

Division of Health Service Regulation

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/08/2023 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER SANFORD MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET SANFORD, NC 27330 |
|--|--|

| (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 |
|--------------------|---|---------------|---|--------------------|
| C 000 | <p>Initial Comments</p> <p>Construction Section Biennial Survey report by Ryan Meyer conducted on August 8, 2023.</p> <p>This facility was licensed as an Adult Care Home on 05/01/1988. The facility is currently licensed as an 85 bed SCU. Therefore, we are requiring that this facility meet the 1987 Rules for Homes for the Aged and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds. It is also required to meet the 1978 Edition of the North Caroling State Building Code Volume 1-Section 409.</p> <p>Deficiencies were cited and a Plan of Correction is required.</p> | C 000 | | |
| C 101 | <p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>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;</p> <p>This Rule is not met as evidenced by:</p> | C 101 | | |

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: HAL053030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/08/2023 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER SANFORD MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET SANFORD, NC 27330 |
|--|--|

| (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 |
|--------------------|---|---------------|---|--------------------|
| C 101 | Continued From page 1 1. Based on observation the facility does not meet the Rule requirements in effect at the time of construction or alteration. The rule for the Adult Care homes, 10A NCAC 13F .1304 SPECIAL CARE UNIT BUILDING REQUIREMENTS (8.) Direct access from the facility to a secured outside area shall be provided. Findings on August 9, 2023: a. The 4 fence gates for the SCU courtyard are not secure. | C 101 | | |
| C 126 | Bedrooms-Windows SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and This Rule is not met as evidenced by: 1. Based on observation the facility is not allowing the resident rooms to have access to fresh air. Findings on August 8, 2023: a. All of the resident bedroom windows have been screwed closed. | C 126 | | |

Division of Health Service Regulation

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/08/2023 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER SANFORD MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET SANFORD, NC 27330 |
|--|--|

| (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 |
|--------------------|---|---------------|---|--------------------|
| C 155 | <p>Floors-Non-skid, in Good Repair</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair.</p> <p>This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining its floor in a safe manner.</p> <p>Findings on August 8 2023: a. The tile floor in A-Hall shower room has broken tile as well as gaps at the right side of the shower.</p> | C 155 | | |
| C 160 | <p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining its outside driveway and canopy in a safe manner.</p> <p>Findings on August 8, 2023: a. There are multiple areas of the driveway where the concrete is cracked and has created a tripping hazard.</p> | C 160 | | |

Division of Health Service Regulation

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/08/2023 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER SANFORD MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET SANFORD, NC 27330 |
|--|--|

| (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 |
|--------------------|---|---------------|---|--------------------|
| C 160 | Continued From page 3 b. There is damage to both sides of the main entrance canopy due to vehicles hitting the structure. | C 160 | | |
| C 162 | <p>Outside Premises-Outdoor Lighting</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.</p> <p>This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the outside lighting. Emergency exit doors require a light just outside of the exit door.</p> <p>Findings on August 8, 23023: a. The emergency exit in the B-Hall leading to the front of the facility does not have a light outside the door as required.</p> <p>2. Based on observation the facility is not maintaining the outside lighting.</p> <p>Findings on August 8, 2023: a. The outdoor walkways are not lit as required.</p> | C 162 | | |
| C 164 | <p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors;</p> | C 164 | | |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/08/2023 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER SANFORD MANOR | | STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET SANFORD, NC 27330 | | |
| (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 |
| C 164 | Continued From page 4 (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the building in good repair. Findings on August 8, 2023: a. The cabinets in the salon have been heavily damaged due to water exposure over time. 2. Based on observation the facility is not maintaining the resident rooms in good repair. Findings on August 8, 2023: a. Room 16 has numerous pieces of molding heavily damaged. b. Room 13 is missing a piece of molding over the restroom door. c. Room 13 has a large hole in the the left closet door. | C 164 | | |
| C 166 | Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility is not being maintained in a safe and clean manner. | C 166 | | |

Division of Health Service Regulation

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/08/2023 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER SANFORD MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET SANFORD, NC 27330 |
|--|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
| C 166 | Continued From page 5 Findings on August 8, 2023: a. The A-Hall housekeeping closet has a hopper in the room that is leaking. The wall behind the hopper is completely covered in a black substance. | C 166 | | |
| C 188 | Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner. Findings on August 8, 2023: a. There are multiple outlets in the laundry room that are not GFCI protected. b. The outlets behind and to the right of the drink station in the kitchen are not GFCI protected. | C 188 | | |
| 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. | C 189 | | |

Division of Health Service Regulation

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/08/2023 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER SANFORD MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET SANFORD, NC 27330 |
|--|--|

| (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 |
|--------------------|---|---------------|---|--------------------|
| C 189 | <p>Continued From page 6</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations that are not sealed with proper material will not prevent the fire from spreading. <p>Findings on August 8, 2023:</p> <ol style="list-style-type: none"> a. There are multiple conduits in the riser room that are not sealed. There are also multiple conduits that are sealed with orange foam which does not meet the fire resistance properties. b. The office behind the B-Hall Nurses Station has a large hole in the ceiling. c. The employee clock room has multiple penetrations that are not sealed properly. <ol style="list-style-type: none"> 2. Based on observation the facility is not maintaining its plumbing system as necessary. <p>Findings on August 8, 2023:</p> <ol style="list-style-type: none"> a. The ice machine drain does not have the correct 2 inch air gap. <ol style="list-style-type: none"> 3. Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. This could allow a fire to spread at a faster rate. <p>Findings on August 8, 2023:</p> <ol style="list-style-type: none"> a. There are multiple sprinkler escutcheons throughout the facility that have large gaps between the escutcheon ring and the ceiling. <ol style="list-style-type: none"> 4. Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. <p>Findings on August 8, 2023:</p> | C 189 | | |

Division of Health Service Regulation

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/08/2023 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER SANFORD MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET SANFORD, NC 27330 |
|--|--|

| (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 |
|--------------------|---|---------------|---|--------------------|
| C 189 | Continued From page 7 b. The B-Hall fire doors do not close properly. b. The magnet on right leaf of the fire doors on the A-Hall is not secure. | C 189 | | |
| C 199 | <p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ul style="list-style-type: none"> 1. The facility is not keeping its exhaust fan in operable condition. This could cause unnecessary odors as well as mildew. <p>Findings on August 8, 2023:</p> <ul style="list-style-type: none"> a. The exhaust fan in room 16 doesn't work. b. The exhaust fan in the A-Hall housekeeping closet does not work. | C 199 | | |