

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2016
NAME OF PROVIDER OR SUPPLIER WOODLAWN HAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 301 CRAIG STREET MOUNT HOLLY, NC 28120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Complaint Survey by Dennis Harrell on 8-9-2016. The Complaint alleged that an automobile had crashed into the facility and caused substantial damage. Records indicate this facility was first licensed on 11-30-1989, for 80 beds. Based on the above information, the facility is required to meet the 1987 Homes for the Aged and Infirm Minimum Desired Standards and Regulations; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Revision 8, Section 409- Institutional Occupancy- Group 12. The Complaint was substantiated.	C 000	All construction on room and outside of building being completed by 9/15 (Emergency Restoration Services) 704 626-6800. They are getting County permits and doing all construction.	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on interview of staff, an automobile crashed into the right front side of the facility at about 8:00 PM on 8-6-2016. The room was unoccupied at the time and no one was hurt.	C 189	Lock placed on door of room that looks from outside of room.	

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

Bundy Wooten

TITLE

Manager

(X6) DATE

9/21/16

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C 189	Continued From page 1 Also based on interview, a County Building Inspector arrived at the facility the same day later in the evening and declared the adjacent bedrooms safe for residents. Based on observation, the automobile hit the facility under a window and penetrated into the building about 2 feet. One bedroom was severely damaged and not suitable for habitation until the repairs are completed. Damage included: a. The exterior brick veneer was destroyed under the window about 28 sq. feet. b. The window was damaged beyond repair. c. The interior wall around the window was destroyed from floor to ceiling about 12 feet wide. d. A 10 foot long hydronic baseboard heater under the window was damaged beyond repair. e. The piping to the hydronic heater had broken in the attic and had been temporarily plugged. f. The broken pipe in the attic had caused severe water damage to about 8 sq. feet of the ceiling. g. A section of ceiling, about 2 sq. feet, had been removed to allow plugging the broken pipe. h. Electrical conduits (2) had been bent and damaged. Note; the power was off to all circuits in the damaged area.	C 189	Outside of Building has been sealed DO nothing can get in from outside. air condition unit has been reinstalled	