Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068025		. ,			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01		R	
		B. WING			22/2016	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
THE STR	ATFORD		H LEVEL RO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Report of a Follow conducted on 07/22	Up survey by Billy S. Bryant 2/2016.				
	Deficiencies noted 05/27/2018 remain	during the Biennial Survey on to be corrected.				
{C 101}	Existing Licensed Fac- No less than '71 Rules		{C 101}			
	PHYSICAL PLANT The physical plant is care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effor change in service of renovation, or alterative the requirements for no addition or renovation than those requirem "Minimum and Des Regulations" for "H	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing r portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm", a available at the Division of				
		et as evidenced by: vation the facility does not nents in effect at the time of				
	school. The door at wall that separates is not a fire resistar	016: of the facility houses a pre nd door frame in the shared the facility from the pre-school nt rated door. That is not in he requirement for a 1 hour				

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

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,			(X3) DATE SURVEY COMPLETED R		
			A. BUILDING: 01				
		HAL068025	B. WING		07/	22/2016	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST				
THE STR	RATFORD		H LEVEL ROA HILL, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ER'S PLAN OF CORRECTION (X5) RRECTIVE ACTION SHOULD BE COMPLET ERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
{C 101}	Continued From pa	ge 1	{C 101}				
	your local building o	enant separation. Verify with official or other authority having ant separation is required.					
{C 189}	Building Equipment Maintained Safe, Operating		{C 189}				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	maintain the facility manner as evidenc penetrations in the walls. Fire resistant be free of gaps and spread of fire and s Penetrations or hole ceilings and walls c	ration 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 l 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					
		eater Room - There is a large naust duct where it penetrates					
	fire resistant rated v	eater Room - The hole in the wall where it is penetrated by a ed with an expanding foam					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWBER.	A. BUILDING: 01			
		HAL068025	B. WING			R / 22/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
THE STR	RATFORD		TH LEVEL ROA . HILL, NC 275			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
{C 189}	Continued From page 2		{C 189}			
	type of sealant that is not fire resistant rated.					
	maintain the facility manner. Fire safety maintained could fa required in the even the facility could be if fire safety system Finding on 05/27/20 a. Exterior Mechan for the HVAC unit d	vation there is a failure to 's fire safety systems in a safe y equipment that is not ail to operates as intended and nt of a fire. The occupants of effected in the event of a fire did not operate properly. D16 ical Room - The sampling tube luct smoke detector is clogged	9			
{C 199}	with dust. Exhaust Ventilation		{C 199}			
	provided with exhan two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed b, with natural ventilation in ncces: rage; ; toilet rooms;				
		et as evidenced by: ation there is an absence of in spaces required to have				

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		B. WING			R 07/22/2016	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HE STR	RATFORD		TH LEVEL ROA . HILL, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE COMPL HE APPROPRIATE DATE	
{C 199}	Continued From page 3		{C 199}			
	exhaust ventilation. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, fumes or possible air borne contaminates from areas or rooms required to have exhaust ventilation. Finding on 05/27/2016: a. Laundry - The exhaust fan is not working.					