(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL068025 05/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **405 SMITH LEVEL ROAD** THE STRATFORD CHAPEL HILL, NC 27516 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Survey by Billy S. Bryant conducted on 05/27/2016. Records indicate this facility was first licensed on 08/06/1996. The facility is currently licensed for 77 Beds with a 33 Beds Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                           |  |      | DATE SURVEY<br>COMPLETED |  |
|---|--|---|---------------------------|--|------|--------------------------|--|
|   |  |   | A. BOILDING.              | NAME OF THE PROPERTY OF THE PR |      |                          |  |
|   |  | HAL068025   | B. WING                   |  | 05/2 | 7/2016                   |  |
| NAME OF F   | PROVIDER OR SUPPLIER   | STREET ADI  | DRESS, CITY, S            | STATE, ZIP CODE  |      |                          |  |
| THE STR   | RATFORD  |   | H LEVEL RO<br>HILL, NC 27 |  |      |                          |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG       | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)  | D BE | (X5)<br>COMPLETE<br>DATE |  |
| C 101   | Continued From pa  | ge 1  | C 101                     |  |      |                          |  |
|   |  | ration the facility does not nents in effect at the time of   |                           |  |      |                          |  |
|   | school. The door ar<br>wall that separates<br>is not a fire resistar<br>conformance with t<br>fire resistant rated t<br>your local building of | of the facility houses a pre and door frame in the shared the facility from the pre-school at rated door. That is not in the requirement for a 1 hour tenant separation. Verify with official or other authority having ant separation is required. |                           |  |      |                          |  |
| C 164   | Housekeeping and   | Furnishings-Clean, Repaired   | C 164                     |  |      |                          |  |
|   | FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of                             | 06 HOUSEKEEPING AND   |                           |  |      |                          |  |
|   | This Rule is not me<br>1. Based on observ<br>not in good repair.   | et as evidenced by:<br>ration a walls in the facility is  |                           |  |      |                          |  |
|   |  | re is a hole in the resident's re the water closet water  |                           |  |      |                          |  |
| C 166   | Housekeeping-Mair  | ntained Free of Hazards   | C 166                     |  |      |                          |  |
|   | SECTION .0300 - F  | PHYSICAL PLANT  |                           |  |      |                          |  |

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G13921 If continuation sheet 2 of 6

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> |  | (X3) DATE SURVEY<br>COMPLETED |                          |  |  |
|   |  | HAL068025   | B. WING   |  | 05/2                          | 7/2016                   |  |  |
| NAME OF F   | PROVIDER OR SUPPLIER   | STREET ADI  | DRESS, CITY, S                                    | STATE, ZIP CODE  |                               |                          |  |  |
| THE STR   | RATFORD  |   | H LEVEL RO<br>HILL, NC 27                         |  |                               |                          |  |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>' MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |  |  |
| C 166   | 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards; (e) This Rule shall facilities.  This Rule is not me 1. Based on observe bottles was not mainthe facility free from are not stored in an otherwise restrained knocked over may proccupants of the facility occupants occupants of the facility occupants of the facility occupants occupants of the facility occupants occu | es shall: In an uncluttered, clean and e of all obstructions and apply to new and existing  et as evidenced by: In an uncluttered, clean and e of all obstructions and apply to new and existing  et as evidenced by: In a manner that kept of the action the storage of oxygen ontained in a manner that kept oxygen bottle rack or defrom falling or being oresent a danger to the cility.  In a control of the collings of the facility of the collings in the facility of the collings in the facility of the collings of the grilles, registers, and above the grilles can effect the HVAC system. Dust and action campers may hamper on in the event of a fire. | C 166   | DEFICIENCY)  |                               |                          |  |  |
|   | salon.   | exhaust grille in the beauty  |   |  |                               |                          |  |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                     |   |        | E SURVEY<br>IPLETED      |  |
|---|--|--|---------------------|---|--------|--------------------------|--|
|   |  | HAL068025  | 025 B. WING 05/27   |   | 7/2016 |                          |  |
| NAME OF F   | PROVIDER OR SUPPLIER   |  |                     | STATE, ZIP CODE   | ı GO/E |                          |  |
| THE STR   |  | 405 SMITH  | H LEVEL RO          | AD  |        |                          |  |
|   | OLIMANA DV. OTA  |  | HILL, NC 27         |   | ON.    | 0.4-0                    |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE   | (X5)<br>COMPLETE<br>DATE |  |
| C 189   | Continued From pa  | ge 3   | C 189               |   |        |                          |  |
| C 189   | Building Equipment   | Maintained Safe, Operating   | C 189               |   |        |                          |  |
|   | mechanical, and plu<br>care home shall be<br>operating condition<br>(k) This Rule shall<br>facilities with the ex  | 11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and  |                     |   |        |                          |  |
|   | maintain the facility<br>manner as evidence<br>penetrations in the<br>walls. Fire resistant<br>be free of gaps and<br>spread of fire and sepenetrations or hole<br>ceilings and walls co | ation there is a failure to 's fire safety systems in a safe ed by gaps and open fire resistant rated ceiling and rated ceilings and walls must openings in order to resist the moke in the event of a fire. es in fire resistant rated ould effect the occupants of ng fire and smoke to spread |                     |   |        |                          |  |
|   |  | om - There is a large hole duct where it penetrates the  |                     |   |        |                          |  |
|   | resistant rated wall pipe has been seale   | om - The hole in the fire where it is penetrated by a ed with an expanding foam is not fire resistant rated.   |                     |   |        |                          |  |
|   |  | ation there is a failure to<br>'s fire safety systems in a safe  |                     |   |        |                          |  |

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|---|---|---|---------------------|--|--------|--------------------------|--|
| HAL068025   |   | B. WING   |                     | 05/27/2016   |        |                          |  |
|   |   |   | DRESS, CITY, S      | STATE, ZIP CODE  | 1 00/2 |                          |  |
| THE STE   | RATFORD   |   | H LEVEL RO          | ,  |        |                          |  |
|   | _   |   | HILL, NC 27         | 516  |        |                          |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY) | D BE   | (X5)<br>COMPLETE<br>DATE |  |
| C 189   | Continued From pa   | ge 4  | C 189               |  |        |                          |  |
|   | maintained could farequired in the ever the facility could be if fire safety system  Finding on 05/27/20 a. Sun Room - The unit duct smoke de:  3. Based on observe maintain the facility safe operating conditated to complet required to complet event of a fire in ord smoke or the spread the facility could be | sampling tube for the HVAC tector is clogged with dust.  Tation there is a failure to so fire safety equipment in a dition as evidenced by doors ely close and latch. Doors are ely close and latch in the der to resist the passage of d of fire. All the occupants in effected if doors do not latch so as to limit the spread of |                     |  |        |                          |  |
|   | ,   | 16:<br>17 - The door closes but does<br>in the closed position.   |                     |  |        |                          |  |
|   | maintain the facility<br>means of egress/pa<br>obstructions and er<br>storage. In the ever<br>evacuation from the<br>encroaching on the   | ration there is a failure to in a safe manner. Emergency athways must be kept clear of acroachments and not used for int of an emergency requiring a facility, obstructing or means of egress/pathways ints of the facility by delaying   |                     |  |        |                          |  |
|   | emergency exit doo  | able was obstructing access to or. ille surveyor was on site. Note:   |                     |  |        |                          |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                           |   | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|---|--|---|---------------------------|---|-------------------|--------------------------|
|   |  |   |                           |   |                   |                          |
|   |  | HAL068025   | B. WING                   |   | 05/2              | 7/2016                   |
| NAME OF I   | PROVIDER OR SUPPLIER   |   |                           | STATE, ZIP CODE   |                   |                          |
| THE STR   | RATFORD  |   | H LEVEL RO<br>HILL, NC 27 |   |                   |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG       | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | .D BE             | (X5)<br>COMPLETE<br>DATE |
| C 199   | provided with exhautwo cubic feet per requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility rooms (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app  This Rule is not med 1. Based on observe exhaust ventilation exhaust ventilation. the designated area of the facility by not possible air borne or rooms required to her finding on 05/27/20 | PHYSICAL PLANT 11 OTHER  ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This tot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities.  et as evidenced by: ration there is an absence of in spaces required to have Failure to exhaust air from as could effect the occupants removing odors, fumes or contaminates from areas or have exhaust ventilation. | C 199                     | DETIGIENCY)   |                   |                          |

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