Division of Health Service Regulation

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

(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 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	The facility will assure the correct size of the Corridor doors are in use - This will be taken Care by Maintanence plan. 12/15/16	
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	The facility will assure that proper grip bars are in used. Maintenance to assure bars are in place monthly check. 12/15/16	
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	12/15/16 The facility will replace the door handle to meet the requirement. Maintanence will keep a check on proper door handles on the ~~proper~~ was of the various exit.	
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	12/15/16 The facility will assure that all ceilings and ductwork is in good repair. Maintanence Man to help keep the repairs	

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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	Up Keeping - Floors and ceilings ~~details~~ detail cleanings Schedules in place for facility -	12/15/16
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	The facility will assure that any items or furniture removed will be covered properly to prevent injuries. Maintanence will cover this area.	12/15/16

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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: † 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	The facility will assure each resident have the Correct Needed furniture in their living quarters or rooms - Managed will assure each resident will be provided. 12/15/16	

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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	12/15/16 The facility will assure that each resident has good clean furnishings daily - Manager and personal care Aides will monitor daily -	
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	12/15/16 The facility is Assure fire extinguishers are in working order and up-to-date - Signed off monthly by Manager to assure that extinguishers are in green full position	