

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL072013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/08/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
HERTFORD MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE
**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 Follow-up Survey by Dennis Harrell on 2-8-2017

Some deficiencies were not corrected. 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.

{C 101}

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 3/4 inch solid core wood construction or equivalent. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin.
Findings on September 14, 2016 and on 2-8-2017:
a. All Bedrooms - the corridor door was 1 3/8 inches thick and of hollow construction.

The facility will assure that all requirements are met according to the structure on rule for doors.

May 5th 2017

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

STATE FORM

TITLE *Administrator* (X6) DATE

UHCC

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL072013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/08/2017
NAME OF PROVIDER OR SUPPLIER HERTFORD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 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. Finding on 2-8-2017: An annual maintenance check had not been performed on fire extinguisher in the kitchen.	(C 183)	The facility will assure 3/31/17 that all fire rules and fire extinguishers are service and tag to meet the rules that apply	
(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.	(C 189)	The facility will assure that all Commercial Kitchen hoods are service and maintain properly by maintenance staff	5/6/17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL072013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/08/2017
NAME OF PROVIDER OR SUPPLIER HERTFORD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 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 189]	Continued From page 2 This Rule is not met as evidenced by: 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 and 2-8-2017: a. Kitchen - Per the semi-annual maintenance tag, the commercial kitchen hood's fire extinguishing system was last maintained in November of 2015.	[C 189]			