AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED	
		B. WING		10/05/2017			
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, STATE, ZIP CODE				
IEADOV	VVIEW TERRACE OF	WADESBORO	BORO, NC 281				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
	Construction Section Frank Strickland or	on Biennial Survey report by 10/05/2017:					
	Sixty (60) residents we are requiring the Minimum and Desir for Homes for the A Rules for Adult care Beds and the 2002	at licensed on 02/05/2004 for b. Based on this information, at this facility to meet the 1996 red Standards and Regulations aged and Disabled; the 2005 be Home of Seven or More North Carolina State Building Institutional Occupancy-					
	Deficiencies have of is required.	tited and a Plan of Correction					
C 160	Outside Premises-	Clean, Safe	C 160				
	(1) The outside gro						
		et as evidenced by: ation, this facility has failed to systems and component in					
	Handler Units outsi	2017: s that are serving the Air de the Main Laundry have ation or no insulation at all.					
	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIG		TITLE		(X6) DATE	

Division	of Health Service Re	egulation	-			APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		10/	05/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MEADO	WVIEW TERRACE OF	WADESBORO	ON HIGH SCH ORO, NC 281			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETE
C 164	Continued From pa	ge 1	C 164			
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND				
		et as evidenced by: ation, this facility has failed to construction and finishes in				
	the are in disrepair: (a) The joint tape is cathedral ceiling in (b) There is a ceilin	tions have ceiling conditions failing at the ridge point of the				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		10/	05/2017
AME OF F	PROVIDER OR SUPPLIER	L	DDRESS, CITY, S	TATE, ZIP CODE		
	VVIEW TERRACE OF	123 ANS	ON HIGH SCH			
		WADESE WADESE	BORO, NC 281			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ge 2	C 189			
	This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the fire safety equipment in operating condition.					
	issues: (a) The pressure ga pressure on the acc sprinkler system.	2017: had the following operational auge indicated there was no celerator for the dry pipe fire e to the accelerator was also				
	maintained in a safe emergency lighting residents, staff and	ation, this facility has failed to e and operating condition the . This would affect all visitors if the egress pathways d during a power outage.	6			
		2017: Il light #5 that is located in the Illuminate when tested in the				
	provide fire protecti	ation, this facility has failed to on of electrical penetrations ed roof/ceiling assemblies in a				
		re attached to the ard in the Mechanical Room ed from the attic that are not				
C 199	Exhaust Ventilation		C 199			

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0		(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		10/	05/2017
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, SI	ATE, ZIP CODE	10/	00/2011
		123 ANS	ON HIGH SCH			
	WVIEW TERRACE OF	WADESBORO WADESI	BORO, NC 281	70		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 199	Continued From pa	ige 3	C 199			
	provided with exhau two cubic feet per m requirement does m before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1-Based on observa- provide an environr Rule by not providin generated. Findings on 10/05/2 The mechanical ex- interior air at the fol (a) Janitor's Closet/ (b) Kitchen/Chemic 2-Based on observa- maintained service air-distribution venta- Findings on 10/05/2 The return-air grille	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in rees: rage; toilet rooms; closets; and apply to new and existing reption of Paragraph (e) ly to existing facilities. et as evidenced by: ation, this facility has failed to ment in accordance with this ng ventilation where odors are 2017: haust fans are not exhausting lowing locations: '100 HALL al Storage Closet ation, this facility has failed to and cleaning of HVAC s. 2017: has excessive particulate the following locations: 'nooms				

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: 01		COMPLETED		
		HAL004003	B. WING		10/	05/2017
AME OF F	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
EADOV	VVIEW TERRACE OF	·WANESBORO	SON HIGH SCH			
		WADES	BORO, NC 281	70 PROVIDER'S PLAN OF	CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 199	Continued From pa	age 4	C 199			
	Laundry (Exterior w	vall)				