T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		B. WING	R 06/23/2016			
		DDRESS, CITY, S	TATE, ZIP CODE	00/	00/23/2010	
VIEW TERRACE OF	WADESBORO					
	WADESE	-				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T		ION SHOULD BE COMPLET THE APPROPRIATE DATE	
Initial Comments		{C 000}				
Report of a Follow-Up Construction Survey by Ed Miller and on June 23, 2016.						
Follow-up Construct	ction Survey, have not been cted and will require a new					
Housekeeping and	Furnishings-Clean, Repaired	{C 164}				
10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronie (3) have furniture of	HOUSEKEEPING AND es shall: lings, and floors or floor an and in good repair; c unpleasant odors; clean and in good repair;					
1- Based on observ maintain the buildin	vations, the facility has failed to ng, walls, ceilings, and floors in					
Findings on Ju	ne 23, 2016:					
is stained, inclu 1 - Main en 2- Central I 3- 200 Hall 4- 100 Hall e- Most of the r	uding but not limited to atrance lobby. Hall resident private bathrooms					
	ROVIDER OR SUPPLIER <b>/VIEW TERRACE OF</b> SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Initial Comments Report of a Follow- Miller and on June The following defici Follow-up Construct satisfactorily correct Plan of Correction. Housekeeping and SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept cleat (2) have no chroni (3) have furniture of (2) have no chroni (3) have furniture of (2) have no chroni (3) have furniture of (4) This Rule is not maintain the buildir good repair and cleat Findings on Ju a- The corridor is stained, inclu 1 - Main er 2 - Central 3 - 200 Hall 4 - 100 Hall e- Most of the n have 12x12 tile	DF CORRECTION IDENTIFICATION NUMBER:   HAL004003   ROVIDER OR SUPPLIER   STREET AI   VIEW TERRACE OF WADESBORO   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   Initial Comments   Report of a Follow-Up Construction Survey by Ed Miller and on June 23, 2016.   The following deficiencies cited during the Follow-up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.   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 furniture clean and in good repair; (3) have furniture clean and in good repair; (4) This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building, walls, ceilings, and floors in good repair and clean.   Findings on June 23, 2016:   a The corridor carpet throughout the facility is stained, including but not limited to 1 - Main entrance lobby. 2 - Central Hall 3 - 200 Hall 4 - 100 Hall   ADO Hall   A the resident p	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: I   HAL004003 B. WING	OF CORRECTION IDENTIFICATION NUMBER: HAL004003 A. BUILDING: 01   ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE   ROVIDER COR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREVIDENTS PLAN OF C (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF C (EACH DEFICIENCY MUST TAG   Initial Comments (C 000) PREVIDENT TAG   Report of a Follow-Up Construction Survey by Ed Miller and on June 23, 2016. (C 164)   The following deficiencies cited during the Follow-up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. (C 164)   SECTION .0300 - PHYSICAL PLANT 100 ANCAC 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; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean. Findings on June 23, 2016: a - The corridor carpet throughout the facility is stained, including but not limited to 1 - Main entrance lobby. 2 - Central Hall 3 - 200 Hall 4 - 100 Hall e - Most o	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 01 COM   HAL004003 B. WING 067   ROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD   WIEW TERRACE OF WADESBORO 100 mathematical school ROAD PROVIDER'S PLAN OF CORRECTION MUST BE PRECEDED BY FULL PREFIX   REQUARTORY ON LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY   Initial Comments (C 000) (C 000) CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY   Report of a Follow-Up Construction Survey by Ed Miller and on June 23, 2016. (C 164) C 164)   SECTION .0300 - PHYSICAL PLANT (C 164) SECTION .0300 - PHYSICAL PLANT   I DANCAC 13F0306 HOUSEKEEPING AND FURNISHINGS (C 164) SECTION .0300 - PHYSICAL PLANT   I DANCAC 13F0306 HOUSEAUTOR; (2) have no chronic unpleasant doors; (3) have furniture clean and in good repair; (2) have no chronic unpleasant doors; (3) have furniture clean and in good repair; (2) have no chronic unpleasant doors; (3) have furniture clean and in good repair; (4) This Rule shall apply to new and existing facilities. (5) This Rule shall apply to new and existing facility is stained, including but not limited to 1 - Main entrance tobby. 2. Central Hall 3. 200 Hall	

## PRINTED: 07/18/2016 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
HAL004003		IDENTIFICATION NOMBER.	A. BUILDING: <b>01</b>				
		B. WING			R 06/23/2016		
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	<b>WIEW TERRACE OF</b>	WADESBORO	ON HIGH SCH				
		WADESE	BORO, NC 281				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{C 164}	Continued From page 1		{C 164}				
3- Based on observent maintain the building		vations, the facility has failed to ng free of odors.					
a- There a there is a c and/or the are not lim	Findings on Ju	ne 23, 2016:					
	there is a distin	everal resident rooms where act odor of urine in the room aroom. Rooms include but to:					
	4- Room 12	23 (room)					

TB3223