Division of Health Service Regula STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION			A. BUILDING:			
		HAL053031	B. WING		R 04/08/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SANFOR	D SENIOR LIVING		RTHAGE STR D, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		
{C 000}	Initial Comments		{C 000}			
	Up Survey conduct 2025.	uction Section Biennial Follow ed by Tod Hancock on April 8, n uncorrected and a Plan of ed.				
{C 111}	Must Have Current San. & Fire Safety Reports		{C 111}		4/15/20	
	fire and building sa	02 DESIGN AND	requ requ	lity shall make readily available the state of the second se	and person's	
	not have current firm inspection reports in available for review Findings on April 8, a. There was not a Official's Inspection b. There was not a System Inspection c. Review of the Sp Report revealed se not limited to, issue shutoffs, missing sp	ls revealed that the facility did e and building safety naintained in the home and				
{C 132}	Bathrooms-Must Pi	rovide Privacy	{C 132}			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT					
	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE	
		Jennifer Y.		Executive Director/Administrate		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY
			A. BUILDING. VI			R
		HAL053031	B. WING			) 8/2025
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SANFOR	D SENIOR LIVING		RTHAGE STR D, NC 27350			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		
PREFIX TAG		VINDED WIT MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE <sup>-</sup> DATE
{C 132}	Continued From pa	ge 1	{C 132}			
	rooms are: (5) The bathrooms designed to provide rooms with two or r (commodes) shall h curtains for each w shower shall have p This Rule is not me 1. Observations rev bathrooms did not h curtains at the show Findings on April 8,	have privacy partitions or ater closet. Each tub or privacy partitions or curtains; et as evidenced by: realed that the community have privacy partitions or ver or tubs. 2025: power Room - Curtains were not	Maint curtai shall µ prese	enance Director shall rep n at both shower and tub perform rounds daily and nt and kept in good condi diately.	lace missing sho b. Maintenance I ensure curtains	Director
{C 189}	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1. Based on observing maintain the facility	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing cception of Paragraph (e) ly to existing facilities.	{C 189}			
	compartment could doors do not compl	dition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of				

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         HAL053031		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		B. WING			R 04/08/2025	
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
D SENIOR LIVING						
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
Continued From pa	ge 2	{C 189}				
<ul> <li>Findings on April 8, 2025:</li> <li>d. Florida Room - the door closer has been removed and the door no longer automatically closes and latches.</li> <li>g. Dining - the doors did not completely close when released by the fire alarm.</li> <li>12. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.</li> <li>Findings on April 8, 2025:</li> <li>a. The right-hand door of the cross-corridor doors did not latch when released by the fire alarm.</li> </ul>		a	tomatically and properly c	lose by the mai		
		and c comp	r ensure the equipment o	n the door allow		
		A)				
	OF CORRECTION PROVIDER OR SUPPLIER <b>D SENIOR LIVING</b> SUMMARY STA (EACH DEFICIENCY REGULATORY OR LIS Continued From pa Findings on April 8, d. Florida Room - t removed and the do closes and latches. g. Dining - the door when released by th 12. Based on obser maintain the facility' safe operating cond smoke compartmer resistant rated door latch to help limit th to the area of origin Findings on April 8, a. The right-hand of doors did not latch of State of the state of the s	OF CORRECTION       IDENTIFICATION NUMBER:         HAL053031       HAL053031         PROVIDER OR SUPPLIER       STREET A         D SENIOR LIVING       1107 CA         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES         Continued From page 2       Findings on April 8, 2025:       d. Florida Room - the door closer has been removed and the door no longer automatically closes and latches.       g. Dining - the doors did not completely close when released by the fire alarm.         12. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.         Findings on April 8, 2025:       a. The right-hand door of the cross-corridor doors did not latch when released by the fire	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         HAL053031       B. WING	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING: 01         HAL053031       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         D SENIOR LIVING       1107 CARTHAGE STREET SANFORD, NC 27350         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TH DEFICIENCY         Continued From page 2       {C 189}       Continued From page 2         Findings on April 8, 2025:       {C 189}       D)         G. Dining - the door door closer has been removed and the door no longer automatically closes and latches.       D)       Florida room door shall b automatically and properly c director and alarm service p         when released by the fire alarm.       G)       Maintenance and Alarm ser and or ensure the equipment o complete closing when fire alar         Safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.       A) Maintenance Director sha with the assistance of alarm is	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING: 01       COME         HAL053031       B. WING       04/0         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         D SENIOR LIVING       1107 CARTHAGE STREET SANFORD, NC 27350         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)         Continued From page 2       {C 189}         Findings on April 8, 2025:       {C 189}         J. Dining - the doors did not completely close when released by the fire alarm.       D) Florida room door shall be replaced with automatically and properly close by the main director and alarm service provider.         4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.       A) Maintenance Director shall replace the lat with the assistance of alarm service provider         A. The right-hand door of the cross-corridor doors did not latch when released by the fire       A) Maintenance of alarm service provider	

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