Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		A. BOILDING. VI					
HAL004003		B. WING		10/1	10/13/2015		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
MEADOV	VVIEW TERRACE OF	WADESBORO	ORO, NC 28	HOOL ROAD 1170			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Based on informatic Facility was first lice Sixty (60) residents we are requiring the Minimum and Desir for Homes for the ARules for Adult care Beds and the 2002	a Biennial Construction Survey Cates on October 13, 2015. on gathered from our files, the ensed on February 5, 2004 for a Based on this information, a facility to meet the 1996 and Standards and Regulations aged and Disabled; the 2005 a Home of Seven or More North Carolina State Building Institutional Occupancy-					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND					
		vations, the facility has failed to ig, walls, ceilings, and floors in					
	Findings includ	e:					
	is stained, inclu						

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
HAL004003		B. WING		10/13/2015		
			DDECC OITY (CTATE ZID CODE	10/1	3/2013
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE HOOL ROAD		
MEADOV	VVIEW TERRACE OF	WADESBORO	ORO, NC 28			
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C 164	4- 100 Hall b- There are many locations throughout the facility where the corridor walls have been patched but no finish paint has been applied. c- The lower portion of the corridor walls and door trim are scratched and scarred and in need of paint. d- Many of the facility 's corridor doors are scratched and scarred and in need of paint or refinishing. e- Most of the resident private bathrooms have 12x12 tile that is badly stained and the finish is worn. f- The ceiling of the Activities Room has a large water stain located near the corridor door. g- The ceilings in the 100 and 200 Hall Spas are damaged. h- The HVAC return and exhaust grilles as well as the radiation dampers are coated with dust and lint throughout the facility. i- The toilet paper dispenser in Resident Room 220 is broken and the roller is missing.		C 164			
	not maintained safe Findings includ					
	a- The sofas lo have loose and	cated in both Living Rooms wobbly legs.				
	3- Based on observations, the facility has failed to maintain the building free of odors.					
	Findings includ	e:				
	a- There are several resident rooms where there is a distinct odor of urine in the room					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL004003 10/13/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD **MEADOWVIEW TERRACE OF WADESBORO** WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 164 C 164 Continued From page 2 and/or the bathroom. Rooms include but are not limited to: 1- Room 201 (room and bathroom) 2- Room 221 (room) 3- Room 128 (room) 4- Room 123 (room) C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the appropriate air gap at the ice machine. This could affect all persons in the facility who may use the ice by allowing possible contamination from contact with the floor or floor drain. Findings include: a- The drain pipe extending from the ice machine extends into the floor drain. 2- Based on observations, the facility has failed to maintain proper support for all oxygen containers. This may affect all occupants of the building as the bottles could fall over or roll around. damaging the cylinder or nozzle.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
HAL004003		B. WING		10/	10/13/2015		
MEADOWVIEW TERRACE OF WADESBORO 123 ANSO					STATE, ZIP CODE HOOL ROAD 1170		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCII 'MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 166	Findings include a- There is an usin Resident Roo 3- Based on observe maintain the doors in case of an emerge Findings include a- The doors to 200 Hall are propand a wedge.	e: unsupported oxygenom 220. rations, the facility haso that they are easigency. e: the Living Room or opped open with further schedules.	as failed to ily closed	C 166			
C 189	Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition: (k) This Rule shall facilities with the exwhich shall not appoint the fire resistance of deficiency directly a and visitors by allow smoke beyond the	PHYSICAL PLANT 11 OTHER d all fire safety, electronic dimension of the component in a safety of the co	etrical, n an adult e and kisting sh (e) s. ailed to naintaining nts. This iersonnel, read of	C 189			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	WADESBORO	123 ANSC		STATE, ZIP CODE HOOL ROAD 1170		
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C 189	Findings on incomplete and the plur operating. Findings include and the plur operating and the plur operating. Findings include and the plur operating a	lude: Ir rated ceiling in the las unsealed penetral and conduits. It rated ceiling in the las unsealed penetral and conduits. It rations, the facility has gelectrical system is e: If ure in the walk-in fremp protection cover. ight #18 does not illustrations, the facility has been and included by the last of the l	exer is uminate uminate as not not lude but	C 189			
C 199	Hall Spa. Exhaust Ventilation			C 199			
	SECTION .0300 - F 10A NCAC 13F .03						

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		HAL004003		B. WING		10/1	13/2015
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MEADO\	WVIEW TERRACE OF	WADESBORO		ON HIGH SCI ORO, NC 28	HOOL ROAD 1170		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
C 199	provided with exhautwo cubic feet per requirement does no before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility rooms (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app This Rule is not mediated to maintage systems in working persons in the build exhausting of odors germs that may cause. Findings including a-The exhausting of ope b-The exhausting of odors germs that may cause.	ed in this Paragraph shall ust ventilation at the rate of ninute per square foot. Toot apply to facilities licensel, with natural ventilation inces: rage; toilet rooms; closets; and apply to new and existing aception of Paragraph (e) by to existing facilities. The rations and testing, the facilities are evidenced by: rations and testing, the facilities and possible bacteria or use illness. e: fan located in the Beauty erating. fan in the following Residoperating. Rooms include ted to: 20.	of his sed n cility st ct all	C 199			

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