

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/04/2016
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NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 231 TREETOP DRIVE FAYETTEVILLE, NC 28311
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{C 000}	Initial Comments This report is of a followup survey done by Bob Getchell on August 4, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}	CONSTRUCTION SECTION SEP 26 2016 RECEIVED	
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 2. The facility failed to maintain fire safety equipment, components and systems in safe and operating condition as evidenced by emergency exit doors that did not consistently operate (open) as required. Followup Findings on August 4, 2016 include: b. Main Hall Rear Exit door - The door requires more than 15 pounds of force to open. Note: Wolverine General Construction coming 8-4-16 to repair door and frame. 4. The facility failed to maintain fire safety equipment, components and systems in safe and operating condition as evidenced by fire resistant rated doors that were damaged.	{C 189}		Wolverine Construction 8/8/16 repaired and adjusted door and frame. Maintenance will check weekly to ensure proper working order. * See Invoice Attachment # 1

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Jerry Locklear</i>	<i>Administrator</i>	

STATE FORM 9JQS23 If continuation sheet 1 of 2



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(C 189)	Continued From page 1 Followup Findings on August 4, 2016 include: a. Men's Hall Cross Corridor Door - The wire reinforced glass view panel in the fire resistant rated door is cracked. Note: Triple A Glass scheduled to come 8-10-16 to install new glass in door. 5. Based on observation the facility failed to maintain the the HVAC equipment in safe and operating condition. Followup Findings on August 4, 2016 include: a. The facility's HVAC thru-wall units are damaged as evidenced by broken interior covers, some are not operational and the interior of the units themselves require cleaning. Units missing knobs include: room 121, 126, 132, 134, 127. Units missing vents: room 125 Note: Replacement HVAC units are back ordered, and one week past due.	(C 189)	<i>all glasses have been repaired and are in proper working order. * See invoice Attachment #2</i> <i>All knobs are available and new A/c units were ordered and repaired. Maintenance will monitor and ensure proper working order monthly along with cleaning and servicing. * See invoice Attachment #3</i>	<i>8/23/16</i> <i>8/5/16</i>