STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL072013	A. BUILDING: **01** B. WING _____	**09/14/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	**464 TWO MILE DESERT ROAD HERTFORD, NC 27944**

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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on September 14, 2016. Records indicate the facility was first licensed as a Home for the Aged serving 24 residents sometime in 1962. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes. Deficiencies were cited during the Survey and further action is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS 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; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the 1971 Rule requiring Bedroom doors to be 1 ¾ inch solid core wood construction or	C 101		

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C 101	Continued From page 1 equivalent. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on September 14, 2016: a. All Bedrooms - the corridor door was 1 3/8 inches thick and of hollow construction.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on September 14, 2016: a. Bedroom 8 Bathroom - there were no hand grips (grab bar) for the tub or the commode.	C 133		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times	C 153		

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C 153	Continued From page 2 without keys; and This Rule is not met as evidenced by: 1. Based on observation, the building did not meet the requirements for outside entrance and exits. This would affect residents, staff and visitors by requiring more time to exit the building during an emergency. Findings on September 14, 2016: a. Front Exit Door - the replacement door handle for the exit door did not provide single hand motion to exit the building. b. Right Side Exit Door - the replacement door handle for the exit door did not provide single hand motion to exit the building.	C 153		
C 164	Housekeeping and Furnishings-Clean, Repaired 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; (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 failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on September 14, 2016: a. Living Room - the ceiling was stained. b. Kitchen - the plaster was fall off the ceiling because of ductwork condensations.	C 164		

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C 164	Continued From page 3 c. Kitchen - the floor behind the equipment legs needs a thorough cleaning. d. Bedroom 8 - the paint on the ceiling was peeling, possibly from ductwork condensations. e. Bedroom 5 - the ceiling was stained. f. Bedroom 5 - there was finger nail polish on the floor and wall.	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 Building was not maintained free of hazards, because general maintenance was not being done. This could affect all residents, staff and visitors if items are broken or partially removed and left where they could injure all. Findings on September 14, 2016: a. Bedroom 13 - a wall mounting electric heater was removed but the attaching fasteners left, providing sharp rough edges that could injure the resident. b. Bedroom 12 - a wall mounting electric heater was removed but the attaching fasteners left, providing sharp rough edges that could injure the resident. c. Bedroom 5 - a wall mounting electric heater was removed but the attaching fasteners left, providing sharp rough edges that could injure the	C 166		

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C 166	Continued From page 4 resident. d. Bedroom 1 - a wall mounting electric heater was removed but the attaching fasteners left, providing sharp rough edges that could injure the resident. e. Bedroom 2 - a wall mounting electric heater was removed but the attaching fasteners left, providing sharp rough edges that could injure the resident.	C 166		
C 174	Bedroom Furnishings-Table, Mirror, Chairs SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility has failed to provide resident rooms with the required furniture for the number of residents. Findings on September 14, 2016: a. Bedroom 13 - the room accommodates one resident and had no comfortable chair.	C 174		

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C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on September 14, 2016: a. Most Bedroom - the towel bars were either broken or there was no means to hang a towel in the Bedrooms or adjoining bathroom.	C 175		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff	C 183		

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C 183	Continued From page 6 and visitors by not identifying emergency equipment not in proper working order. Findings on September 14, 2016: a. Entire Building - the last annual maintenance check of the portable fire extinguishers was last performed in March 2015 except for the one near Bedroom 13 which was March 2014. b. Corridor between Bedrooms 2 and 6 - the annual fire extinguisher maintenance tag was missing from unit.	C 183		
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, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on September 14, 2016: a. Front Lobby - the mounted self-contained emergency light had a dim light output and made a buzzing sound when the test button was pushed. 2. Based on observation, the Fire Alarm system	C 189		

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C 189	Continued From page 7 was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on September 14, 2016: a. Bathroom near Dining - the heat collector on the heat detector had been bent, which could affect the proper operation of the detector. 3. Based on observation, the electrical system was not being maintained safe. Findings on September 14, 2016: a. Living Room - energized wires with twist-on wire connectors were dangling from the ceiling where a light fixture was removed for ceiling patching. b. Bedroom 8 - there were two multiple plug power devices without overcurrent protection plugged into an electrical power receptacle. 4. Based on Observation, the Building was not kept clean and in good repair, because some building components fail to function as originally intended or are missing. This could affect residents, staff and visitors if a component does not work properly or is missing limiting use of equipment/spaces. Findings on September 14, 2016: a. Left Exit - the exterior exit door fits tightly into its frame requiring extra force to set the door in motion to exit. 5. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on September 14, 2016: a. Left Exit - the exterior exit door handle was	C 189		

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C 189	Continued From page 8 loose requiring special effort to open the door. 6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on September 14, 2016: a. Bedroom 13 - a cable penetration had its firestop sealant pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. b. Bedroom 11 - a cable penetration had its firestop sealant pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. c. Bedroom 12, Corridor side Closet - there were 2 holes not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Bedroom 12, Corridor side Closet - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Living Room - the one-hour fire-resistance-rated ceiling assembly had been patched with gypsum construction, but the joints were not properly fire sealed with joint compound and tape. f. Bedroom 6 - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.	C 189		

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C 189	Continued From page 9 Findings on September 14, 2016: a. Kitchen to Dining Room - the door hits its doorframe, preventing it from closing and latching without the use of extra force. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on September 14, 2016: a. Kitchen - Per the semi-annual maintenance tag, the commercial kitchen hood's fire extinguishing system was last maintained in November of 2015. 9. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on September 14, 2016: a. Exterior Can Wash - the water line was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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	C 199		

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C 199	Continued From page 10 before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on September 14, 2016: a. Shower near Bedroom A25 - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors. b. Bedroom 8 Bathroom - the exhaust ventilation system did not work, allowing a build-up of odors. c. Bathroom near Dining - the exhaust ventilation system did not work, allowing a build-up of odors	C 199		