STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: 01 B. WING _____	R 11/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 Construction Section Biennial Survey Follow Up report by Tod Hancock conducted on October 31, 2023. This facility was licensed as an Adult Care Home on 05/01/1988. The facility is currently licensed as an 85 bed SCU. Therefore, we are requiring that this facility meets the 1987 Rules for Homes for the Aged and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds. It is also required to meet the 1978 Edition of the North Caroling State Building Code Volume 1-Section 409. Deficiencies were cited and a Plan of Correction is required.	{C 000}		
{C 155}	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining its floor in a safe manner. Findings on November 1, 2023: a. The tile floor in A-Hall shower room has broken tile as well as gaps at the right side of the shower. The tile floor in A-Hall shower room has been ordered and will be installed upon arrival.	{C 155}	A Hall Spa tile received, tile removal to be completed by Maintenance Director by January 31, 2024 and new replacement tile completed by February 2, 2024.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Ashley Vendetti | 1-5-2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{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 is not maintaining the building in good repair. Findings on November 1, 2023: a. The cabinets in the salon have been heavily damaged due to water exposure over time. The water damaged cabinets in the salon have been measured and ordered for replacment.	{C 164}	Removal of cabinets will be torn out by our maintenance team by January 26, 2024 and sink will be mounted to the wall. A cabinet or stage shelf will be installed for supplies will be installed by January 31, 2024.	