating for roaches and ants since last summer.</li> <li>-The MD sprayed resident rooms 102 and 104 because staff had reported roach sightings.</li> <li>-She was not sure if the pest control company's exterminator had sprayed anywhere else in the</li> </ul>	D 079		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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	<p>Continued From page 8</p> <p>facility when he sprayed the kitchen on Monday, 04/08/24.</p> <p>-When the exterminator would come to the facility, she would notify the MD so he could walk around with him while he sprayed; she preferred the MD walk around with the exterminator.</p> <p>-There have been issues with past and isolated areas in the residents' rooms because the residents kept food in their rooms.</p> <p>-Housekeeping cleaned resident rooms daily and reported live and dead bugs to her or the MD.</p> <p>-She thought the facility might need more thorough spraying by the pest control company to control the roaches in the facility.</p> <p>Attempted interview with the Housekeeper on 04/09/24 at 3:45pm was unsuccessful.</p> <p>Attempted telephone interview with the exterminator from the facility's contracted pest control company on 04/09/24 at 3:00pm was unsuccessful.</p> <p>The World Health Organization (WHO) reports roaches could transmit Escherichia coli (E. coli), salmonella, staphylococcus, cause urinary tract infections, digestive problems and sepsis by contaminating food and can be considered an allergen source and trigger asthma from the debris left from roaches including, body parts, dead roaches, urine and feces.</p> <p>_____</p> <p>The facility failed to ensure residents were provided with a clean and safe environment including live roaches in the facility that resulted in residents seeing live roaches in their rooms, on their personal belongings, and in their beds . The facility's failure was detrimental to the health and safety of the residents and constitutes a Type B Violation.</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 9  The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/10/24.  THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED May 26, 2024.	D 079		
D 083	10A NCAC 13F .0306(a)(9) Housekeeping And Furnishings  10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide window coverings for 15 of 21 sampled resident rooms in the special care unit (SCU); fifteen rooms had blinds that were damaged.  The findings are:  Observation of resident room #205 on 04/09/24 at 11:18am revealed: -There were two residents in room #205. -Both windows faced the sidewalk and driveway to the entrance of the facility. -Each window had blinds, and both blinds had broken slats.  Interview with a resident who resided in room# 205 on 04/10/24 at 8:28am revealed: -Her blinds had been messed up ever since she	D 083		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 083	<p>Continued From page 10</p> <p>moved into the room.</p> <ul style="list-style-type: none"> <li>-She wished her blinds were fixed.</li> <li>-She was glad her bed was not by the window because it would really bother her if she was in the other bed.</li> <li>-She would not like being close to the window because people could see in the broken blinds.</li> </ul> <p>Observation of resident room #207 on 04/09/24 at 11:19am revealed:</p> <ul style="list-style-type: none"> <li>-There were two residents in room #207.</li> <li>-There were two windows that faced the sidewalk and driveway to the entrance of the facility.</li> <li>-Each window had blinds, both blinds had broken slats; one of the blinds had a section missing 10 slats.</li> </ul> <p>Observation of resident room #209 on 04/09/24 at 11:20am revealed:</p> <ul style="list-style-type: none"> <li>-There was one resident in room #209.</li> <li>-There were two windows that faced the sidewalk and driveway to the entrance of the facility.</li> <li>-Each window had blinds, both blinds had multiple broken slats, leaving areas that one could easily see in or out of the blinds when closed.</li> </ul> <p>Observation of resident room #212 on 04/09/24 at 11:21am revealed:</p> <ul style="list-style-type: none"> <li>-There were two residents in room #212.</li> <li>-There were two windows that appeared to be ground level and faced the highway.</li> <li>-Each window had blinds, and both blinds had broken slats.</li> <li>-One of the blinds had a section missing 7 slats, and the second blind was missing 3 slats in 2 different areas on the blind.</li> </ul> <p>Observation of resident room #301 on 04/09/24 at 11:21am revealed:</p> <ul style="list-style-type: none"> <li>-There was one resident in room #301.</li> </ul>	D 083		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 083	<p>Continued From page 11</p> <p>-There were two windows that faced the sidewalk and driveway to the entrance of the facility. -Each window had blinds, one of the blinds had broken slats; one of the blinds had a section missing 4 slats.</p> <p>Observation of resident room #303 on 04/09/24 at 11:21am revealed: -There was one resident in room #303. -There were two windows that faced the sidewalk and driveway to the entrance of the facility. -Each window had blinds, and both blinds had multiple missing and broken slats.</p> <p>Interview with the resident in room #303 on 04/10/24 at 8:53am revealed she thought her blinds were "shabby looking."</p> <p>Observation of resident room #304 on 04/09/24 at 11:39am revealed: -There were two residents in room #304. -The window appeared to be ground level and faced the highway. -Each window had blinds, and both blinds had missing and broken slats.</p> <p>Observation of resident room #305 on 04/09/24 at 11:24am revealed: -There was one resident in room #305. -There were two windows that faced the sidewalk and driveway to the entrance of the facility. -Each window had blinds, and both blinds had multiple missing and broken slats.</p> <p>Observation of resident room #306 on 04/09/24 at 11:38am revealed: -There were two residents in room #306. -The window appeared to be ground level and faced the highway. -Each window had blinds, and one of the blinds</p>	D 083		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 083	<p>Continued From page 12</p> <p>had multiple missing slats.</p> <p>Observation of resident room #308 on 04/09/24 at 11:25pm revealed: -There was one resident in room #308. -There were two windows that faced a multiple-story apartment complex. -One window had blinds; the second window did not have a blind.</p> <p>Observation of resident room #310 on 04/09/24 at 11:28am revealed: -There was one resident in room #310. -There were two windows, and each window had blinds. -One of the blinds was missing 2 slats and a third slat was broken.</p> <p>Observation of resident room #311 on 04/09/24 at 11:30am revealed: -There was one resident in room #311. -There were two windows, and each window had blinds. -One of the blinds had multiple broken slats.</p> <p>Observation of resident room #312 on 04/09/24 at 11:31am revealed: -There was one resident in room #312. -There were two windows, and each window had blinds. -One of the blinds was missing 1 slat and the second blind's strings connecting the blinds were broken leaving a gap in the blinds.</p> <p>Observation of resident room #314 on 04/09/24 at 11:32am revealed: -There was one resident in room #314. -There were two windows, and each window had blinds. -One of the blinds was missing a slat.</p>	D 083		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 083	<p>Continued From page 13</p> <p>Observation of resident room #316 on 04/09/24 at 11:33am revealed: -There was one resident in room #316. -There were two windows, and each window had blinds. -One of the blinds was missing multiple slats.</p> <p>Interview with a personal care aide (PCA) on 04/10/24 at 2:55pm revealed: -She had noticed some of the residents' blinds were damaged about one month ago. -She closed the residents' blinds during personal care but if their blinds were damaged or missing, she would take the residents into the bathroom for privacy.</p> <p>Interview with another PCA on 04/10/24 at 3:15pm revealed: -Blinds provided privacy for the residents. -The blinds had been "torn up" for a while. -She tried to keep the residents in the bathroom area when doing personal care so the residents could not be seen through the windows.</p> <p>Interview with a medication aide (MA) on 04/10/24 at 3:36pm revealed: -The blinds in resident rooms had been "like that for a while." -He usually used something to cover the blinds for privacy for the residents. -He had not told anyone the blinds needed to be repaired because he assumed management knew.</p> <p>Interview with the SCU Coordinator on 04/10/24 at 3:57pm revealed: -Blinds were used for privacy for the residents. -When a resident needed to be changed, he encouraged staff to take the resident into the</p>	D 083		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 083	<p>Continued From page 14</p> <p>bathroom for privacy. -He assumed the Maintenance Director knew the blinds needed to be replaced. -He had not told anyone some blinds needed to be replaced.</p> <p>Interview with the Maintenance Director on 04/10/24 at 4:24pm revealed: -Staff let him know about needs in residents' rooms. -He knew there were resident rooms that needed the blinds to be replaced. -He was working with corporate to allow him to purchase a bulk supply of blinds versus buying a blind one at a time. -He did not have any blinds on hand at this time that could be used to replace the damaged blinds.</p> <p>Interview with the Administrator on 04/10/24 at 4:37pm revealed: -She was aware there were resident rooms in the SCU that had damaged blinds. -She was not aware a resident's room was missing a blind. -Blinds were replaced and other blinds were then damaged. -Blinds were used for privacy and she was concerned the resident's privacy was not there.</p>	D 083		
D 091	<p>10A NCAC 13F .0306(b)(5)(6) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (5) a minimum of one comfortable chair (rocker</p>	D 091		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 091	<p>Continued From page 15</p> <p>or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide a comfortable chair for each resident in 9 of 21 resident rooms in the Special Care Unit (SCU).</p> <p>The findings are:</p> <p>Observation of occupied resident rooms on 04/09/24 between 11:17am-11:43am revealed: -Room #205 had one bed and no chair. -Room #212 had two beds and no chairs. -Room #214 had two beds and one chair. -Room #301 had one bed and no chair. -Room #302 had one bed and no chair. -Room #303 had one bed and no chair. -Room #306 had two beds and one chair. -Room #308 had one bed and no chair. -Room #312 had one bed and no chair.</p> <p>Interview with one of the residents in room #212 on 04/10/24 at 8:38am revealed he did not know if he had had a chair in his room before or not, but he would like to have a chair.</p> <p>Interview with the other resident in room #212 on 04/10/24 at 8:42am revealed it would be nice to have a chair; he had to sit on his bed.</p> <p>Interview with the resident in room #303 on 04/10/24 at 8:53am revealed: -She had a chair, but it had been moved (she did not recall when or who moved the chair).</p>	D 091		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 091	<p>Continued From page 16</p> <p>-She missed having a chair to sit in.</p> <p>Interview with the resident in room 308 on 04/10/24 at 10:45am revealed: -He needed to sit down because his back was hurting. -He did not have a chair. -It would be nice to have a chair.</p> <p>Interview with a personal care aide (PCA) on 04/10/24 at 2:55pm revealed she had seen residents who did not have chairs in their room, go into other residents' rooms and sit in that resident's chair.</p> <p>Interview with a medication aide (MA) on 04/10/24 at 3:36pm revealed he had not noticed any resident rooms without chairs.</p> <p>Interview with the SCU Coordinator on 04/10/24 at 3:57pm revealed: -Every resident needed to have a chair in their room. -He thought chairs were provided by the resident's family members. -He was not aware chairs needed to be provided by the facility.</p> <p>Interview with the Maintenance Director on 04/10/24 at 4:24pm revealed: -Some family members brought chairs for residents to the facility. -There had been times when chairs had to be removed from resident rooms for safety, such as a resident who would try to stand in the chair. -He could not think of any current residents that the chair had to be removed. -He did not know what was required for residents related to chairs. -If a chair was dangerous and could not be</p>	D 091		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 091	Continued From page 17  repaired, he threw the chair away.  Interview with the Administrator on 04/10/24 at 4:37pm revealed: -A chair was provided for every resident. -She was not aware there were resident rooms that did not have chairs. -Residents needed somewhere to sit other than sitting on the bed.	D 091		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision  10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.  This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide personal care assistance to three residents in the special care unit (SCU) including 2 residents who needed assistance with shaving (#8, #9) and 1 resident whose toenails needed to be cut (#10).  The findings are:  1. Review of Resident #10's current FL-2 dated 04/10/24 revealed: -Diagnoses included Wernicke's encephalopathy, dementia, altered mental status, and alcohol abuse. -Resident #10 required assistance with bathing and dressing.	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 269	<p>Continued From page 18</p> <p>Review of Resident #10's current plan of care dated 04/11/24 revealed Resident #10 required limited assistance with bathing, dressing, and grooming.</p> <p>Interview with Resident #10 on 04/09/24 at 3:15pm revealed: -His toenails needed to be cut. -His toenails hurt sometimes. -He did not know if anyone had talked about cutting his toenails.</p> <p>Observation of Resident #10's toenails on 04/09/24 at 3:17pm revealed: -The first toenail on the resident's left foot was thick, discolored, and broken. -The four toenails on the resident's left foot, had grown passed the end of the toe and had curled under the toe. -The first toenail on the resident's right foot, had grown past the end of the toe and was turned toward the second toe. -The four toenails on the resident's right foot had grown past the end of the toe and were thick and discolored. -Resident #10's feet were dry and scaly.</p> <p>Interview with a personal care aide (PCA) on 04/10/24 at 2:55pm revealed: -She thought Resident #10 's toenails had been recently clipped. -She saw Resident #10's toenails last week and the toenails appeared to have been clipped.</p> <p>Interview with a medication aide (MA) on 04/10/24 at 3:36pm revealed: -He had not seen Resident #10's toenails because the resident usually had shoes on. -If Resident #10's toenails needed to be clipped, it could be done by staff because Resident #10 was</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 269	<p>Continued From page 19</p> <p>not diabetic.</p> <p>Interview with the Special Care Unit (SCU) Coordinator on 04/10/24 at 3:57pm revealed: -He was not aware Resident #10's toenails needed to be cut. -He would expect the staff to let him know when a resident's toenails needed to be cut. -He was concerned Resident #10's toenails needed to be cut because long toenails could cause pain and difficulty walking.</p> <p>Interview with the Administrator on 04/10/24 at 4:37pm revealed: -She did not know Resident #10's toenails needed to be cut. -Resident #10 was a veteran and arrangements would need to be made for the resident to see a podiatrist. -Staff could cut Resident #10's toenails but the resident might refuse. -If Resident #10 refused to have his toenails cut, the staff should document the refusal.</p> <p>Interview with the facility's contracted primary care provider (PCP) on 04/11/24 at 11:03am revealed toenails that needed to be cut could cause the resident to be uncomfortable, increase the chance of pain, and could increase the risk for falls.</p> <p>2. Review of Resident #8's current FL-2 dated 04/10/24 revealed: -Diagnoses included dementia, bradycardia, and chronic atrial fibrillation. -Resident #8 required assistance with bathing.</p> <p>Review of Resident #8's current plan of care dated 04/14/23 revealed Resident #8 required limited assistance with bathing and grooming and</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 269	<p>Continued From page 20</p> <p>supervision with dressing.</p> <p>Interview with Resident #8 on 04/10/24 at 8:38am revealed: -He did not like this (rubbing his beard) on his face. "I would like this (rubbing his beard) cleaned off."</p> <p>Interview with a PCA on 04/10/24 at 2:55pm revealed: -Resident #8 asked her today to shave him and she planned on shaving him tomorrow, 04/11/24. -She usually did not assist Resident #8 on her shift, but since he asked her, she was going to shave him.</p> <p>Interview with a MA on 04/10/24 at 3:36pm revealed: -Resident #8 had a haircut and shaved "about a week ago, before Easter." -He had not noticed Resident #8 needed a shave today, 04/10/24.</p> <p>Interview with the SCU Coordinator on 04/10/24 at 3:57pm revealed Resident #8 was shaved about two weeks ago.</p> <p>Interview with the Administrator on 04/10/24 at 4:37pm revealed she had not noticed Resident #8 needed to be shaved.</p> <p>3. Review of Resident #9's current FL-2 dated 10/26/23 revealed: -Diagnoses included dementia without behavioral disturbances and bradycardia. -Resident #9 required assistance with bathing and dressing.</p> <p>Review of Resident #9's current plan of care dated 12/28/23 revealed Resident #8 required</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 269	<p>Continued From page 21</p> <p>extensive assistance with bathing, grooming, and dressing.</p> <p>Interview with Resident #9 on 04/09/24 at 3:11pm revealed: -He had not been shaved in a couple of weeks. -"I really need shaving." -He told a staff member he needed to be shaved (he did not recall who or when) but the staff member had not helped him yet.</p> <p>Interview with a PCA on 04/10/24 at 2:55pm revealed: -Resident #9 let her know when he needed to be shaved by touching his face. -Resident #9 had a haircut last week but she did not think his beard was long enough to be cut.</p> <p>Interview with a MA on 04/10/24 at 3:36pm revealed: -Resident #9 had a haircut and shaved "about a week ago, before Easter." -He had not noticed Resident #9 needed a shave today, 04/10/24.</p> <p>Interview with the SCU Coordinator on 04/10/24 at 3:57pm revealed Resident #9 had a haircut and was shaved a week and a half ago.</p> <p>Interview with the Administrator on 04/10/24 at 4:37pm revealed she had not noticed Resident #9 needed to be shaved.</p> <p>Interview with another PCA on 04/10/24 at 3:15pm revealed: -A male PCA usually helped the male residents with showers. -She had shaved the male residents when they needed to be shaved. -She determined the male residents needed to be</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 269	<p>Continued From page 22</p> <p>shaved when the residents told her their faces were prickly.</p> <p>Interview with the same MA on 04/10/24 at 3:36pm revealed: -Shaving was part of grooming. -If a staff member did not know how to shave a resident, the staff member should let another staff member know.</p> <p>Interview with the SCU Coordinator on 04/10/24 at 3:57pm revealed: -The PCAs and MAs were responsible for shaving residents. -He had assisted with shaving residents as well. -He had noticed some male residents needed to be shaved.</p> <p>Interview with the Administrator on 04/10/24 at 4:37pm revealed shaving should be done as part of the shower and as often as necessary.</p> <p>Interview with the facility's contracted PCP on 04/11/24 at 11:03am revealed if a resident was not shaved the resident could experience dry skin and itching, which could lead to an infection from scratching.</p>	D 269		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to refer 1 of 2 sampled diabetic residents (#4), who needed her toenails</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 273	<p>Continued From page 23</p> <p>trimmed, to a podiatrist.</p> <p>The findings are:</p> <p>Review of Resident #4's current FL-2 dated 01/25/24 revealed a diagnosis diabetes, cognitive impairment, and osteoporosis.</p> <p>Review of Resident #4's current care plan dated 02/01/24 revealed Resident #4 required limited assistance with bathing, dressing, and grooming.</p> <p>Interview with Resident #4 on 04/09/24 at 9:35am revealed:</p> <ul style="list-style-type: none"> <li>-Her toenails needed to be cut; she did not recall when her toenails had last been cut.</li> <li>-She went to a clinic, she thought it was yesterday, 04/08/24, but they told her they could not cut her toenails.</li> <li>-When her toenails were long, it made her mobility hard.</li> <li>-Her toenails interfered with each other.</li> <li>-Having bad feet was just not good.</li> </ul> <p>Observation of Resident #4's toenails on 04/09/24 at 9:37am revealed:</p> <ul style="list-style-type: none"> <li>-The first toenail on both her right foot and left foot was thick, broken, and jagged.</li> <li>-The toenails on all of Resident #4's toes, were thick and extended approximately one-fourth an inch passed the end of the toe.</li> </ul> <p>Telephone interview with Resident #4's family member on 04//10/24 at 12:16pm revealed:</p> <ul style="list-style-type: none"> <li>-Before Resident #4 moved into the facility, she had tried to cut the resident's toenails herself, but the toenails were too thick.</li> <li>-One of the reasons Resident #4 moved into the facility was because the resident needed assistance with her personal care.</li> </ul>	D 273		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 273	<p>Continued From page 24</p> <p>-She hoped the facility staff had addressed Resident #4's toenails and the toenails had been cut by now.</p> <p>-She had given permission for Resident #4 to see the podiatrist during Resident #4's admission to the facility.</p> <p>Telephone interview with Resident #4's primary care provider (PCP) on 04/10/24 at 1:27pm revealed:</p> <p>-He saw Resident #4 for the first time on 04/09/24.</p> <p>-He noted her toenails needed to be cut and referred the resident to a podiatrist.</p> <p>-Long toenails could cause pain and difficulty walking.</p> <p>Interview with a personal care aide (PCA) on 04/10/24 at 2:55pm revealed:</p> <p>-She had assisted Resident #4 with putting her socks on and noted the resident's toenails needed to be cut.</p> <p>-Someone was at the facility cutting toenails the day she saw Resident #4's toenails, she did not recall what day, and she took the resident to get her toenails cut.</p> <p>-The person cutting toenails told her Resident #4 was not on the list and she could not cut the resident's toenails that day.</p> <p>-Resident #4 had complained of her toenails hurting and would ask that her socks not be pulled tight at the end because the socks would hurt her toes.</p> <p>Interview with another PCA on 04/10/24 at 3:15pm revealed:</p> <p>-She noticed Resident #4's toenails needed to be cut about a week ago.</p> <p>-Resident #4 did not want to put shoes on today, 04/10/24 because her toenails were hurting.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 273	<p>Continued From page 25</p> <p>-Resident #4 would pull back when she put her socks on and say ouch.</p> <p>-She had reported multiple times Resident #4's toenails needed to be cut.</p> <p>Interview with a medication aide (MA) on 04/10/24 at 3:36pm revealed:</p> <p>-He had not seen Resident #4's feet as the resident usually had shoes on or at least socks.</p> <p>-Diabetic residents' toenails could not be done by staff but the need would be passed on to the MA, the Special Care Unit (SCU) Coordinator, or the Resident Care Coordinator (RCC) by the PCAs.</p> <p>Interview with the SCU Coordinator on 04/10/24 at 3:57pm revealed:</p> <p>-When staff assisted residents with showers, the staff member should be looking for any sores or anything abnormal and let him know.</p> <p>-If Resident #4's toenails needed to be cut, he expected the staff member who first noticed the toenails needed to be cut, to let him know, so he could make an appointment with a podiatrist.</p> <p>-He had not been notified Resident #4's toenails needed to be cut, until yesterday, 04/09/24, when the PCP let him know Resident #4 needed to see a podiatrist.</p> <p>Interview with the Administrator on 04/10/24 at 4:37pm revealed:</p> <p>-If staff saw a SCU resident's toenails were long, it should be reported to the SCU Coordinator.</p> <p>-Podiatry came to the facility to provide foot care to the residents.</p> <p>-She was not aware Resident #4's toenails needed to be cut.</p> <p>-If she had known Resident #4's toenails needed to be cut, the resident would have been seen by podiatry.</p> <p>-The SCU Coordinator was responsible for</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 273	Continued From page 26  putting residents on the list for the podiatrist.	D 273		
D 283	<p>10A NCAC 13F .0904(a)(2) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes:</p> <p>(2) Facilities with a licensed capacity of 13 or more residents shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure all food items stored and prepared by the facility were served under sanitary conditions related to a floor drain that did not drain, dirty the shelving, walls and floors in the walk-in cooler, standing water on the kitchen floors, a dirty stove and roaches in the kitchen.</p> <p>The findings are:</p> <p>Review of the local health department food</p>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 27</p> <p>establishment inspection report for the kitchen dated 08/22/23 revealed:</p> <ul style="list-style-type: none"> <li>-The facility received a score of 95.</li> <li>-The kitchen received a half of a point deduction for non-contact food surfaces not being cleaned related to handles, lids, shelves, gaskets, wires, doors, bottoms of prep tables and cooking equipment needing to be deep cleaned and kept clean at a frequency to prevent build up.</li> <li>-There was an observation of much debris accumulation during the inspection.</li> </ul> <p>Review of the facility's contracted pest control company service/inspection reports from October 2023 to April 2024 revealed:</p> <ul style="list-style-type: none"> <li>-On 10/09/23, there was a note to fill out a log book and to service the kitchen, and dining areas.</li> <li>-Target pests were noted as ants and roaches and nothing was noted under the conditions or observations.</li> <li>-On 11/13/23, there was a note to fill out a log book and to service the kitchen, and dining areas.</li> <li>-Target pests were noted as ants and roaches and nothing was noted under the conditions or observations.</li> <li>-On 04/08/24, there was a note to fill out a log book and to service the kitchen, and dining areas.</li> <li>-There were no other notes on the 04/08/24 service/inspection report.</li> </ul> <p>Interview with the Administrator on 04/09/24 at 3:19pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility kept copies of the pest control company's visit reports.</li> <li>-The facility did not have a log book to communicate pest sightings to the exterminator.</li> <li>-From December 2023 to March 2024 the facility did not have a contracted pest control company and did their own pest control.</li> <li>-The MD sprayed the facility and the kitchen for</li> </ul>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 28</p> <p>pest.</p> <p>Observation of the kitchen on 04/09/24 at 11:16am revealed:</p> <ul style="list-style-type: none"> <li>-There was a live roach crawling on the rim of the hand sink located in an area between the dining room and the door to the kitchen.</li> <li>-There were six large live roaches crawling inside the paper towel dispenser at the hand sink; they were visible through the transparent cover.</li> <li>-There was a large buildup of roach droppings inside the paper towel dispenser.</li> <li>-There were large amounts of dead roaches on the floor in the dishwashing area, in the food prep area, and in the pot washing area in the kitchen.</li> <li>-There were three large sticky pads for trapping pests on the floor in the dishwashing area; each pad had a large number of roaches of various sizes stuck to them.</li> <li>-There was a live roach crawling on the wall, multiple live roaches on the floor, live and dead roaches in the hand washing sink, and a live roach on the clean dish receiving drainboard of the dish machine.</li> <li>-There was grout missing from between the floor tiles under the dish machine and there was standing water with food debris in it between the tiles; there were multiple live and dead roaches in the area.</li> <li>-There was a large puddle of food and debris under the dish machine and in the corner behind the dish machine.</li> <li>-There was a deep square drain in the floor at the end of the three-compartment sink in the pot washing area; the drain was supposed to have a basket inside of it to catch food and miscellaneous debris when the pot sink was emptied but the basket was not in the drain and the drain was full of standing water.</li> <li>-There was a large number of dead roaches</li> </ul>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 29</p> <p>floating in the basket drain and there were multiple dead and live roaches on the floor around the drain.</p> <ul style="list-style-type: none"> <li>-There were four large sticky pads for trapping pests on the floor in the pot washing area; each pad had a large number of roaches of various sizes stuck to the pads.</li> <li>-There was a live roach on a shelf that stored the clean pots and pans, multiple live roaches on the floor, and a live roach on the wall in the pot washing area.</li> <li>-There was a large puddle of standing water in front of the three-compartment sink.</li> <li>-There were two live roaches crawling on the wall next to the stove and a live roach on a cart that had bottles of spices stored on it in the food production area.</li> <li>-There was a thick sticky buildup of grease, dried food splatters and food debris on the grates on the stove, the front of the stove including the knobs, the sides of the stove, the backsplash of the stove, and the shelving above the stove.</li> <li>-There was a buildup of food particles, debris, dried food spills, food splatters, dead and live roaches, and grease on the floors around the stove.</li> <li>-There were crumbs of food, debris, single serve cups of jelly, a single serve package of cereal, plastic utensils, a funnel, and broken cups on the floors under the food serving line.</li> <li>-There was a sticky pest board on the shelf under the food serving line with a large number of dead roaches stuck on the board.</li> <li>-There were crumbs of food, disposable cups, utensils and debris under the beverage station and the food preparation stations.</li> <li>-The floor to the walk-in cooler had bits of paper, card board, strips of clear tape, food, debris, dried beverage spills, a black buildup in the corners and dead roaches.</li> </ul>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 30</p> <ul style="list-style-type: none"> <li>-The walls in the walk-in cooler had black spots, food splatters with black spots and dried spills.</li> <li>-The shelves in the walk-in cooler had dried drips of food, a white fuzzy build up and large areas of black spots.</li> <li>-There was a bottom shelf with multiple one-gallon containers of condiments that were opened and had black spots on the lids and down the sides of the containers; some of the containers had dried food drips with black spots on them.</li> <li>-There was a live roach on a bag of cereal in the dry storage area.</li> <li>-The floor in the dry storage area had pieces of peeled clear tape with cardboard attached, debris in the corners under the shelving, food debris and disposable cups on the floor.</li> </ul> <p>Observation of the kitchen on 04/10/24 at 10:01am revealed:</p> <ul style="list-style-type: none"> <li>-There were two live roaches on the wall in the dish washing area.</li> <li>-There were two live roaches on the clean dish receiving drainboard of the dish machine.</li> <li>-There were live roaches on the floor under the dish machine.</li> <li>-There were live roaches in the paper towel dispenser.</li> <li>-There was a live roach in a bowl in a stack of clean bowls that were not stored upside down.</li> <li>-There were dead roaches and water in the basket drain at the pot and pan sink.</li> </ul> <p>Observation of the kitchen on 04/11/24 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>-There was a tube style spring loaded plate warmer next to the hot food serving line.</li> <li>-There was a live roach crawling across the metal plate on the spring-loaded tube.</li> <li>-When the spring loader was removed from the</li> </ul>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 31</p> <p>tube multiple live and dead roaches were at the bottom of the plate warmer.</p> <p>Observation of the cleaning schedules posted on a clipboard in the kitchen on 04/09/24 at 11:21am revealed:</p> <ul style="list-style-type: none"> <li>-There was a daily kitchen checklist and across the top there were headers that included "who, what, instructions, when, and checked by."</li> <li>-Under the header titled "what" was a list of kitchen equipment including beverage area, surfaces, sinks, basins, floor, trash can and dishwasher area.</li> <li>-Under the header titled "instructions" was a set of instruction for each item on the list including wiping with clean towels and using sanitizer, air drying, washing walls, mopping and sweeping up spills, emptying and rinsing containers and cleaning the inside of the dish machine.</li> <li>-Under the header title "when" was a scheduled time for each task.</li> <li>-The daily cleaning schedule was not dated, not assigned to any staff and not initialed as completed by any staff.</li> <li>-There was a second cleaning schedule titled kitchen cleaning schedule.</li> <li>-There was a header across the top that included "item, task, sign, and date".</li> <li>-Under the header titled "items" there was a list of kitchen equipment including drains, walls, beverage station, sinks, cooler and kitchen floors, dishwasher, stove, and racks.</li> <li>-Under the header titled "task" there was a list on how to clean each item including drains cleaned daily, beverage stations washed at the end of each shift, sinks were wiped down and sanitized throughout the day and after each shift, cooler and kitchen floors swept and mopped daily, dishwasher cleaned and wiped down daily, the stove including the knobs cleaned after each</li> </ul>	D 283		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 32</p> <p>meal and wiped down daily and the racks cleaned and wiped down weekly. -The kitchen cleaning schedule was not dated or signed off on by any staff.</p> <p>Interview with two residents in the Assited Living (AL) dining room on 04/09/24 at 1:08pm revealed: -They had seen live roaches in the dining room on the windows and on the floors during meal times. -A live roach crawled on the edge of their table the day before during their meal. -They told the Administrator a couple of days ago about seeing live roaches and the Administrator told them they were "all over the place". -They had seen the Maintenance Director (MD) spray bug spray around the building about a week ago, but they were still seeing live roaches. -They had seen roaches on the dining room floor and on some of the tables about a month ago.</p> <p>Telephone interview with a representative from the facility's contracted pest control company on 04/09/24 at 2:56pm revealed: -The facility including the kitchen was exterminated by a technician who sprayed the inside of the facility. -The pest control technician sprayed the facility once a month. -The technician had not made notes on his reports he turned into the pest control company for the last few months; the technician was also supposed to leave a note of what he had done and observed at the facility. -The technician had sprayed the kitchen the day before, 04/08/24. -The facility had asked the pest control company last Friday, 04/05/24, to come and spray the kitchen. -The pest control company sprayed the facility</p>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 33</p> <p>including the kitchen every other month beginning April 2023; she could not say when the facility began spraying every month.</p> <p>-The facility had contacted her today, 04/09/24 to let her know the visit the day before, 04/08/24 had not been effective and to schedule another appointment to spray the kitchen.</p> <p>-The kitchen was scheduled to be sprayed again after 5:00pm on Thursday, 04/11/24.</p> <p>Telephone interview with the health inspector from the local health department on 04/10/24 at 8:21am revealed:</p> <p>-He had only conducted one health inspection for the kitchen and that was in August 2023.</p> <p>-The kitchen was inspected once a year.</p> <p>-Increased and more frequent spraying would need to be done to stop the life cycles of the roaches.</p> <p>-The pest control company would need to spray more frequently because spraying once would only kill live roaches but not the eggs; the eggs would then hatch, and those roaches would have to be sprayed to kill them before they were able to lay more eggs.</p> <p>-Sightings of live roaches usually indicated there was a large number of roaches because they would be fighting for food sources.</p> <p>-A pest control company might need to spray weekly at this point because there were roaches in every stage of the life cycle.</p> <p>-The facility would need to do physical repairs and more attention to pest control spraying to completely rid the facility of roaches.</p> <p>-Food would need to be in sealed and airtight containers to prevent contamination.</p> <p>-Only a professionally licensed exterminator was allowed to spray chemicals in the kitchen.</p> <p>Interview with a cook on 04/10/24 at 9:49am</p>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 34</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-She saw live roaches in the kitchen every day before and after the pest control company sprayed on 04/08/24.</li> <li>-She would wipe the roaches away from the food as she worked or as she served the food.</li> <li>-She always kept food covered as she worked and served so the roaches would not get into it.</li> <li>-She had seen a cleaning schedule, but she had never signed off on it.</li> <li>-Cleaning was not assigned to anyone.</li> <li>-She cleaned what she used and what she saw needed to be cleaned.</li> <li>-The night cook was supposed to clean the stove and the floors when he worked.</li> <li>-She would sweep the floors during her shift if they needed it, but they had not been assigned to her and she had not been told to sweep them.</li> <li>-They did not use the pot sink because they could not drain it because the [basket] drain was always stopped up.</li> </ul> <p>Interview with a second cook on 04/11/24 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>-The kitchen staff were not able to use the pot and pan sink because the floor drain overflowed when the sink was emptied.</li> <li>-These staff ran the pots and pans through the dish machine.</li> <li>-The MD would have to use a wet vac to suck the floor drain out when it overflowed.</li> <li>-The cast iron grates to the stove were supposed to be wiped off once daily and put into the pot sink to soak and deep clean once a week.</li> <li>-The last time he knew that the grate to the stove had been deep cleaned was about two months ago.</li> <li>-The shelving in the walk in cooler was supposed to be taken out once weekly and deep cleaned; they were supposed to be wiped down as</li> </ul>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 35</p> <p>needed.</p> <ul style="list-style-type: none"> <li>-It had been months since the shelves had been removed and cleaned.</li> <li>-The floors in the kitchen and the cooler were supposed to be swept at the end of the night and mopped as needed.</li> <li>-He had come in in the morning and the floors were still dirty from the day before.</li> <li>-There was a cleaning schedule posted but nothing was assigned and no one checked to see if cleaning had been completed.</li> <li>-He saw bugs in the kitchen about every day but they had gotten worse over the last few weeks.</li> <li>-If the equipment had been deep cleaned once then it would be easier to clean with a towel and soap and water and keep clean.</li> </ul> <p>Interview with the Kitchen Manager (KM) on 04/09/24 at 11:16am revealed:</p> <ul style="list-style-type: none"> <li>-She had seen live roaches for about four to five months; they had gotten worse.</li> <li>-She had seen them in the kitchen, and she had seen one in the dining room a few minutes ago.</li> <li>-The residents had not complained to her about seeing roaches.</li> <li>-She was keeping the roaches out of the food by covering it with foil wrap and placing items in reuseable sealed plastic bags; she had not seen any roaches in any food.</li> <li>-The kitchen was swept and mopped daily.</li> <li>-The counters were wiped off every day.</li> <li>-The food carts and shelves were taken outside and sprayed and washed as they needed.</li> <li>-The pest control company came and sprayed once a month and the MD sprayed in the kitchen but she did not know how often.</li> <li>-The water in front of the three-compartment pot sink was there because the floor was sloped, and water collected there when the floor got wet.</li> <li>-The basket drain in the floor at the pot sink did</li> </ul>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 36</p> <p>not drain so the MD would suck it out periodically with a wet vacuum.</p> <p>-The pest control company had put the sticky pest traps down the day before when they had come in to spray the kitchen around 11:00am.</p> <p>Interview with the MD on 04/09/24 at 4:00pm revealed:</p> <p>-When the pest control company's exterminator visited the facility, they were supposed to report to him; he was responsible for the pest control in the facility.</p> <p>-The pest control company varied the times of day they sprayed the facility.</p> <p>-The exterminator would spray and inspect for pest in the dining rooms, and the kitchen at each visit.</p> <p>-He was unsure how frequently the pest control company visited the facility to spray; he never knew when they were coming.</p> <p>-He did not always have contact with or see the exterminator when they came to spray the facility.</p> <p>-At each visit the exterminator would concentrate on a different area including a television room, a sunroom, the library or the kitchen.</p> <p>-The facility did not have a sightings log or a communication log for the exterminator.</p> <p>-He did not recall if the exterminator told him about any roach sightings during the last visit.</p> <p>-He did not do any routine cleaning or deep cleaning in the kitchen.</p> <p>-After the kitchen staff did a deep cleaning, he would let it dry out and her would place sticky traps down.</p> <p>-He occasionally sprayed for roaches in the kitchen; he would spray between 10pm and 5:00pm when there was less food production going on.</p> <p>-There was a period from about November 2023 to January 2024 when he the facility did not have</p>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 37</p> <p>a contracted pest control company.</p> <ul style="list-style-type: none"> <li>-He sprayed the facility including the kitchen; the facility still had roach sightings during that time.</li> <li>-The KM reported roach sightings to him.</li> <li>-The kitchen staff would tell him when they saw roaches in the kitchen.</li> <li>-About one week ago, kitchen staff reported live roaches in the kitchen.</li> <li>-He had seen live roaches in the kitchen in the past.</li> <li>-He had seen multiple live roaches in the kitchen last week.</li> <li>-He sprayed the kitchen last week because of the live roaches.</li> <li>-He was in the kitchen today, but he did not pay any attention to any bugs or roaches because he was in the kitchen to see what needed cleaning.</li> <li>-He had plans to go into the kitchen that night with a ladder and do some deep cleaning of the exhaust hood and anything he could help clean.</li> <li>-The standing water in front of the pot sink was because there was a dip in the floor; he had been told about it by the kitchen staff.</li> <li>-The kitchen staff was supposed to squeegee the excess water on the floors into the floor drains at the end of the night.</li> <li>-The basket drain at the end of the pot and pan sink did not drain very well and staff would remove the basket from the drain and set it to the side which allowed the food and debris to go into the pipes.</li> <li>-The pipes under the basket drain would get to the point where they would become clogged and the drain would fill up with water and debris.</li> <li>-When the basket drain was clogged and full of water the kitchen staff were supposed to let him know so he could clean it out with a wet vacuum.</li> <li>-Sometimes the company that cleaned out the grease trap would also attempt to remove the build up from the pipes in the basket drain.</li> </ul>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 38</p> <p>-He was not responsible for the stove or the shelving in the walk-in cooler; the kitchen staff was responsible for the deep cleaning the kitchen.</p> <p>Interview with the Administrator on 04/10/24 at 10:20am revealed:</p> <p>-She walked through the kitchen every day.</p> <p>-She did not have a checklist, but she looked at the general cleanliness of the kitchen including the cooler for dates and labels and the dry storage to make sure nothing was on the floor.</p> <p>-She thought the kitchen was pretty clean before 04/09/24.</p> <p>-The pest control company sprayed in the kitchen and put sticky traps down on Monday, 04/08/24, because the KM requested they come spray.</p> <p>-She did not go into the kitchen on 04/09/24 until later in the morning and she realized the kitchen needed to be deep cleaned and there was a pest problem.</p> <p>-She saw live roaches on 04/09/24, she had not seen them in the kitchen before then.</p> <p>-The facility had an ongoing pest problem and had the pest control company spray once a month then it would get better and then after a while more roaches would come back.</p> <p>-The facility had been treating for roaches and ants since last summer.</p> <p>-The kitchen staff had reported seeing roaches in the kitchen last week so that was why the pest control company was at the facility on Monday, 04/08/24.</p> <p>-The kitchen staff should have cleaned up the dead bugs [roaches] on 04/09/24 before they started work; she did not understand why it was not done before food production began.</p> <p>-She had never looked at the kitchen after the pest control company sprayed in the past.</p> <p>-She was aware the basket drain in the floor</p>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>		
(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 283	<p>Continued From page 39</p> <p>backed up because the MD vacuumed it out when it backed up; it backed up because there was something about the way the drain was shaped.</p> <ul style="list-style-type: none"> <li>-The MD spoke to the company that cleaned the grease trap and they said there was nothing they could do about the plumbing, so the kitchen staff let the MD know when it is backed up.</li> <li>-She was aware of the standing water in the grout and pot and pan area in the kitchen, it had been reported to her corporate office, but she did not know what could be done about the water.</li> <li>-The current KM was the acting kitchen manager because the previous KM left in November 2023.</li> <li>-She had developed a cleaning schedule with the current KM, but she did not follow up because she thought it was being monitored and completed.</li> <li>-The iron grates on the stove were cleaned as needed by the evening cook.</li> <li>-The floors were swept and mopped at the end of the night; the KM was responsible for monitoring.</li> <li>-Some mornings she saw where the floors were not swept and mopped and it was discussed with the staff in the kitchen on Monday, 04/08/24, because it was tied to the pest issue.</li> <li>-The shelving and food items in the cooler were supposed to be monitored by staff and the KM and cleaned as needed.</li> </ul> <p>Attempted interview with the Housekeeper on 04/09/24 at 3:45pm was unsuccessful.</p> <p>Attempted telephone interview with the exterminator from the facility's contracted pest control company on 04/09/24 at 3:00pm was unsuccessful.</p> <p>The World Health Organization (WHO) reports roaches could transmit Escherichia coli (E. coli),</p>	D 283		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 283	<p>Continued From page 40</p> <p>salmonella, staphylococcus, typhoid, and cause urinary tract infections, digestive problems and sepsis by contaminating food and can be considered an allergen source and trigger asthma from the debris left from roaches including, body parts, dead roaches, urine and feces.</p> <p>_____</p> <p>The facility failed to ensure food was prepared and served in safe and sanitary conditions free from contamination by the backed up floor drain that prevented the three compartment sink from being used, the accumulation of debris on the floors in the walk-in cooler and the kitchen, the food and grease build up on the stove, the accumulation of a black substance on the shelves and containers of food and walls in the walk-in cooler and the evidence of live and dead roaches throughout the kitchen. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/09/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED May 26, 2024.</p>	D 283		
D 316	<p>10A NCAC 13F .0905 (c) Activities Program</p> <p>10A NCAC 13F .0905 Activities Program (c) The activity director shall:</p> <p>(1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities, and possible cultural differences of the residents;</p>	D 316		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 316	<p>Continued From page 41</p> <p>(2) prepare a monthly calendar of planned group activities in a format that is legible and shall be posted in a location accessible to residents by the first day of each month, and updated when there are any changes;</p> <p>(3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents;</p> <p>(4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program;</p> <p>(5) encourage residents to participate in activities; and</p> <p>(6) assure there are, supplies necessary for planned activities, supervision, and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to develop a program for activities that promoted the residents' active involvement in the Special Care Unit (SCU) and the Assisted Living (AL).</p> <p>The findings are:</p> <p>1. Review of the facility's April 2024 activity calendar in the Assisted Living (AL) revealed: -The calendar was posted on a bulletin board in the hallway. -On 04/09/24, the schedule for the day included from 9:00am to 10:00am chair exercises, from</p>	D 316		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 316	<p>Continued From page 42</p> <p>11:00am to 12:00pm cards and from 2:00pm to 3:00pm coffee talk were scheduled.</p> <p>-On 04/10/24, the schedule for the day included from 9:00am to 10:00am outside walk, 11:00am to 12:00pm bingo, and 2:00pm to 3:00pm bible study were scheduled.</p> <p>Observations of the AL side of the facility on 04/09/24 at various times from 8:45am to 2:32pm revealed:</p> <p>-At 9:08am, there were four residents in the activity room watching television; there were no activities being conducted.</p> <p>-At 11:12am, there were two residents in the activity room; one resident was asleep and the other was watching the television.</p> <p>-At 2:32pm, there were no residents in the activity room.</p> <p>Observations of the AL side of the facility on 04/10/24 at various times from 7:45am to 5:00pm revealed:</p> <p>-At 9:43am, there was one resident asleep in the activity room; there were no activities being conducted.</p> <p>-At 10:10am, there were no residents in the activity room.</p> <p>-At 3:17pm, there were two residents in the activity room; one resident was asleep and the other was watching television.</p> <p>Interview with a resident on 04/11/24 at 8:59am revealed:</p> <p>-There used to be activities but the facility stopped doing them a while ago.</p> <p>-The activities would be listed on the schedule and she would go to the activity room but there would not be an activity going on.</p> <p>-No one ever asked her to participate in any activities.</p>	D 316		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 316	<p>Continued From page 43</p> <ul style="list-style-type: none"> <li>-She had never been asked what she wanted to do for activities.</li> <li>-She signed up to help with bingo but when she went to the activity room there was no bingo.</li> <li>-She did not know who was in charge of the activities; she heard the AD quit a while ago.</li> <li>-She wanted to participate in activities for fun but there were no activities.</li> </ul> <p>Interviews with four residents on 04/11/24 between 9:02am to 9:45am revealed:</p> <ul style="list-style-type: none"> <li>-They did not have activities in the facility after the AD left about six months ago.</li> <li>-Staff did not offer activities and did not ask what they liked to do.</li> <li>-Three of the four residents stated they played spades in the activity room. They did this on their own.</li> <li>-The residents enjoyed playing bingo and doing arts and crafts with the previous activity director.</li> </ul> <p>Interview with the KM on 04/09/24 at 11:16am revealed:</p> <ul style="list-style-type: none"> <li>-She had been the KM for a couple of months.</li> <li>-She was the AD but had offered to be the KM when the facility need a new KM.</li> <li>-She helped with activities when she was needed but the kitchen took a lot of her time.</li> <li>-It had been a couple of weeks since she had done any activities.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 04/09/24 at 8:45am revealed:</p> <ul style="list-style-type: none"> <li>-The facility did not have a designated Activities Director (AD).</li> <li>-The former AD was working as the Kitchen Manager (KM).</li> <li>-The managers shared the responsibilities of the AD and took turns leading the activities.</li> <li>-She did not think the facility was trying to hire to</li> </ul>	D 316		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 316	<p>Continued From page 44</p> <p>replace the AD position. -She thought the facility had been without an AD for a couple of months.</p> <p>Interview with the Administrator on 04/10/24 at 2:52pm revealed: -The facility did not currently have an AD. -The AD temporarily moved into the KM position when the previous KM left in February 2024. -The management team including the RCC, the AD and herself had been taking turns with the activities. -The goal was to hire a new KM and have the AD move back into her position as AD. -The management team kept up with the activities; there might have been one missed here or there. -She had conducted an activity a couple of days ago with residents. -Residents had not complained about not having or missing any activities. -The facility's corporate office was responsible for hiring a replacement KM. -She was hoping the KM position would be filled soon so the AD could resume activities.</p> <p>2. Review of the special care unit (SCU) on 04/09/24 revealed there was no activities calendar posted to be reviewed.</p> <p>Observation of the day room/dining room at various times on 04/09/24 between 8:45am-5:00pm revealed: -Residents were seen walking to and from the resident rooms. -Residents were observed sitting at the tables in the day room/dining room. -No activities were being offered. -At 3:34pm, a personal care aide (PCA) set up a two-person game on a table and played the game with a resident.</p>	D 316		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 316	<p>Continued From page 45</p> <ul style="list-style-type: none"> <li>-At 3:42pm, the PCA put that game away and took out a board game.</li> <li>-At 3:43pm, the SCU Coordinator asked the residents if anyone else wanted to play the game.</li> <li>-Fifteen residents were walking around or sitting at the tables.</li> </ul> <p>Review of the activities calendar for 04/10/24 revealed:</p> <ul style="list-style-type: none"> <li>-At 9:00am-10:00am was an outside walk.</li> <li>-At 11:00am-12:00pm was bingo.</li> <li>-At 2:00pm-3:00pm was bible study.</li> </ul> <p>Observation of the day room on 04/10/24 between 9:00am-9:21am revealed:</p> <ul style="list-style-type: none"> <li>-There were four staff in the day room/dining room.</li> <li>-One staff member was sweeping one side of the day room/dining room.</li> <li>-Eleven residents were sitting on the side with the television.</li> <li>-One resident was sitting on the other side of the day room/dining room, tapping her fingers on the table.</li> <li>-Multiple residents appeared to be asleep.</li> <li>-Residents would get up and leave the area.</li> <li>-At 9:21am, the Special Care Unit Coordinator started moving chairs to have an activity.</li> </ul> <p>Interview with a resident in the SCU on 04/10/24 at 8:28am revealed:</p> <ul style="list-style-type: none"> <li>-They did not have activities.</li> <li>-She spent her day sitting in her room or walking in the hall.</li> <li>-"It was boring."</li> <li>-Somebody (she did not recall who or when) said they were going to do an activity, but they never did.</li> </ul> <p>Interview with another resident in the SCU on</p>	D 316		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD</b> <b>CHAPEL HILL, NC 27516</b>
--	--

(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 316	<p>Continued From page 46</p> <p>04/10/24 at 8:38am revealed he had not seen any activities being offered.</p> <p>Interview with a third resident on 04/10/24 at 8:53am revealed: -There were no activities offered. -She had given suggestions for activities, but the staff did not do them. -She spent her day looking out the window or just sitting.</p> <p>Interview with a PCA on 04/10/24 at 2:55pm revealed: -There was a female staff member who usually did activities, but she had not seen that staff member in the SCU recently. -The SCU staff usually did not do activities with the residents. -She had not seen the April 2024 activities calendar until today, 04/10/24. -No one told her to do activities with the residents until today, 04/10/24, when the SCU Coordinator started an activity.</p> <p>Interview with another PCA on 04/10/24 at 3:15pm revealed: -There was an activities calendar posted and the activities staff member usually did the activities. -The staff member who did the activities had not been coming to the SCU, so the staff had been doing some activities like singing. -The sing-along was usually about 30 minutes daily.</p> <p>Interview with the SCU Coordinator on 04/10/24 at 3:57pm revealed: -There should be at least 14 hours per week of activities provided. -The Activities Director was responsible for the activity calendar.</p>	D 316		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/11/2024</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE STRATFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516</b>
--	--

(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 316	<p>Continued From page 47</p> <ul style="list-style-type: none"> <li>-The SCU staff could run the activity on the calendar.</li> <li>-Activities were needed to engage the residents and it was good for the residents' overall well-being.</li> </ul> <p>Interview with the Administrator on 04/10/24 at 4:37pm revealed:</p> <ul style="list-style-type: none"> <li>-The SCU Coordinator was responsible for the activities in the SCU.</li> <li>-The activities calendar was generally put up by a [named] staff member, but the staff member had been helping in another department.</li> <li>-She expected the SCU staff members to carry out the activities.</li> <li>-Activities were important because activities decreased boredom, and behaviors, and improved quality of life.</li> </ul> <p>Interviews with four residents on 04/11/24 between 9:02am to 9:45am revealed:</p> <ul style="list-style-type: none"> <li>-They did not have activities in the facility after the Activity Director left about six months ago.</li> <li>-Staff did not offer activities and did not ask what they liked to do.</li> <li>-Three of the four residents stated they played spades in the activity room. They did this on their own.</li> <li>-The residents enjoyed playing bingo and doing arts and crafts with the previous activity director.</li> </ul>	D 316		