| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL055008 | A. BUILDING: **01**<br>B. WING _____ | C<br>**06/27/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WEXFORD HOUSE** | **3900 WEXFORD LANE**<br>**DENVER, NC 28037** |

| (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<br><br>Report of a Construction Section Complaint Survey by Tod Hancock conducted on June 27, 2024.<br><br>Records indicate this facility was first licensed on June 10, 1998, as a Home for the Aged. On January 7, 2020, a 20-bed addition was Licensed. The facility is currently licensed for 80 Beds. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1998 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at the time of initial licensure.<br><br>The complaint alleged the facility failed to maintain the HVAC systems.<br><br>The Complaint was substantiated.<br><br>Deficiencies have been cited and a Plan of Correction is required. | C 000 | | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. | C 189 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL055008 | A. BUILDING: **01**<br>B. WING _____ | C<br>**06/27/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WEXFORD HOUSE** | **3900 WEXFORD LANE DENVER, NC 28037** |

| (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 189 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>1.The facility failed to maintain its Heating, Air Conditioning and Ventilation systems in a safe and operable condition.<br>Findings on June 27, 2024:<br><br>a. Interviews with Staff reveled the following timeline:<br>1. Kitchen- Unit #1 serves this area and is fully functional.<br>2. Dining, Living and Activity Rooms- Unit #2 serves this area and is freezing up and needs a freon charge.<br>3.Hall 300- Unit #3 serves this area and since approximately June 15, 2024, has been inoperable and needs a new compressor.<br><br>b. Observations of equipment in place revealed that they were not operating. A log of temperatures was created to determine actual readings of locations affected by the mechanical disruption and for environmental context.<br><br>TEMPERATURE LOCATION TIME<br>75 PARKING LOT 8:55AM<br>74 PRIVATE D/R 9:30AM<br>76 HALL 300 9:45AM<br>71 D/R 9:55AM<br>74 NURSE'S STATION 10:05AM<br>74 HALL 100 10:10AM<br>73 HALL 73 10:20AM<br>79 PARKING LOT 10:55AM | C 189 | | |