

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SHERWOOD MANOR REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1605 ROBINHOOD ROAD WILMINGTON, NC 28401
--	--

(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 Survey by Billy S. Bryant and Frank Strickland conducted on 07/17/2015. Records indicate this facility was first licensed or submitted for licensure on 12/1/1984 as a HA. The facility is currently licensed for 40 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 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: I. Based on an on site review of the facility records the facility has not met the rule for annual inspections. A. Finding on 07/17/2015: 1. A current (within the calendar year) fire marshal's inspection report was not available for review by the surveyor.	C 111		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

TITLE

(X6) DATE

0000

OFNS21

Continuation sheet 1 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: SHERWOOD MANOR REST HOME
STREET ADDRESS, CITY, STATE, ZIP CODE: 1606 ROBINHOOD ROAD WILMINGTON, NC 28401

(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 133	Continued From page 1	C 133		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: I. Based on observation the rule is not met. Grab bars that are not securely mounted may not function as required and when needed by residents to provide them with support. A. Finding on 07/17/2017: 1. Large Bath #1 - The grab bar at the water closet was detaching from the wall.	C 133	Grab bar secured to wall	8-10-15
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: I. The facility has failed to meet the rule for keeping walls, ceilings and floors in good repair. There is a pattern of wall, ceiling, floors and doors in need of maintenance, and repair including but	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: SHERWOOD MANOR REST HOME
STREET ADDRESS, CITY, STATE, ZIP CODE: 1605 ROBINHOOD ROAD WILMINGTON, NC 28401

(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 164	<p>Continued From page 2</p> <p>not limited to specific examples as listed below.</p> <p>A. Findings on 07/17/2015</p> <p>1. Living Room</p> <p>a. There is a large stain on a ceiling tile.</p> <p>b. The bottom rail on the side exit door is rotting and the wood door surface facing is delaminating.</p> <p>c. The floor VCT tile is damaged at the entrance door.</p> <p>2. Laundry - The Laundry door is damaged.</p> <p>3. Beauty Parlor</p> <p>a. The wall above the thru wall HVAC unit is damaged.</p> <p>b. The bottom of the door is damaged.</p> <p>c. The bottom of the sink cabinet has rotted and fallen away from the cabinet.</p> <p>4. Lounge - Paint on the door frame has been scratched/scraped away.</p> <p>5. Women's Restroom - The ceiling tile is stained.</p> <p>6. Men's Restroom - The ceiling tile is stained.</p> <p>7. Room #3</p> <p>a. One of the closet doors is damaged.</p> <p>b. The door to the corridor is missing its latch and latch plate.</p> <p>B. Room #4</p> <p>a. The night stand and the dresser are damaged and the finishes are worn.</p> <p>b. drawer in the dresser is damaged and will not close.</p> <p>9. Room #21 - The wall paint is marred and</p>	C 164	<p>ceiling tile to be replaced 8.10.15</p> <p>door & floor repair 8.15.15</p> <p>Door repaired 8.15.15</p> <p>Repair wall-(AC unit) 8.15.15</p> <p>Repair door 8.15.15</p> <p>Replace bottom of cabinet under sink 8.15.15</p> <p>Repaint door frame. 8.15.15</p> <p>Ceiling tiles Replaced men + womens Restroom 8.15.15</p> <p>#3 Repair doors</p> <p>#4 nightstand Refinished 8.1.15</p> <p>Dresser drawer fixed</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SHERWOOD MANOR REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1605 ROBINHOOD ROAD WILMINGTON, NC 28401
--	--

(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 164	<p>Continued From page 3</p> <p>scratched.</p> <p>10. Large Bath #1</p> <p>a. Floor ceramic base wall tiles have detached from the wall.</p> <p>b. There is a hole in the wall at the sink "P" trap.</p> <p>11. Large Bath #2</p> <p>a. The ceramic tile is cracked at the shower half wall.</p> <p>b. The ceramic base wall tile base has detached from the wall.</p> <p>12. The exterior mechanical room door will not close and latch.</p> <p>II. Based on observation the rule is not met as evidenced by a pattern ceilings and floors not maintained in a clean condition.</p> <p>A. Finding on 07/17/2015:</p> <p>1. Dining Room - The Return air grille is clogged with dust.</p> <p>2. Kitchen</p> <p>a. The Return air grille is clogged with dust.</p> <p>b. The grille in the exhaust hood above the stove is clogged with dust.</p> <p>3. Facility - There is a pattern of floor areas stained with wax build up and wax build up around the bottom of door frames.</p>	C 164	<p>Lg bath #1 & #2</p> <p>All base wall tile Replaced</p> <p>Hole repaired</p> <p>Mechanical Room door repaired</p> <p>air grill cleaned</p> <p>air grill cleaned</p>	<p>8-15-15</p> <p>8-15-15</p> <p>8-5-15</p> <p>8-16-15</p>
C 168	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p>	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER
SHERWOOD MANOR REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**1605 ROBINHOOD ROAD
WILMINGTON, NC 28401**

(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 166	<p>Continued From page 4</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>I. Based on observation the facility is not maintained free from from hazards such as overloaded electrical circuits and obstructions to electrical panel access.</p> <p>A. Findings on 07/17/2015:</p> <p>1. Room #15 - There is a multi-plug adapter in the electrical outlet. Note: Removed while the surveyor was on site.</p> <p>2. Exterior Mechanical Room - There are items stored in front of the electrical panels.</p> <p>b. The door will not close and latch.</p> <p>II. Based on observation the facility is not maintained free from from hazards due to oxygen bottles not properly stored. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility.</p> <p>A. Finding on 07/17/2015</p> <p>1. Room #7 - There are oxygen bottles stored in an upright position and unrestrained in the room.</p>	C 166	<p>Adapter Removed</p> <p>Items Removed from in front of ele-panels</p> <p>Crate obtained for O₂ bottles</p>	<p>7-17-15</p> <p>8-5-15</p> <p>8-3-15</p>
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan</p>	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: SHERWOOD MANOR REST HOME
STREET ADDRESS, CITY, STATE, ZIP CODE: 1605 ROBINHOOD ROAD WILMINGTON, NC 28401

(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 185	<p>Continued From page 5</p> <p>quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: ✓ 1. Based on review of the facility records the rule for conducting rehearsals of the fire plan on a regular basis has not been met. Not conducting emergency fire evacuation drills for each shift at the required intervals could effect all the occupants of the facility in the event of a fire.</p> <p>A. Finding on 07/17/2015: 1. The only fire drill documented to have been conducted was in June of 2015.</p>	C 185	<p>obtained records</p> <p>Records obtained</p>	<p>7.18.15</p> <p>7.18.15</p>
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SHERWOOD MANOR REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1605 ROBINHOOD ROAD WILMINGTON, NC 28401
---	--

(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	<p>Continued From page 6</p> <p>I. Based on observation of approximately 12 rooms in the facility the rule is not met as there is a pattern of fire safety systems not maintained in a safe condition. Fire safety systems such as fire resistant rated construction assemblies that are not maintained could effect all residents of the facility by allowing fire and smoke to spread beyond the area of origin. Specific examples include but are not limited to those listed below:</p> <p>A. Findings on 07/17/2015:</p> <p>1. Kitchen - A ceiling tile is not seated in the grid creating a gap around the perimeter of the ceiling grid thus compromising the fire resistant rating of the ceiling assembly.</p> <p>2. Resident bedrooms - Ceiling tiles are warped or have damaged corners that create gaps at the ceiling grid thus compromising the fire resistant rating of the ceiling assembly.</p> <p>II. The rule is not met as evidenced by fire safety equipment not maintained in a safe condition. Fire safety equipment that does not function properly could effect occupants of the facility by allowing fire to spread beyond it point of origin.</p> <p>A. Finding on 07/17/2015:</p> <p>1. The fire extinguishers in the facility were not dated and initialed documenting they have been inspected on a <u>monthly</u> basis.</p> <p>III. Based on observation the rule is not met as evidenced by emergency electrical and other electrical equipment that is not in operating condition. Non-functioning emergency electrical powered lighting and signage could be a hazard to occupants of the facility in the event of an emergency situation.</p>	C 189	<p><i>Tile replaced</i></p> <p><i>ceiling tiles replaced As needed in all rooms + common areas.</i></p>	<p><i>8.15.15</i></p> <p><i>8.15.15</i></p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER
SHERWOOD MANOR REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**1605 ROBINHOOD ROAD
WILMINGTON, NC 28401**

(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 7 A. Findings on 07/17/2015: 1. Laundry - The wall mounted emergency light did not operate when tested. 2. The the illuminated directional exit sign at the laundry is not operational. IV. The rule is not met as evidenced by plumbing not maintained in a safe operating condition. Plumbing that is not installed with required safety devices could present a safety concern for the residents of the facility. A. Finding on 07/17/2015: 1. Beauty Parlor - The hand held rinse wand does not have a vacuum breaker to prevent backflow of contaminated water into the facility's water supply.	C 189	Replaced Repaired Vacuum breaker install	8.15.15 8.15.15 8.15.15
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 199		

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL065011

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING _____

(X3) DATE SURVEY
COMPLETED

07/17/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHERWOOD MANOR REST HOME

1605 ROBINHOOD ROAD
WILMINGTON, NC 28401

(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 199	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by:</p> <p>I. Based on observation the facility has not met the rule. Exhaust fans in the rooms as required by the rule must be operational.</p> <p>A. Finding on 07/17/2015:</p> <p>1. Hopper Room - The exhaust fan is not working.</p> <p>2. Mop Room - The exhaust fan is not working.</p>	C 199	<p>Hopper & Mop room exhaust fans replaced</p>	<p>8.15.15</p>