Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL053031	B. WING 10/15/2024				
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
SANFOR	D SENIOR LIVING		THAGE STR ), NC 27350				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
C 111	Initial Comments  Report of a Construction Section Biennial Survey by Suzanna Fay conducted on October 15, 2024.  This facility was licensed on June 12, 1995 for 50 beds. Based on this information, this facility is required to meet the 1993 Rules for the Licensing of Domiciliary Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1 Group I-Unrestrained Occupancy.  Deficiencies have been cited and a Plan of Correction is required.  Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and		C 111	1/1/25 Facility shall maintain the report provide upon request.	s for acc	ess and	
	review.  This Rule is not model. Review of record not have current fire inspection reports in available for review.  Findings on Octobera. There was not an Official's Inspection b. There was not an System Inspection c. Review of the Specific not not specific not	ds revealed that the facility did e and building safety maintained in the home and					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jennifer Y. Evans

Administrator/Executive Director

TITLE

(X6) DATE

Division	of Health Service Re		1			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION  01	(X3) DATE S COMPL		
		HAL053031	B. WING		10/1	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	-	
SANFOR	D SENIOR LIVING	1107 CAR	THAGE STE	REET		
			), NC 27350			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 111	Continued From pa	age 1	C 111			
	shutoffs, missing s	es with the fire backflow pare heads and forty or more corroded, painted or not free of				
C 132	Bathrooms-Must P	rovide Privacy	C 132			
	SECTION .0300 - F	PHYSICAL PLANT		.1/10/25		
	10A NCAC 13F .03 ENVIRONMENT (e) The requireme rooms are: (5) The bathrooms designed to provide rooms with two or r (commodes) shall I curtains for each w shower shall have	nts for bathrooms and toilet and toilet rooms shall be privacy. Bathrooms and toilet more water closets have privacy partitions or later closet. Each tub or privacy partitions or curtains;		Curtains shall be placed for priva condition for privacy between the		
	1. Observations re	et as evidenced by: vealed that the community have privacy partitions or or showers.				
	Findings on Octobe a. Therapeutic Sho installed at the sho	ower Room - curtains were not				
C 143	Janitor's Closets-Lo	ocked	C 143			
	closets are: (B) There shall be storing cleaning ag and other substance		that	/25 ntenance Director to install new lo contain chemicals and hazardous torage areas.		

Division of Health Service Regulation

STATE FORM 6899 9JX921 If continuation sheet 2 of 11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL053031 10/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **SANFORD SENIOR LIVING** SANFORD, NC 27350 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 143 Continued From page 2 C 143 shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that cleaning agents and bleaches were stored in an unlocked closet. Findings on October 15, 2024: a. Storage by Room 11 - the storage room contained bleach and other cleaning agents and the door did not have locking hardware. The cleaning agents were moved to another location at the time of survey. C 160 C 160 Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (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; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Openings in the exterior facades allows for pests to enter the facility. Findings on October 15, 2024: a. Exit by Room 12 - one section of the exterior 1/10/25 soffit has fallen out leaving a 6" x 24" hole for pests to enter. Maintenance shall install new softfiting where old soffit has been removed or deteriorated . 2. Observations revealed that the outside premises were not maintained in a clean and safe condition.

Division of Health Service Regulation STATE FORM

9JX921 If continuation sheet 3 of 11

Division of Health Service Regulation

(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 HAL053031 10/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **SANFORD SENIOR LIVING** SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 160 Continued From page 3 C 160 Findings on October 15, 2024: a. Kitchen Porch - the exterior siding at the 1/10/25 storage room is rotting and curled at the outside Maintenance Director will remove damaged siding and replace with new siding. b. Kitchen Porch - the exterior door is missing its exterior hardware so that staff cannot enter the kitchen from the porch. C 164 1/1 0/25 C 164 Housekeeping and Furnishings-Clean, Repaired Maintenance will order and install new door as well as SECTION .0300 - PHYSICAL PLANT complete hardware kit. 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; (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. Observations revealed that the walls, ceilings 1/10/25 and floors were not kept clean and in good repair. Maintenance will remove and clean the dust from the Findings on October 15, 2024: exhaust fans and grilles. a. There was a general pattern of exhaust fan grilles and their radiation dampers with heavy 1/10/25 accumulations of dust. b. Kitchen - the finishing tape is splitting and Maintenance will "rescrew" the ceiling back to studs and separating from the ceiling near the horn strobe. finish drywall finish to maintain in proper condition and c. Room 25 - the transition strip at the carpet repair. edge is coming loose at the hinge side of the 1/10/25 door. d. Room 16 Bath - there is a deep gouge in the Maintenance will replace current transition strip and wall behind the toilet grab bar. The wall behind replace and secure properly. the grab bar is stained brown. Maintenance will repair drywall and apply new paint to e. Room 16 Bath - there are two patches in the

Division of Health Service Regulation STATE FORM

E FORM 9JX921 If continuation sheet 4 of 11

area.

Division of Health Service Regulation

ווטופועום	of Fleatill Service IN	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED	
		HAL053031	B. WING		10/15/2024	
NAME OF 5				2747F 7ID 00DF	10/10/2021	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SANFOR	D SENIOR LIVING		THAGE STR			
		SANFORE	), NC 27350			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\ - /	
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		
IAG			IAG	DEFICIENCY)		
0.404	0 " 15		0.101			
C 164	Continued From pa	ge 4	C 164			
	wall below the grab	bar that have not been	E.	) Maintenance will finish drywall a	and paint the area	
	finished and painted			•		
	f. Room 16 Closet	- there is a hole in the door		Maintenance will refill the current	hole and paint the	
		but not finished and painted.	ent	ire door.		
	•	loset door behind the door	G)	Maintenance will adjust or replace	e the hardware so the	
	does not latch.			set fully closes.	c the haldware 30 th	
		oor hardware is loose.	Cic	Section closes.		
		of Room 20 - the ceiling has	H)	Maintenance will replace or repair	ir hardware for latchir	
		along the wall. The paint on	ĺ			
		d and an 8" x 24" section of		Maintenance will apply kilts on the	ceiling and peel off	
	the paint has peeled off.		bu	obled paint and apply new paint.		
		om - there is a long brownish		10.00		
	center of the room.	eiling from the left wall to the		J.) Maintenance will apply kilts to t	ne ceiling	
	center of the room.					
	2 Observations rev	vealed that the furnishings				
		od repair. Broken accessories				
		edges of the mounting				
		which can cause injury.				
	'	, ,				
	Findings on Octobe	er 15, 2024:				
	a. Room 1 - the toi	let paper dispenser is broken		Maintenance will replace the toile	-	
	off the wall leaving	one of the metal mounting		ensure area no exposure of area	S.	
	brackets exposed.					
			,	Agintonggo will remove and disease	rd furniture and the	
		vealed that the furniture was		Maintenace will remove and disca		
	not in good repair.			xecutive Director will purchase n	ew lullillule.	
	Findings on Octobe	r 15 2024:				
		one of the drawer knobs has				
	fallen off.	one of the drawer knobs has		Maintenace will purchase and	install new	
	ialicii Uii.			doorknob/hardware.		
C 466	Housekooning Meir	stained Free of Haranda	C 166			
C 166	nousekeeping-Mair	ntained Free of Hazards	C 166			
	SECTION .0300 - F	DHYSICAL DLANT				
	10A NCAC 13F .03					
	FURNISHINGS	OU TIOUSEREEF ING AND				
	(a) Adult care home	es shall.				
		n an uncluttered clean and				

6899

Division of Health Service Regulation

DIVISION	Division of Health Service Regulation						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
			S WING				
		HAL053031	B. WING		10/1	5/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
SANFOR	D SENIOR LIVING		THAGE STE				
		SANFORE	D, NC 27350				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE	
C 166	Continued From pa	ge 5	C 166				
	hazards;	e of all obstructions and apply to new and existing					
	This Rule is not met as evidenced by:  1. Observations revealed that the facility was not maintained free of all obstructions and hazards. Latches on the interior side of resident bedroom doors prevents staff from accessing the room in the event of an emergency.						
	Findings on Octobe a. Room 1 - a chai interior side of the b	n latch was installed on the		Maintenance will remove chain lat t's entirety.	ch form t	he door in	
C 185	Fire Safety-Rehears	sals on Each Shift	C 185				
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services anninclude the date and shift, staff members description of what	rehearsals of the fire plan hift in accordance with the ocal Fire Prevention Code		Fire Drills performed on schedule drills kept for review by agency or individuals.			
	not have available r	et as evidenced by: ds revealed that the facility did ecords of the quarterly fire ould include the date and time					

6899

Division of Health Service Regulation STATE FORM

9JX921 If continuation sheet 6 of 11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL053031 10/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **SANFORD SENIOR LIVING** SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 185 Continued From page 6 C 185 of the rehearsals, the shift, staff members present and a short description of what the rehearsal involved. Findings on October 15, 2024: a. Staff were not able to locate the quarterly fire rehearsal logs for review. C 189 Building Equipment Maintained Safe, Operating C 189 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: 1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on October 15, 2024: Maintenace will order and install the entire fixture to a. Living Room - the magnetic hold open device include the magnetic strip to automatically close and was broken off of the right hand door. The door latch. is equipped with a closer and did not automatically close and latch when released. b. Room 13 - the latch is iammed and does not Maintenance replacing door hardware release into the latch plate preventing the door from latching when closed.

Division of Health Service Regulation STATE FORM

9JX921 If continuation sheet 7 of 11

ווטופועום	Division of Health Service Regulation					
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL053031	B. WING		10/15/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			THAGE STR			
SANFOR	D SENIOR LIVING	SANFORE	), NC 27350	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE COMPLETE	
C 189	Continued From pa	ge 7	C 189			
	rubs on the frame s automatically close d. Florida Room - t removed and the do closes and latches. e. Room 14 - the do closed. f. Laundry - the doo at the top causing to g. Dining - the door when released by the	and latch. he door closer has been bor no longer automatically oor does not latch when or is rubbing hard on the frame he veneer to pull off and chip. rs did not completely close		Maintenance will remove screws a prevent scrubbing.  Maintenance to enlist the help of ensure that the doors properly of	of local company to	
	maintain the buildin a safe operating co device used to keep impediment to quicl occupants in the faction of the control of th	g's fire safety components in ndition. Any unapproved o a door open is an kly closing the door. The cility could be affected if doors is required so as to limit the nd/or fire to the area of origin.				
	<ul><li>a. Living Room - th open by a chair.</li><li>b. Florida Room - t with a trash can.</li></ul>	e right hand door was held he door was propped open the door is propped open with	aı	laintenance will be installing new eas for proper opening and closinems used to prop the doors open.		
	has not been inspermaintained in a safe Occupants of the fasafety equipment in not operate when n protection.	vation fire safety equipment cted to assure it has been e and operable condition. In a cility could be affected if fire the smoke compartment did eeded to provide fire er 15, 2024:	serv	tenance and the Executive Direct icing company for inspections to b ent and in between those inspection ect all equipment and extinguisher	e caught and kept ons review and	

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 8 of 11 9JX921

Division of Health Service Regulation

DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND I LAN	O CONTROLLO	DENTILION TON NOMBER.	A. BUILDING: <b>01</b>			
		HAL053031	B. WING		10/1	5/2024
NAME OF			DDEGG OITY (	OTATE ZID OODE	10/1	O/LUL4
NAME OF	PROVIDER OR SUPPLIER		THAGE STR	STATE, ZIP CODE		
SANFOR	RD SENIOR LIVING		D, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 8	C 189			
		nly inspections ended in May. chen hood was last inspected 22.				
	equipment was not operating condition systems create a fa	vealed that the electrical maintained in a safe and . Nonfunctioning call bell alse sense of security and may t from receiving necessary	alterna freesta	24 tive Director ensured that every rate way of signaling for assistance anding bells for use while others. system by 1/10/25.	e. Provide	ed manual
	installed with the co	oms have an old call system ords and call buttons in place o longer functioning. The				
	II	vealed that the mechanical maintained in a safe and				
	leaking oil and the ocause injury. b. Kitchen Porch - t is missing and there	ower Room - the door closer is door slams shut which could he back flow cap on the right e is a brown granular yer vent and piled up on the	b) Mainter cleaned a	nance to purchase new door hard erly and safely closes. nance purchased new back flow on the dinstructed of maintenance and r cleanliness around and near the	cap and h I houseke	ad vents eping staff
	maintain the buildin safe condition. Hole through fire resistar	vation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow pread beyond the area of				
	Findings on Octobe a. There is a 3" dia	er 15, 2024: meter hole in the ceiling				

Division of Health Service Regulation

outside of the Florida Room.

Division	<u>of Health Service Re</u>	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL053031	B. WING		10/15/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
			THAGE STR			
SANFOR	D SENIOR LIVING		), NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
C 189	Continued From pa	ge 9	C 189			
	of Room 18 is back drop and leaving a ceiling. c. Room 19 - there light where the fixtu opening.  7. Observations reequipment was not operating manner.	ws on the ceiling vent outside ing out causing the vent to gap in the fire resistant rated is a small gap at the front re does not cover the vealed that the plumbing maintained in a safe and Water Closets securely n seal prevent water leaks and	1/10 C.)	10/25 Maintenance to retighten screws 0/25 Maintenance to readjust fixture to replace in it's entirety to eliminate	enclose the gap or	
	Findings on Octobe a. Room 16 Bath - floor and the tank li  8. Based on observinstall and maintain configuration. Failur plumbing piping wit	ering the facility.  er 15, 2024: the toilet is not secure to the d is sitting on the floor.  vation there is a failure to plumbing piping in a safe re to maintain or install h a minimum 2" air gap could of the facility if the domestic		25 Itenace and hired plumbing compa the toilet to the bathroom floor.	any will replace and	
	not 2" above the flo 9. Observations re	nin lines for the icemaker are or drain.  vealed that the electrical maintained in a safe and	clean a	nance and Ice vendor who service and store the drain lines appropria This will be monitored to prevent for	tely above the floor	
	on.	ont light is flickering off and		/2025 tenance will replace bulbs into wo	orking order.	
	maintain electrical	rvation the facility did not emergency/safety lighting operating condition. Occupants				

Division of Health Service Regulation

Division of Health Service Regulation

	or realth Service Ne					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	OF CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING: <b>01</b>		J CONTRACTED	
		HAL053031	B. WING		10/1	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STDEET AN	DESS CITY S	STATE, ZIP CODE		
INAIVIE OF F	ROVIDER OR SUPPLIER					
SANFOR	D SENIOR LIVING		THAGE STR			
		SANFURL	), NC 27350			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		DATE
.,.0		,		DEFICIENCY)		
C 190	Continued From no	go 10	C 189			
C 189	Continued From pa	ge 10	C 109			
		be affected if the signs				
		s could not be seen in the				
	event of an emerge	ncy evacuation.				
	Findings on Octobe		4/40/			
		the cross corridor doors by the	1/10/	25		
	Mechanical Room o	did not illuminate on test.	Main	tononce to replace betteries or Ev	it sian to	0001180
	11 Pasad an abaa	nyation the facility's fire exfety		enance to replace batteries or Ex illuminates at all times.	it sign to	ensure
		rvation the facility's fire safety aintained in operating	unaun	i iliuminates at all times.		
		maintain fire safety				
		,				
	equipment in operating condition could affect occupants of the facility if the equipment did not					
	function to suppress					
	ranotion to suppress	o a mo.				
	Findings on Octobe	er 15. 2024:				
		ne of the valves is leaking and	1/10/25			
		system has been installed to	Mainte	nance to enlist the help of outside	vendor t	o seal tor
		om the Riser Room.		leaking valves and to ensure fun		
		rvation there is a failure to				
		's fire safety equipment in a				
		dition. The occupants in the				
		nt could be affected if the fire				
		s do not completely close and				
		e spread of smoke and/or fire				
	to the area of origin	•				
	Findings on Octobe	or 15, 2024:	1/10/	25		
		loor of the cross corridor doors		tenance to contact and enlist the h	neln of o	utside
		eleased by the fire alarm.		or to assist in the repair or replace		
	ala not laton windin	Siddoca by the file didiffi.		er closing as the alarm signals for		
			ргорс	. s.comig do the diarm orginals for	. 5.5456 .	

Division of Health Service Regulation STATE FORM