Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED
	HAL065011		R 11/19/2015

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 This is a Report of a Biennial Follow-up Survey conducted by Ed Miller and Bob Getchell on November 19, 2015. Some of the previously cited deficiencies have not been corrected and will require further action.	(C 000)		
(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 not limited to specific examples as listed below. 3. Facility - There is a pattern of floor areas stained with wax build up and wax build up around the bottom of door frames. Findings from 11/19/2015 Although the floors have been waxed recently, it appears they were not cleaned properly prior to waxing as hair, dirt, and other items are embedded into the wax. (Contracts are about about to be signed)	(C 164)	Floors throughout building stripped and waxed and buffed,	11-30-2014

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: admin (X6) DATE: 1-5-2016

STATE FORM OFN523 If continuation sheet 1 of 1

SHERWOOD MANOR REST HOME, INC.
1605 ROBIN HOOD ROAD
WILMINGTON, NORTH CAROLINA 28401
(910) 762-9531 (910) 762-9544 FAX: (910) 762-5497

1-5-2015

Plan of Correction -

C-164 - Monitoring -

Floors to be checked monthly for wax buildup at doorframes. Proper cleaning, if needed, to be done as needed.

To be completed by Chris Hughes. Administrator.

01/04/2016 23:51 9107625497 SHERWOOD MANOR PAGE 03