STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL004003 NAME OF PROVIDER OR SUPPLIER			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED R 02/03/2016	
		HAI 004003				
		DDRESS, CITY, STATE, ZIP CODE		02/	03/2010	
		123 ANS	ON HIGH SCH			
	VIEW TERRACE OF	WADESBORO WADESE	BORO, NC 281	170		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Report of a Follow-Up Construction Survey by Ed Miller and on February 3, 2016.					
	The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.					
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of	06 HOUSEKEEPING AND				
	1- Based on observ	et as evidenced by: /ations, the facility has failed to ng, walls, ceilings, and floors in ean.				
	Findings includ	e:				
	is stained, inclu 1 - Main er 2- Central 3- 200 Hall 4- 100 Hall e- Most of the r	-				
		in the 100 Spas are damaged				

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER.	A. BUILDING: 01		COM		
		HAL004003	B. WING			R 03/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
MEADOW	WVIEW TERRACE OF	WADESBORO	ON HIGH SCH				
		WADESB	ORO, NC 281			0.75	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{C 164}	Continued From page 1		{C 164}				
	3- Based on observations, the facility has failed to maintain the building free of odors.						
	Findings include:						
	there is a distin and/or the bath are not limited	01 (room and 28 (room)					
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
		et as evidenced by: vations, the facility has not nbing system safe and					
	Findings on Fe	bruary 4, 2016:					
	hose attachem	g sinks are equipped with a ent that is not equipped with ker. Locations to include but					

TB3222

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOWIDER.	A. BUILDING: 01			
	HAL004003		B. WING		R 02/03/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MEADOV	VVIEW TERRACE OF	WADESBORO	ON HIGH SCH BORO, NC 28 ⁷			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLET DATE
{C 189}	Continued From page 2		{C 189}			
	1- Beauty S	Shop				
{C 199}	Exhaust Ventilation		{C 199}			
	SECTION .0300 - PHYSICAL PLANT					
	10A NCAC 13F .03 REQUIREMENTS	11 OTHER				
	(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 sto					
	(2) soil utility room					
	(3) bathrooms and toilet rooms;(4) housekeeping closets; and					
	(5) laundry area.					
		apply to new and existing ception of Paragraph (e)				
		ly to existing facilities.				
		et as evidenced by:				
		ations and testing, the facility				
	systems in working	condition. This may affect all				
		ling as it prevents the sand possible bacteria or				
	germs that may cau					
	Findings on Fe	bruary 3, 2016:				
	b- The exhaust	fan in the following Resident				
	Rooms are not operating. Rooms include					
	but are not limited to: 2- Room 201					
intern fri	ealth Service Regulation					

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