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 _____	C **04/08/2025**

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 Report of a Biennial Construction Complaint Survey by Tod Hancock conducted on April 8, 2025. This facility was licensed as an Adult Care Home on May 1, 1988. The facility is currently licensed as an 85 bed SCU. Therefore, we are requiring that this facility meet 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. The complaint alleged that the facilities plumbing system was deficient. The complaint was unsubstantiated. No Deficiencies were cited. No further action is needed.	C 000		