

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL053031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/08/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SANFORD SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1107 CARTHAGE STREET SANFORD, NC 27350</b>		
(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}	Initial Comments  Report of a Construction Section Biennial Follow Up Survey conducted by Tod Hancock on April 8, 2025. Deficiencies remain uncorrected and a Plan of Correction is required.	{C 000}		
{C 111}	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 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. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on April 8, 2025: a. There was not a copy of the current Fire Official's Inspection Report available for review. b. There was not a copy of the current Fire Alarm System Inspection Report available for review. c. Review of the Sprinkler System Inspection Report revealed several deficiencies including but not limited to, issues with the fire backflow shutoffs, missing spare heads and forty or more pendants that are corroded, painted or not free of foreign material.	{C 111}	Facility shall make readily available the reports requested for review by any agency and person's request. Binder is kept in view and accessible for staff to present in a timely manner.	4/15/2025
{C 132}	Bathrooms-Must Provide Privacy  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	{C 132}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jennifer Y. Evans

TITLE

Executive Director/Administrator

(X6) DATE

5/2/2025

Division of Health Service Regulation

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{C 132}	Continued From page 1  (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains;  This Rule is not met as evidenced by: 1. Observations revealed that the community bathrooms did not have privacy partitions or curtains at the shower or tubs. Findings on April 8, 2025: a. Therapeutic Shower Room - Curtains were not installed at the shower.	{C 132}		4/09/2025
{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: 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.	{C 189}	Maintenance Director shall replace missing shower curtain at both shower and tub. Maintenance Director shall perform rounds daily and ensure curtains are present and kept in good condition or replace immediately.	

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STATE FORM