Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL011341	B. V	WING		03/	02/2016	
NAME OF	PROVIDER OR SUPPLIER	STR	EET ADDRES	SS, CITY, S	TATE, ZIP CODE			
WOODLAND TERRACE FAMILY CARE HOME # 8 ELLA LANE ALEXANDER, NC 28701								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	Р	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 000	C 000 Initial Comments		С	000				
	Survey on March 2 PM at the above re records indicate the February 15, 2011 (6) ambulatory Res respond without an during a fire or othe information we are compliance with the 10A NCAC 13G for North Carolina Stat 421.2 - Residential At the time of our v	n Section conducted a Bie , 2016 from 1:20 PM to 2: ferenced facility. DHSR e home was first licensed as a Family Care Home for sidents (able to evacuate a y physical or verbal assist er emergency). Based on requiring the home to ma e following: the 2005 Rule Family Care Homes, the te Building Code - Section	on or six and tance this intain es 2009					
C 174	SECTION .0300 - 10A NCAC 13G .03 EQUIPMENT (a) The building a mechanical, and pl care home shall be operating condition (j) This Rule shall family care homes. This Rule is not mandally to the shall of 2 range hood ground of 2 range hood ground the DHSR copies of all receiptions.	nd all fire safety, electrical umbing equipment in a fall maintained in a safe and apply to new and existing	E I, mily hat 1 hood.	174				

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION 101		(X3) DATE SURVEY COMPLETED			
		FCL011341	B. WING		03/	02/2016		
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE				
WOODL	WOODLAND TERRACE FAMILY CARE HOME # 8 ELLA LANE ALEXANDER, NC 28701							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	(X5) COMPLETE DATE			
C 174	Continued From pa	ge 1	C 174					
	the emergency light burnt out bulbs. Ha Provide the DHSR of copies of all work of	aring the survey showed that the end of the hallway have the bulbs replaced. Construction section with rders, receipts, photographs orting documentation air.	ad					
C 183	Outside Premises-0	Clean, Safe	C 183					
	(a) The outside gre	THE BUILDING 118 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clea						
	the window screen of the frame. Have Provide the DHSR of copies of all photog supporting docume	et as evidenced by: Iring the survey showed that for Bedroom #3 has fallen o the screen re-installed. Construction section with graphs and any other Intation concerning this repa	ut ir.					
	there is an old matt outside on the left s mattress and boxsp Provide the DHSR copies of all photog	ress and box spring stored side of the home. Have the bring disposed of properly. Construction section with graphs and any other ntation concerning this repa						
	there is an old wash on the right side of and dryer properly of	uring the survey showed that her and dryer stored outside the facility. Have the washe disposed of. Provide the h section with copies of all my other supporting						

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL011341	B. WING		03/0	2/2016	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
WOODLAND TERRACE FAMILY CARE HOME # 8 ELLA LANE ALEXANDER, NC 28701							
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ULD BE COMPLETE		
C 183	Continued From pa	age 2	C 183				
ı	documentation con	cerning this repair.					

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