	of Health Service Re	gulation	Soudhum I	CHINA SALE TIDE C	CONSTRUCTION	O(B) DATE	SURVEY
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER	R/QUPPLIER/OLIA ATION NUMBER:	A. BUILDING: (· ·	COM	PLETED
AND LEVIA	pp paranta i tari			A. BUILDING!	,		ŀ
		1 1 1				1	15/2015
		HAL03	6006	B. WING		1 10/	15/2015
NAME OF E	ROVIDER OR SUPPLIER	!!!	STREET ADD	ME88, CITY, S	TATE, ZIP GODE	,	
THE OF I	,	· II I	301 CRAIG	STREET		'	
WOODLA	WN HAVEN			OLLY, NC 28	3120		
	GUIMMA DV STA	TEMENT OF DE	FICIENCIES	iD	PROVIDER'S PLAN OF CORRECT	ION	()(5)
(X4) ID PREFIX	/CACH DEFICIENCS	Y MUSTIBE PREC	DEDED BY FULL 1	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	DATE
TAG	REGULATORY OR L	SO IDENTIFYING	INFORMATION)	TAG	DEFICIENCY)	AL PARTIE	
C 000	Initial Comments	, i III		C 000			
		. .		,			
	Report of a Biennia	al Constructio	n Survey by Ed		!		
	Miller and Greg Ca	ites ori Octob	er 15, 2015.				
							1
	Records indicate the	nat this facility	/ was first	1			1
	licensed on or abou	ut November	30, 1989 for				
	Eighty (80) Beds. 5	sased on the	above	İ			
	Information, the faction 1987 Homes for the	enty is require	ed to meet the				
	Desired Standards	and Regulat	ions: the	l i			
	applicable portions	of the 2005	Rules for Adult				
	Care Homes of Se	ven or More	Beds: and the] [
	1978 North Carolin	a State Build	ing Code,				1
	Revision 8, Section	n 409- Institut	ional Occupancy-				
	Group I2.						
	'	!					
	Physical plant defic	ciencies were	noted which		'		
	require a plan of or	orrection.					
				i			
C 101	Existing Licensed	Fac-Noless	than '71 Rules	C 101	1		
ı'							1
	SECTION .0300 -			. 1			
	10A NCAC 13F .03 PHYSICAL PLANT					1	
	The physical plant	MEGOINEN	s for each adult			'	
	care home shall be	e applied as f	ollows:	į.			
	(2) Except where	otherwise sp	edified, existing	i'		'	
	licensed facilities of			i			ĺ
	facilities shall mee						
	requirements in ef	fect at the tin	na of construction,	1	l l		
	change in service	or bed count,	addition,				
	renovation, or alter	ration; howev	er in no case shall			į	,
	the requirements f	or any licens	ed feallity where		'!		
			een made, be less	1			
	than those require					ĺ	
	"Minimum and Der						
	copies of which ar	nomes for the	Aged and Infirm",				
	Health Service Re	e sivaliable at	Barbour Drive.				
	Raleigh, North Ca	rolina: 27603	at no cost:				
Division of F	lealth Service Regulation					-	
Sectionary of t			erenices receives all	A STATE OF THE PARTY OF THE PAR	10年10年2月		KENT COMPANY THE P

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SENATION

Navacy

12/3/15

STATE FORM

GODD21

a continuation sheet 1 of 5

	of Health Service Re	egulation (X1) PROVIDER/SUPPLIER/CLIA	CO(2) MULTIPLE	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN C	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			B. WING		10/1	5/2015
		HAL036006	TARREST AND A	TATE AND CODE		
NAME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, OTY, 8 CRAIG STREET	STATE, ZIP CODE	;	
WOODLA	WN HAVEN	MOU	INT HOLLY, NG 2		OF CORPECTION	
(X4) IÛ PREFIX TAG	(BACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED DEFIC	OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE JENCY)	COMPLETE DATE
C 101	Continued From pa	et as evidenced by:	C 101	Fre alaim	DALMA	1431/15
	meet the NC State Initial Licensing by detection. This wou	ervation, the facility did not Building Code at the time not have adequate fire uld affect all residents, stat providing early detection a	of "		storage up	
	alarming. Findings on Octobe a. There was no	er 15, 2015: fire alarm detection in the	two	licon to	baulity	
	large storage room	ns on the A Hall.		400	0	
C 133	Bathrooms-Hand (Srip8	C 133		,	
	10A NCAC 13F .03 ENVIRONMENT			 		
	rooms are:	ents for bathrooms and toll	et			
	(6) Hand grips she commodes, tubs a accessible to resid	all be installed at all and showers used by or dents;		Having h	andbars	
	 Based on observer. 	net as evidenced by: ervation, the facility failed to odes, tubs and showers a	to	or have	Chaning of these	. I
	equipped with state affects all resident fixtures by not pro-	ble hand grips. This deficie ts who use these unstable viding increased safety.	ency	whee have	Chaning	1931/12
	maneuverability at Findings on Octob a. There was a k		irab attern	monthey	to make	
	connection was ru	sted out.	C 148	Souse.		
C 148	Corridors-Handrai		0 146			
I	SECTION .0300 -	PHYSICAL PLANT		1		

CCDD21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			ER/SUPPLIER/CLIA ICATION NUMBER:				ETED
		HAL	36006	p. WING		10/1	5/2015
	PROVIDER OR SUPPLIER		301 CRAIG	ORESS, OTTY, 5 3 STREET OLLY, NG 2	TATE. ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY ST/ (EACH DEFICIENC REQULATORY OR L	Y MUST BE PR	DEFICIENCIES DECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU OROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETE COMPLETE
C 148	This Rule is not m 1. Based on obse maintained in a sa handrails in the co all residents, staff unstable handrail is safety, stability/bal required of these of	nts for corr be provide hes above to ing a 250 p et as evide ervation, the fernanner to rridor. This and visitors by not provi- ance, and re- levices.	idors are: ad on both sides of the floor and be dund concentrated those by: building was not by not having stable deficiency affects who use this ding increasing maneuverability	C 148	House Vapar Frantis are il handraits u chave thousek Chick thise Wonthly	main Exose July expros	15/31/2
C 164	FURNISHINGS (a) Adult care hom (1) have walls, ce coverings kept cle (2) have no chron (3) have furniture (e) This Rule sha facilities. This Rule is not m 1. Based on Obs provide an enviror Rule. This would a	andrail was ad B-18. I Furnishing PHYSICAL 306 HOU es shall: lings, and in good and in good and in apply to not as evide ervation, the ment in application, the ment in application and in apply to not as evide ervation, the ment in application and in application applica	dose between gs-Clean, Repaired PLANT SEKEEPING AND Bloors or floor ood repair; ant odors; in good repair; ew and existing proced by: ne facility failed to oordance with this	C 184	monthly		

	<u>of Health Service Re</u>	gulation		A H H TIPL C	COLUMNICATION	(X3) DATE S	URVEY	
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N	us essentiane				COMPLETED	
		HAL035006	в	. WING		10/15	/2015	
	PROVIDER OR SUPPLIER AWN HAVEN		STREET ADDRESS 301 CRAIG S MOUNT HOL	STREET	H120			
(X4) ID PREFIX TAG	/EACH DEFICIENCY	TEMENT OF ASSICIENCE MUST BE PRECEDED BY SCIDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU GROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE COMPLETE	
C 164	was loose in share B-18 and B-20. b. The loe machin piped directly on to the potential for the contaminate the loo. The faucet to the Kitchen was very keep furniture kept furniture kept findings on Octoba. Many of the cawere scarred and b. In Bedroom Bover with duct tape 3. Based on Obshave walls, ceiling kept clean and in grindings on Octoba. The gypsum wheeds to be compb. The ceiling warroom. c. Throughout or of the vinyl tiles unand exterior has dille edges are bread. In the corridor previously repaire chugs of joint come. Under the fau Bathroom, the waf, In A Hall Bathroom the floor behind	or 15, 2015: In of the commode to distribute the floor receptor, redrain line to clog a second wash sink it cosely attached to the facility clean and in good retrievation, the facility or chipped. 13 the cabinet's base or 15, 2015: binets in the resider or chipped. 13 the cabinet's base or 15, 2015: call repairs in Bedroom eted and finished as stained in the B Hall the building, the inder the doors to the eteriorated to a point king up near Bedroom A-14 orack in the ceiling pound about to fall the to the tub in A Hall was stained with recommode.	o the floor in Bedroom en was resulting in and in the ne sink. failed to repair. int's rooms se was tape failed to coverings, om B-17 all Men atersection corridor at that the in, a p had loose out. all		Javing Plumber Connection of C	para sons	1/15/15	
Division of o	Health Service Regulation		M	C	aught winds	nous	granam 10116 Levern pirne to m+win ng tub	

Pg 4 B. Having pipe raised so will not touch receptor. 12/31/15

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:			(X2) MULTIPI A. BUILDING	E GONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL036006		B. WING			10/15/2015
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WOODLA	AWN HAVEN			G STREET HOLLY, NO			
(X4) ID PREFIX TAG	SUMMARY STATEM (EACH DEFICIENCY MU REGULATORY OR LSO I	IST BE RRECEDE	D BY FULL	PREFIX TAG	IFACH CO	EN'S PLAN OF CORRECTI RECTIVE ACTION SHOU ERENCED TO THE APPRO DEFICIENCY)	LD RE COMPLETE
C 166 C 166	Continued From page Housekeeping-Maintai SECTION .0300 - PHY	ined Free of h	т .	C 166 C 166			
	10A NGAC 13F .0306 FURNISHINGS (a) Adult care homes of (5) be maintained in a orderly manner, free of hazards; (e) This Rule shall ap- facilities.	HOUSEKE shall: on uncluttered f all obstruction	EPING AND , clean and one and				12/31/15
	This Rule is not met at 1. Based on Observation provide an environment Rule, by not maintaining rilles and their associazards. This could at visitors if in the event close completely to coroom of origin. Findings on October 1 at The HVAC return	ation, the facilint in accordaring the HVAC/ isted damper ifect all reside of a fire the dontain the fire and or ventila	ity failed to ace with this ventilation, a free of nts, staff and ampers do not within the		nan nan so de	Jerping S My Char Dento ghout wh	hidred ning Janeur
	with their radiation dar accumulation of dust/l examples include but i. Activities B Hall ii. Med Room, iii. Kitchen, iv. Laundry, v. Short Corridor out	int. Locations are not limited	of specific i to:		Lang Pang Pang Pang Pang Pang Pang Pang P	ween de	ris ne
C 175	Bedroom Furnishings SECTION .0300 - PH 10A NCAC 13F .0306 FURNISHINGS (b) Each bedroom she furnishings in good re	YSICAL PLAN HOUSEKE	IT EPING AND llowing	C 175			
Division of F STATE FOR	lealth Service Regulation			0099	CCDD21		If continuation sheet 5 of 15

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE GONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED			
		HAL 03600	6	B. WING			10/15	5/2015
NAME OF PROVIDE			301 CRAIG		TATE, ZIP GODE			
(X4) ID PREFIX (F TAG RE	EACH DECIDIENTS	TEMENT OF DEFICIE MUST BE PRECEDE 8C IDENTIFYING INF	ED BY FULL	PREFIX TAG	(EACH CO	EN'S PLAN OF CORRECT RRECTIVE ACTION SHOU ERENGED TO THE APPRO DEFIGIENCY)	LD BE	COMPLETE DATE
C 175 Conti reside (7) in bar in (e) T facilit. This 1. E provide indiviresid. Findia. T C 183 Fire (8) // A-B-(2,500 (b) C or CC appli. This 1. E provide associated emerical and a continuous contin	inued From parent: Individual clean In the bedroom This Rule is not me Based on obse de residents a idual towels ar ent. Ings on Octobe The towel bar i Extinguishers TION .0300 - I NCAC 13F .03 At least one five C type fire extic O square feet of One five pounce O/2 type is requested in the me Rule is not me Based on obse ide and/or main ings on Octobe Throughout not Ings on Octobe Ings on Octobe Ings on Octobe Throughout not Ings on Octobe Ings on Oct	ge 5 towel, wash cic or an adjoining apply to new an et as evidenced reas, with the reas of for towel bars of floor area or figured in the kitol naintenance shows the reas evidenced eviation, the facination the fire existent. This would a visitors by not in proper were 15, 2015: the portable fire son the annual	bathroom; and ad existing by: lity failed to equired for each sare for each raction thereof, charge) A-B-C then and, where op, lity failed to tinguishers and affect all having orking order.	C 175	manuf	de checks	and	12/01/0
		re extinguisher i maintenances, v		,	W60	OGDI. 1		12/12/12

	of Health Service Re	egulation		Toyn par	E SURVEY	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		E CONSTRUCTION	000	PLETED
WAID LINE	OF CORRECTION		A. BOILDING	"		
		HALI036006	B. WING		10	/15/2015
NAME OF F	ROVIDER OR SUPPLIER	STR	SET ADDRESS, DITY, 8	STATE, ZIP CODE		
		301	CRAIG STREET			
WOODLA	AWN HAVEN		UNT HOLLY, NO. 2		· · · · · · · · · · · · · · · · · · ·	1 110
(X4) ID PREFIX TAG	JEACH DEFICIENCS	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL LBC IDENTIFYING INFORMATION)	PREFIX TAG	(EÁÓH CÖRR	RS PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C 183	Continued From pa	age 6	. C 183		! '	
	on June 2014 and recharging is requi	the gauge indicated that ired.				
C 189	Building Equipmen	nt Maintained Safe, Opera	ting C 189			
		PHYSICAL PLANT			1	
	10A NCAC 13F .03 REQUIREMENTS			1		i I
	(a) The building a	nd ali fire ŝafety, electrical),			
	mechanical, and p	lumbing equipment in an :	adult			
	operating condition	e maintained in a safe and	'	'		
	(k) This Rule shall	I apply to new and existing	9			
	facilities with the e	xception of Paragraph (e) ply to existing facilities.				
	which shall not ap	pry to existing radiities				, l
,				1		
	This Rule is not if	net as evidenced by: ervation, the Building was	not			
	maintained in a sa	ife and operating condition	١,			
	because the door(s) protecting the opening	in the	9		
	restrict the spread	ose completely and latch to l of fire and smoke. This c	ould		1	1 1 1 1
	affect all residents	s, staff and visitors by not		W . Arond	(company)	12/31/11
		oke to the fire compartme	nt of	State of	whaled rev	
	origin. Findings on Octob	per 15, 2015:		that of	uptim schil	
	a. The front leaf,	of the double-egress		Prove 3	ACCOUNT SCHOOL	
	cross-corridor doo	ors in the B Hall Firewall, d alarm system released the	lid not	to con	ne out look	T 2
	doors.	alaini oyotom remeated ti		04 1	iteare do	4
				and	which	
	2. Based on obs	ervation, the Building was afe and operating condition	not	ane	quillins	
	because the doord	(a) protecting the opening	in the	0	•	
	smoke barrier did	not close completely and	latch	1		
		This could affect all reside by not containing the smok				
	the fire compartm					
I						

Division (of Health Service Re	egulation				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDEN/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION 01		(X9) DATE SURVEY COMPLETED
	1	HAL036006	B. WING			10/15/2015
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	ORESS, OITY, 8	TATE, ZIP CODE		
WOODLA	WN HAVEN		G STREËT IOLLY, NG 2	8120	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES : Y MUST BE PRECEDED BY FULL SC IDENTIFY (NG INFORMATION)	ID PREFIX TAG	(EAGH GO!	ER'S PLAN OF CORREC'S RECTIVE ACTION SHOU RENÇED TO THE APPR DEFIDIENCY)	ILD BE COMPLETE
C 189	double-egress pair doorframe and did producing gaps the clearances, when to the doors. 3. Based on obsemaintained in a safe because breaches fire-resistance-rate integrity. This could visitors if smoke/fire compartment of ori Findings on Octobes. The fire resistance has holes in the following of the compartment of the following on the following of the compartment of the following on the following of the could be sealed. 5. One ¼ inch Elas them penetrate ceiling in Bedroom d. The ceiling in topenings and gaps be sealed. 6. There were hofire-resistance-rate were removed in the cable penetrations around the time clear.	er 15, 2015; of the cross-corridor of doors on the B Hall hits its not completely close, at exceed acceptable the fire alarm system released ervations, the Building was not fe and operating condition, through the ad construction invalidated its d affect all residents, staff and the is not contained in Room or igin, er 15, 2015; ance rated ceiling assembly llowing location. Locations of include but are not limited to:: all near A Hall Activities aged and was not able to resist MT conduit had gaps around it d the fire-resistance-rated (A-21), the Boiler Room has lots on a round penetrations had must bles through the one-hour ad ceiling were light fixtures the Kitchen ad unprotected gaps around in Kitchen and Nurse Station ock.		proble	lipairs a lipairs a lipairs a lipairs a lipairs lipairs	4 1 1
	maintained in a sa	ervation, the Building was not fe and operating condition, gency lighting, which				

Division	of Health Service Regulation		100000	(X3) DATE	LOUDVIEW
STATEMEN AND PLAN	T OF DEFICIENCIES (X1) PROVIDERUS (DENTIFICATION IDENTIFICATION	CALL AND REPORT OF THE PARTY OF	LTIPLE GONSTRUCTION DING: 01		PLETED
	HAL03600	DB R. WING		10/	15/2015
NAME OF !	ROVIDER OR SUPPLIER	STREET ADDRESS, C	ITY, STATE, ZIP CODE		
WOODL	AWN HAVEN	301 CRAIG STRE			
110000		MOUNT HOLLY, I		9 PLAN OF CORRECTION	(X8)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICI (EACH DEFICIENCY MUST BE PRECED REGULATORY OR LSC IDENTIFYING IN	だり BY FULL TREE	IX (EACH CORRE OROSS-REPERE	ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C 189	Continued From page 8	C 189			
	illuminates the egress pathways du outages, did not work properly. This all residents, staff and visitors if the pathways were not illuminated durit outages and there was no other illufindings on October 15, 2015; a. The wall mounted self-containexit sign/emergency light unit did no backup power when the test buttor Locations of specific examples incontained incontained to: i. Lobby, ii. B Hall exit, iii. Living Room, iv. Nurse Station.	is would affect e egress ing the power umination. ed combination not work on n was pushed. dude but are	schedu of this	all repaired Dulba unifor a by unifor Safety. Will le yarly che e at same	or
	5. Based on observation, the Builmeintained in a safe and operating failing to ensure that egress from a done without the use of keys, tools knowledge or effort. This could affeand visitors if someone becomes the Findings on October 15, 2015; a. The panic hardware on the fro Cross Cerridor doors for B Hall Shapes missing its end cover	g condition, by all areas can be a or, special lect some staff trapped inside.	40,000	ted Harley	12/31/15
	6. Based on observation, the Bui maintained in a safe and operating because the fire protection equipm maintained. This would affect all reand visitors by not detecting smok the fire alarm. Findings on October 15, 2015: b. The fire alarm system's heat of associated box was dangling from its power/operational wire at the follocations to include but not limited it. Reception,	g condition, nent was not esidents, staff te and activating detector and the celling by clowing		to conect while ful outlesons	1/15/15

Division of	of Health Service Re	gulation					(X2) DATE SURVEY
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATION	PPLIER/CLIA ON NUMBER:	A, BUILDING	LE CONSTRUCTION	ľ	OOMPLETED
		HAL03600	06	B. WING			10/15/2015
NAME OF P	ROVIDER OR SUPPLIER		SYREET AD	DRESS, CITY,	STATE, ZIP CODE		
WOODLA	WN HAVEN		MOUNT H	OLLY, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICI Y MUST BE PRECED SC IDENTIFYING INF	ED BA LUTT	PREFIX TAG	(EAOH GC	DER'S PLAN OF CORRESPONDED TO THE AP DEFICIENCY)	OULD BE COMPLETE
C 189	maintained in a sat because the portat were not being pro- could affect all resi- cylinders fall, break cylinder and turning Findings on Octob- a. One portable in stored standing up secured to the stru- Room.	ervation, the Built is and operating cal power systemaintained safet llowing unsafe of the systemaintained safet llowing unsafe of the systematical or the Built is and operating ole medical oxygen of the standing up of the systematical oxygen of the oxygen Storage of the oxygen Storage of the oxygen Storage of the oxygen Storage of the oxygen side in the oxygen of the oxygen ox	condition, m was not ly. This would conditions to tiple plug iding was not condition, gen cylinders cored. This visitors if propelling the rous projectile. cylinder was crate not gen Storage medical oxygen not secured to e Room. cylinder was en Storage Iding plumbing a safe manner stalled parts, f and visitors by jury due to	,	1025 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20	Services of servic	ean 2/3/15
Division of H STATE FOR	ealth Gervice Regulation			QII DO	CCDD21	heet an	WSJOL
SIMIERUM	WI .	11 1	1		COUDE! "		

	of Health Service Re	egulation			(DATE SURVEY
	T OF DEFICIENCIES	(X1) PROVIDER/SUI IDENTIFICATIO	PPLIER/GLIA		LE CONSTRUCTIO	(//	COMPLETED
AND PLAN	OF CORRECTION	DENTIFICATIO	A INCOME IN	A, BUILDING	: 01		
		HAL03600	9 :	B. WING			10/15/2015
NAME OF I	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY.	STATE, ZIP CODE		
Water Of 1	NOTICE OF OUT OF THE PERSON OF			G STRIBIT	1		1
WOODLA	WN HAVEN	, []		OLLY, NC	28120		
		TEMENT OF DERICE				SER'S PLAN OF CORRECTION	(X5)
(X4) ID PREPIX	(EACH DEFICIENCY	Y MUST BE PRECEDE	D BY FULL	PREFIX	(EACH CC	RRECTIVE ACTION SHOULD BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INF	(MOITAMAC	TAG		ERENCED TO THE APPROPRIA DEFICIENCY)	TE DATE
					VI d	- M + 1/0 / 1 + 1	
C 189	Continued From pa	age 10		C 189	100 40	fauman	
2 100	communication po				7,00	Line Sink	
					40 cou	(L)	
	10. Based on obse	rvation, the Build	iing was not		ionin		' I
	maintained in a saf	e and operating	condition,			B - 1 2.11. 80	mar
	because the electri	ical power system	n was not . This would		AMOU	& shown &	
	being operated or r affect all staff, by a	maintained sareiy	nditions to				
		mowing unsaid of	sharidens to		<i>Q</i>	ght gixture	' l l l l l
	persist. Findings on Octobe	er 15, 2015:			10a - "	10. 00.	213HB
	a. In the A Hall Ba	athroom, two ligh	t fixtures were		0 . 40	to we regu	Cap 1 -1 -1
	missing their lens.	att 100111, 1114 1181	, includes the contract		The state of	to le reple	2 1
	b. In the Nurse St	tation the scale v	vas being	,	1 100x 75	ouse Keeping)
	stored directly in fro				17-0	۸ ۱	
	encrosching upon	the required clea	r working		50000	has been	' I
	space.					0 0 0 0 0 0 A- A-	1 m
	o.				Or eall	d away to	(e) 12/31/5
		.	'			LONAL TO	(C) 145113
	11. Based on obse				wall	to won	
	equipment was not	t maintain∳d in al	safe manner		William	1 40 WOY	76
	by hot have proper	ly working or inst	talled parts.		place	the state of the s	AC
	This could affect a	Il residents, staff	and visitors by		17.0 f	not wall	
	not protecting then		ury due to		00	ust Walk	
	broken or missing				1 10 sail	1021	
	Findings on Octob	er 15, 2015:			~ 0	4	- 1 1 v A.I.
	a. In the A Hall So	oil Utility, the han	d wash sink's		11. 0	Ju when in	1/31/15
	drain line connection	on to the sink ha	a rusted away.		Ma. T	4.0.4	and "I"
ĺ	12 Based on ober		ting was not		11000	ce arain	
	12. Based on obse	fe manner by fail	ing was not		1000	re diamed	oux
1	that clothes dryer				whire	VIVINOUS DE	0
1	free area. This cou					, ,	,
	visitors by allowing			'			
	fire)	, and to diagram man	14 (1444) 144				
	Findings on Octob	er 15, 2015:				4	1 1 1 1 1
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Da. Cay that catches small amount by cop lint. Most lint is suctioned out by with with washed out daily. This wint, while lint from getting unto Cay Vers lint from getting unto an conditioner.

NAME PLAN OF COMPRECTION HALOSGOPS BY WOODLAWN HAVEN STREET ADDRESS, CITY, 87ATE, ZIP CODE. 301 CRAIG STREET MOUNT HOLLY, NO 28120 GAMMANY PENTANENT POLIFICATION NUMBER. WOODLAWN HAVEN ONLY IN CHARLES THE THE THE PLAN OF COMPRECTION (RACH CORRECTIVE ACTION 940-ULD BE PRECEDED by PLUL. PRECEDED TO THE APPROPRIATE CONFIDENCE OF THE PRECEDENCE OF THE APPROPRIATE CONFIDENCE OF THE APPROPRI		of Health Service Regulation	AND THE CONSTRUCT	ON (X3) DATE SURVEY
MAME OF PROVIDER OR SUPPLIER THAT COMPLETE THE TADDRESS, CITY, STATE, AP CODE. 301 CRAIG STREET MOUNT HOLLY, NC 28120 PREVIOURS PLAN OF CORRECTION ACTION OF PROPERTY AND PROPERTY OF DEFICIENCES. (CA) ID			1 -1	
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GOAL TO SHOW THE GOAL MAN TO THE TOTAL THE TOT		does not allow the door to does and latch in to its	14.60	a haral out in the
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the active has nothing to latch into, thus the doors		the active has nothing to latch into, thus the doors		Charle
cannot be smoke tight. Locations of specific		cannot be smoke tight. Locations of specific	1 000	4
examples include but are not limited to: i. Near Bedroom 303,				

6800

_Division	of Health Service R	equiation				PC	RM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(/10/)	DATE SURVEY
		HALOSE	006	B. WING _			1041 El (1000 a 2
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS CITY	. STATE, ZIP CODE		10/15/2015
WOODL	AWN HAVEN			IG STREET		!	
	ATTA DAVEN			HOLLY, NO			
(X4) ID PREFIX TAG	SUMMARY STA (FACH DEPIDIENCY REGULATORY ON LA	TEMENT OF DEFINANCE IN THE CE	DED BY CHILL	ID PREFIX TAG	(EACH OD	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE DEPICIENCY)	COMPLETE DATE
C 189	Continued From pa	ge 12		C 189			
	15. Based on obser maintained in a safe because the corrido passage of smoke of positively/automatical under normal closing residents, staff and	and operating of doors did no lue to the door ally latching in g force. This c visitors if the d	g condition, it resist the rs not to their frame could affect all loors were not		not l doorg	atch into ane will be by Ripaum	17/31/15
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C 195	lot Water System	H		C 195	Hawaye	iping Keipin	8
	th Service Regulation				Check		
TE FORM				•• 00	DD21	Conference	on sheet 13 of 18

Division	of Health Service R	egulation						M APPROVE
STATEMENT OF DEFICIENCIES (X1) PRO		(X1) PROVIDER/	BUPPLIERVOLIA TION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	N		TE SURVEY MPLETED
		HAL0360	006	B. WING				
NAME OF	PROVIDER OR SUPPLIER		STREET	ADDRESS OFF	STATE, ZIP CODE		<u> </u>	/15/2015
WOODL	AWN HAVEN		301 CR/	AIG STREET			į	
(X4) ID	SUMMARY STA	TEMENT OF DEFIC	MOONT	HOLLY, NO				
PREFIX	(EACH DEFICIENCY REGULATORY OR LE	MUST BE PRODEC	SED BY FULL	PREFIX TAG	(EACH CO	ER'S PLAN OF CORRECTION SHOULD RRECTIVE ACTION SHOULD ERENGED TO THE APPROP DEFICIENCY)	S REEL	(X5) COMPLETE DATE
C 195	Continued From page	ge 13		C 195	1			
	SECTION .0300 - P 10A NCAC 13F .031 REQUIREMENTS (d) The hot water sy provide an adequate kitchen, bathrooms, closets and soil utility temperature at all fix be maintained at and (38 degrees C) and standard F (46.7 degrees C). (k) This Rule shall a facilities with the exc which shall not apply This Rule is not met 1. Based on Observing provide an environment Rule. This would affect visitors by exposing to outside of the limits a Findings on October a. Bedroom B-20 Based 90 degrees Fahrenhe	HYSICAL PLA IT OTHER Istem shall be supply of hot laundry, house y room. The hi tures used by inimum of 100 shall not excee pply to new an eption of Parag to existing fac is evidenced i vation, the facil ent in accordan of all residents hem to water to et in the Rule, 15, 2015: athroom sink hi	of such size to water to the exceping of water residents shall degrees For 116 degrees dexisting graph (e) ilities. by: ity failed to nee with this staff and emperature		unha U	to have	re ut	1931/15
C 199	Exhaust Ventilation			C 199	done.			
F (p) tv n (b) tr (2)	SECTION .0300 - PH 10A NCAC 13F .0311 REQUIREMENTS g) The spaces listed provided with exhaust we cubic feet per min equirement does not efore April 1, 1984, we nese specified spaces 1) soiled linen storage 2) soil utility room;	OTHER in this Paragra ventilation at ti ute per square apply to facilitie ith natural vent	ph shall be he rate of foot. This	9	Cunent puson o Chell exhaust on an	ly have coming or the contilation	n 7	

If continuation pheet 15 of 19

Division of Health Service R		_		FORMAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCT A. BUILDING: 01	TON	(X3) DATE SURVEY COMPLETED
	HAL036006	B. WING		10/15/2015
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, ZIP COD	E	10/15/2015
WOODLAWN HAVEN	301 CR. MOUNT	AIG STREET HOLLY, NG 28120		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PREDEDED BY FULL SO IDENTIFY (NS INFORMATION)	PREFIX (MACH)	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD FFERENCED TO THE APPROPRIES OF T	DE COMPLETE
Tacilities with the exc which shall not apply This Rule is not me 1. Based on Obse failed to maintain the working order, This of and visitors by subje Findings on October a. The exhaust ven not remove the requi of specific examples to: i. Soiled Utility on E ii. In shared Bathroo	toilet rooms; losets; and apply to new and existing ception of Paragraph (e) y to existing facilities. It as evidenced by: rvation and testing the facility e ventilation system in proper could affect all residents, staff cting them to odors. 15, 2015; itilation was running but did red amount of air. Locations include but are not limited		have them	placed 1/31
of Health Service Regulation FORM				

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