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	08/09/2018

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 Construction Section Biennial Survey by Dennis Harrell on 8-9-2018. Records indicate the facility was first licensed as a Home for the Aged serving 24 residents in 1962. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes.	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: 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.	C 101	Per Conversation between Howard Cadmus and Dennis Harrell will have a plan in place by october 15th *Facility will start replacing doors in the next 30 days and completed by 3-4-19.	10-15-18

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C 101	Continued From page 1 Findings on 8-9-2018: All Bedrooms - the corridor doors to bedrooms were 1 3/8 inches thick hollow core 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		
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 in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Two portable medical oxygen cylinders were stored in no container at all in room 8. 2. Based on observation, there was no documentation of the required in house/owner's	C 166	facility to ensure medical cylinders to be maintained in a safe manner stored	10-1-18

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C 166	Continued From page 2 monthly inspections for June and July provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 3. Based on observation, there was no documentation of the required in house/owner's monthly inspections for June and July for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher. 4. Based on observation, the ice machine drain line was in direct contact with the wall drain. Ice machine drain lines that are not maintained at least 2 inches above the wall drain, as required by Code, could cause the ice to become contaminated.	C 166	Facility to ensure range hood inspection to be checked and documented monthly by staff. Facility to ensure Fire extinguishers checked monthly by staff and documented Facility repaired to be 2" above wall drain.	10-1-18 10-1-18 10-1-18