

PRINTED: 11/21/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/07/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE BRADFORD VILLAGE OF KERNERSVILLE

602 PINEY GROVE ROAD
KERNERSVILLE, NC 27284

(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 Dennis Harrell on 11-7-2017. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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: 3-Based on observation, the facility has not maintained the operation and service of the interior doors. Findings on 07/13/2017: The following locations have interior doors that are out of adjustment and do not latch or seal properly: (a) Room 34 Finding on 11-7-2017: The latch strike is missing and the door does not properly fit the opening at the top to be resistant to the passage of smoke. 4-Based on observation, the facility has not maintained the ceiling finish material. Findings on 07/13/2017:	{C 164}	Latch strike purchased & placed on door. Shim secured & door properly fits to be resistant to passage of smoke	11/13/17

Division of Health Service Regulation

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

TITLE Administrator (X6) DATE

STATE FORM

0539

J1NJ22

If continuation sheet 1 of 2

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NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
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{C 164}	Continued From page 1 The lay-in ceiling tiles are broken in Room 12. Finding on 11-7-2017; The lay-in ceiling tiles in the corridor near room 12 are still broken.	{C 164}	Ceiling tiles replaced	11/13/17
{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: 3-Based on observation, the facility has not maintained plumbing fixtures. Findings on 07/13/2017 and 11-7-2017: The toilet is not secured to the floor in the Bathroom across the hall from Room 29.	{C 189}	Toilet secured to the floor.	11/13/17

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STATE FORM

Danahaw Chowald
Administrator

J1N/J22

11/22/17

If continuation sheet 2 of 2