(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ HAL068025 06/07/2018 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} Construction Section Follow-up Survey report by Frank Strickland on 06/07/2018: Some of the previous cited deficiencies have been corrected. However, there still outstanding deficiencies that require correction action and a new Plan of Correction is required. {C 111} Must Have Current San. & Fire Safety Reports {C 111} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1-Based on observation, this facility does not on site for review the fire and safety inspection reports. Findings on 06/07/2018: Due to the sprinkler system repair of component a current NFPA 25 Inspection Report is due for review and Fire Marshal Inspections Report. 1-Based on record review, and interview with Executive Director, the facility has unresolved deficiencies cited on their current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on 06/07/2018: The Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report, in accordance with NFPA 25 performed on 02/01/2018 listed several deficiencies that have not been

(X2) MULTIPLE CONSTRUCTION

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED	
		HAL068025	B. WING		F 06/0	₹ 7/2018
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, STATE, ZIP CODE			
THE STRATFORD 405 SMITH LEVEL ROAD						
CHAPEL HILL, NC 27516						
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	SHOULD BE COMPLETE	
{C 111}	Continued From page 1		{C 111}			
	addressed. Deficiencies listed below.					
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Division of Health Service Regulation STATE FORM