STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055008	A. BUILDING: **01** B. WING _____	C **06/26/2025**

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 000	Initial Comments Report of a Construction Section Complaint Survey by Jonathan Gamsey conducted on June 26, 2025. 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 2025 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. The complaint alleged the facility failed to maintain the HVAC systems. The Complaint was substantiated. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 121	10A NCAC 13F .0311(a) Building equipment maintained safe, operating 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. This Rule is not met as evidenced by: 1. Based on observations, fire safety equipment has not been inspected to ensure it is maintained	C 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055008	A. BUILDING: **01** B. WING _____	C **06/26/2025**

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 121	Continued From page 1 in a safe and operable condition. The occupants of the facility could be at risk if the fire safety equipment in the smoke compartment fails to operate when needed to provide fire protection. Findings on March 26, 2025: a. The smoke alarm in 200 Hall is not properly secured. b. The fire doors in the 400-200 wing are not functioning as intended. c. In Room 405, multiple sprinkler heads have been painted. 2. Based on observations, electrical equipment has not been maintained safely. Findings on March 26, 2025: a. The ice machine in the kitchen is not working. b. The breaker panel in the kitchen is blocked by a cart. c. The electrical room in wing 300 is missing knockouts in the breaker panel.	C 121		
C 127	10A NCAC 13F .0311(c) Other- Heating and Cooling required 10A NCAC 13F .0311 Other requirements (c) The facility shall have heating and cooling systems such that environmental temperature controls shall be capable of maintaining temperatures in the facility at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season. This Rule is not met as evidenced by: 1. The facility failed to maintain its Heating, Air	C 127		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055008	A. BUILDING: **01** B. WING _____	C **06/26/2025**

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 127	Continued From page 2 Conditioning, and Ventilation (HVAC) systems in a safe and operable condition. Findings from June 26, 2025: a. Interviews with the HVAC technician and staff revealed the following information: 1. Four (4) units are currently non-operational, affecting the kitchen, 300 wing, 400 wing, and the front lobby. 2. The HVAC technician does not have an estimated time for when the repairs will be completed. They are waiting for approval and expect to have further information by next week. 3. According to discussions, these units have been malfunctioning for the past couple of years. 4. The non-operational units are only affecting the corridors of the facility not the residents rooms. At the time of the survey, the temperature outside was between 85-90 degrees. The stand-alone units in residents' rooms are operating as intended.	C 127		