Division of Health Service Regulation								
THE RESIDENCE AND ADDRESS OF THE PARTY OF TH		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
			A. BUILDING:	wi	R			
		HAL031006	B. WING		09/08/2016			
NAMÉ ÓF F	PROVIDER OR SUPPLIER	STREET ADD	STATE, ZIP GODE					
WINDHA	M HALL	T #349						
KENANSVILLE, NC 28349 (X4) ID PROVIDER'S PLAN OF CORRECTION (
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST HE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL GROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLEYS			
(C 000)	Initial Comments		{C 000}	IN REFERENCE TO	SECTION			
	by Bob Getchell on	Biennial Followup Survey done September 8, 2016. A		.0300- Physical	Planst			
	Complaint Followur same time.	p Survey was performed at the		IOA NEAC 13F.	301			
	have not been corn	y revealed that all deficiencies ected, therefore a new plan of		Application of P PLANT REQUIREM	HUSICAI			
	correction is require	ed.		HAVI KEDUKEN	NCASI -D+			
(C 101)	Existing Licensed F	Fac- No less than '71 Rules	{C 101}	ar sheet ROCK M	JAHOJ CHANGACT			
		01 APPLICATION OF		PERSON REPLACED	2 X Z			
		REQUIREMENTS		FOOT CHASE CON	COTOMSTO			
	care home shall be	requirements for each adult applied as follows:		T Duwood W	πમ ∜&" ∣			
	licensed facilities o	otherwise specified, existing r portions of existing licensed		OF PIGE	CABATE			
	requirements in eff	licensure and code ect at the time of construction, or bed count, addition,		OF Plywood W QUPSUM TO MAIN THE FIRE RESIST	ANCE			
	renovation, or alter	ation; however in no case shall or any licensed facility where		RATING OF THE	CHASE.			
	no addition or reno than those requirer	vation has been made, be less nents found in the 1971		2B. BEDROOM	39 -			
	Regulations" for "H	ired Standards and omes for the Aged and Infirm", available at the Division of		SHEET ROCK MAI	NTENANCE			
	Health Service Reg			PERSON REPLACE FOOT CHASE CON	a) 3×3			
		et as evidenced by:		FOOT CHASE CON	PELBITETED)			
		rvation, the building did not nents at time of construction		OF Blywood w	NTEX 3/8			
	Followup Findings	on September 7, 2016 include:		question to ma	LAIATCH			
		the HVAC return air at this		7.	GENTALLO			
	ealth Service Regulation ORECTOR'S OR PROVID	ER/8UPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE	B.Z.			
TATE FOR	Meria N	imelia.	1000	Ducator 106	If continuation sheet 1 of 5			
		-	1	DITIVEE	in communication sheder 1 of 5			

Division	of Health Service Re	gulation							
STATEMENT OF DEFIGIENCIES (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:		(XQ) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
HAL031006		B. WING		R 09/08/2016					
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE						
WINDHAM HALL			PER STREE /ILLE, NC 2						
(X4) ID PREFIX YAC	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	DBE COMPLETE				
{C 101}	location consists of foot chase from floo plywood, and not 5/resistance rating of b. Bedroom 39 - t location consists of foot chase from floo plywood, and not 5/resistance rating of This is not in according to the second secon	an approximately 3 foot by 3 or to ceiling constructed of 8 gypsum to maintain the fire the chase. he HVAC return air at this an approximately 3 foot by 3 or to ceiling constructed of 8 gypsum to maintain the fire	{C 101}	CONSTINUED FROM P THE FIRE RESISTA RATING OF THE THE ABOVE WA COMPLETED ON AND MEETS THE TO MAINTAIN TO	ANGE CHASE S 9/29/16 REQUIREMENT				
(C 148)	rated corridor.		{C 148}	FIRE RESISTANCE CORRIDOR, IN REFERENCE T. O300-Physical IDA NCAC 13F. Physical ENVIR TA.; IB; IC.— MAINTENANCE P. REPAIRED AND THAND RAILS NEAD 40; BETWEEN BE	RATED SECTION PLANT 0305 DIMENT CRESON TOMEST RESON RESONS				
STATE FORM	with Service Regulation		1000 Y	IBNR22 CANSTI	Manufactuation sheet 2 or 8				

- Lamesia Niangua - Director 10/6/16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
HAL031006		HAL031006	B. WING		09/08/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, 5	STATE, ZIP CODE		
			ER STREET			
WINDHAI			/ILLE, NC 2		This care	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REPERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE PRIATE DATE	
{C 148}	Continued From pa	ige 2	(C 148)	asstibued From par	م ب ا	
		Bedrooms 20 - the handrail r not support a 250 pound		37 AND 38; AND BEDROOM 20. TH	HS WHS	
(C 164)	Housekeeping and	Furnishings-Clean, Repaired	{C 164}	completed on -	118/14	
	FURNISHINGS (a) Adult care home (1) have walls, cell coverings kept cles (2) have no chroni (3) have furniture of (e) This Rule shall facilities. This Rule is not m 1. Based on Obset keep walls, ceilings furniture clean and Followup Findings a. Throughout the	es shall: lings, and floors or floor an and in good repair; ic unpleasant odors; clean and in good repair; i apply to new and existing let as evidenced by; ervation, the facility failed to a, floors or floor coverings and		IN REFERENCE TO BUILDING HOUSE HEEPING THROUGHOUT THROUGHOUT TO BUILDING HOUSENAN	O SECTION PIANT USDG HE SCHEEPING	
	cove base and doo	or frames.	10. 1000	CLEANSED DIRT AC	azenthuma	
(C 189)	Building Equipmen	t Maintained Safe, Operating	{C 189}	MEXT TO THE CO	ME Brose	
Theiring of the	10A NCAC 13F .03 REQUIREMENTS (a) The building ar mechanical, and pl care home shall be operating condition	nd all fire safety, electrical, lumbing equipment in an adult s maintained in a safe and n. I apply to new and existing		HALLWAYS; CORRUD	xe; AND Seplaces	
STATE FOR			0.000	YBNR22	If continuation sheet 3 of 6	

Jamesia Niemque Director 10/6/16

Division of	of Health Service Re	egulation	(Va) MI II TIDI	E CONSTRUCTION	(X3) DATÉ SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		A BUILDING		R	
		HAL031006	n. WING		09/08/2016
			DOES CITY	STATE, ZIP CODE	
NAME OF P	ROVIDER OR SUPPLIER		ER STREE		
WINDHAI	M HALL		/ILLE, NG 2		
444.15	SUMMARY ST	STEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TIÓN (XII)
(X4) ID PRÉFIX TAG	MARCH DECICIENCE	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	Company of the compan
(C 189)	Continued From pa	age 3	(C 189)	COUNTINUED FROM	page 31
,		xception of Paragraph (e)			
	which shall not app	bly to existing facilities.		ENTRYWAY. ME	56 SEE
	This Bule is not m	net as evidenced by:		ELTRYWAY. PLES ATTACHED BIII.	THUS WAS
	Based on obse	ervations, the fire safety was		AN ASTER AN	9/31/16.
	not maintained in	a safe and operating condition.		Completed CN	
	Followup Findings	on September 8, 2016 include:		DIRECTOR; HOW	eekeebira!
	a. Attic Left Firev	vall - there was a gap around a as it penetrate the		AND MAINTENANCE	ني سخرا/
	fire-resistance-rate	ed firewall, allowing the spread		CONTINUE TO MON	STOR FOR
	of fire and smoke j. Housekeeping	near Bedroom 26 - without		Compliance.	
	applying extra fore	e, the corridor door hits its it from closing thus latching,		1	
Į	which allows the passage of smoke.			IN REFERENCE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	cable and holes n	om - there were gaps around a ot firestop as they penetrate the	,	SECTION.0300-T	wholony
	fire-resistance-rat the spread of fire	ed ceiling assembly, allowing		PLANT IDA NOAC	135.0311
JC 100	Exhaust Ventilation		(C 199)	OTHER REQUIREM	1672.20 ·
[4, 1,22	,	PHYSICAL PLANT		Dr. Attic LEFT F	TREWAN -
	10A NCAC 13F .0	311 OTHER		Open Repaired by	MAINTENIANCE
1	REQUIREMENTS	sted in this Paragraph shall be		Olah Kehaken	1 11 11 11 11 11 11 11
	provided with exh	aust ventilation at the rate of	1	PERSON 9/9/16.	
	two aubic feet per	minute per square foot. This		Para de Basi	2 Render
ì		not apply to facilities licensed 84, with natural ventilation in	1	3' COKTOGOR DOO	ic intraces
	these specified sp	paces:		Dy MAINTENANCE	PERSON 9/9/16
	(1) soiled linen si (2) soil utility root			TO TOPHICAST Andus	EXTRA
1	(3) bathrooms ar	nd toilet rooms;		TO PREJUDIT APPLY FORCE TO CLOSE.	lead - when
	(4) housekeeping (5) laundry area			FORCE TO CLOSE.	Dook Glook
				FREELU WITHOUT F	617CE-
Division of STATE FOR	Risalth Service Regulation	on .	0000	YBNR22 (LC+ST)	First Day Spent 4 of

Danesia Niemque Director 10/6/16

Division of Health Service Regulation				(X2) MULTIPLE CONSTRUCTION (X3) D						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/MOTIFICES				COMPLETED						
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILDING: 0	1	R						
				09/08/2016						
		HAL031006	B. WING		OBIGUIZATA					
	THESE T ADDRESS CITY STATE ZIP GODE									
NAME OF F	ROVIDER OR SUPPLIER		ER STREET		İ					
WINDHA	MHALI	KIINANS\	/ILLI, NG 28349							
WINLINA			Q!	CHOMPLED'S DIAN OF CORRECT	ON (X5) O DE COMPLETE					
(X4) ID PREFIX TAG	Annual Street Control of the Control	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION BHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)						
{C 199}			(C 199)	CONSTINUED FROM PI	4° 4.					
	facilities with the 6	i apply to new and existing xception of Paragraph (e) ply to existing facilities.		22. MANTENANCE PO						
	This Rule is not n	net as evidenced by:		Fire-сторрый дарь А	semes)					
	 Based on Obt pisetic sheet, the 	servation and testing with a thin facility failed to maintain the in proper working order.		calde and holes To	prevent					
		on September 8, 2016 include	1	THE SPREAD OF FI THIS WAS COMPLETE	ice; sinone,					
				IHIS MAS COMPIESE	as are theles.					
 Lady's Bathroom near Bedroom 22 - the lo exhaust ventilation system was running, but did 			IN REFERENCE TO	SECTION						
	not remove the re	quired air to dissipate the odors		. 0300 Physical T						
				13F,031/ OTHER Y	Kegwremenis.					
				NEW EXHAUST VEN						
				System was OFTE	BED MAD					
				INSTAULED BY MAI	NTENANCE:					
				PERSON ON 9/19	nautznianice					
				PERSON; AND STAF	T WITH					
				CONTINUE 10 HIBE	ı					
				DM A MENSIME	SSURANCE					
				MAINSTAUN QUALITY A AND ENGUISE C	Charles and Comment					
1				WID EVENCE CO	zwhingage.					
Division 6	f Health Service Regula	ijan	0099	YBNR22	If continuation sheet 5 o					

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ļ	CUSTOM	ER ORDER NO.		SOLD BY		TERMS	714	f.O.B.		DATE	9-21-	16
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