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 _____	R 06/07/2017

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 Biennial Follow Up Construction Survey by Ed Miller and Billy Bryant, on June 7, 2017. Deficiencies were cited that will require a new Plan of Correction.	{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 requirments of the 1971 Minimum and Desired Standards for Homes for the Aged and Infirm requiring Bedroom doors to be 1 ¾ 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 June 7, 2017: a. All Bedrooms - the corridor doors to bedrooms were1 3/8 inches thick and of hollow	{C 101}		

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{C 101}	Continued From page 1 construction. Interview with facility staff revealed the doors had been painted with a 'fire-resistant paint' to improve the fire resistance of the doors. Facility staff did not provide any information on the type of fire resistant treatment that was used. Additionally, if they had, there is no basis, i.e. testing performed by an approved laboratory, to ensure that the treated doors are now substantial and would perform similar to a solid door.	{C 101}	The facility will have ordered to replace and older doors - This however will take sometime to replace each one -	9/10/17
{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. Finding on June 7, 2017: The last documentation of the monthly inspection for the portable fire extinguisher in the kitchen was in March 2017. Both co-manager thought the other was inspecting this extinguisher	{C 183}	The facility will assure that fire extinguishers are properly maintain and in proper working order - Manager will check extinguishers monthly.	9/10/17
{C 189}	Building Equipment Maintained Safe, Operating	{C 189}		

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(C 189)	Continued From page 2 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: 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 and June 7, 2017: a. Kitchen - Per the semi-annual maintenance tag, the commercial kitchen hood's fire extinguishing system was last maintained in November of 2015. Per the Co-Managers, the system's semi-annual maintenance was performed but the technician did not leave a tag.	(C 189)	The facility will assure 9/6/17 that all hood fire extinguishing are properly in use and inspected and properly tagged-	