	of Health Service Re					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURV COMPLETED	
		HAL036006	B. WING		11/	09/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WOODLA	AWN HAVEN		IG STREET HOLLY, NC 2	8120		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of Construct by Dennis Harrell o	tion Section Biennial Survey n 11-9-2017.				
	11-30-1989, for 80 required to meet the and Infirm Minimum Regulations; the ap Rules for Adult Care Beds; and the 1978	is facility was first licensed on beds. Therefore, the facility is e 1987 Homes for the Aged n Desired Standards and oplicable portions of the 2005 e Homes of Seven or More b North Carolina State Building Section 409- Institutional 12.				
C 140	Linen Storage-Sepa	arate Clean & Soiled	C 140			
	Linen Storage-Separate Clean & Soiled SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room;					
		et as evidenced by: on, the door betwee the soiled laundry would not close				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil	06 HOUSEKEEPING AND				
	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIG	μ	TITLE		(X6) DATE

NFFQ21

Division	of Health Service Re	equiation			FURM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: (CONSTRUCTION 01		E SURVEY PLETED
		HAL036006	B. WING		11/09/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
WOODL	AWN HAVEN		IG STREET HOLLY, NC 28	3120		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLETE DATE
C 164	Continued From pa	ige 1	C 164			
	 (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 	ion, floor tiles were broken or				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	maintained in a safe handling portable m could affect all resid cylinders fall, break cylinder and turning Findings include: Several (15) portab	vation, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ing their valves, propelling the g it into a dangerous projectile. le medical oxygen cylinders oproved beverage crates in the				
	the shower wands i enough to reach the no vacuum breaker	vation, the hoses on both of in the Beauty Salon were long e sink basins and there were rs provided. Hoses on water g enough to reach the flood				

NFFQ21

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED	
	HAL036006				11/	09/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NOODL	AWN HAVEN		NG STREET HOLLY, NC 28	8120		
(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 AC' CROSS-REFERENCED TO DEFICIEN(TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
C 166	Continued From pa	age 2	C 166			
	siphoning contamin	esent the possibility of nated water into the water nouum breaker is installed.				
	extension cord was permanent wiring ir	vation, a lamp cord type being used in place of the employee break room. e intended for temporary use				
	was not maintained Finding includes; There was a small path of egress just	vation, an exterior exit path I free of obstructions. concrete statue directly in the outside the exit door from the statue posed a trip hazard				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintained in a saf doors that were diff do not open freely o evacuation in an er Findings include;	vation, the facility was not e condition because of exit ficult to open. Exit doors that could delay or prevent an				

NFFQ21

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (MULTIPLE CONSTRUCTION JILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL036006	B. WING		11/	09/2017	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•		
VOODLA	WN HAVEN						
			HOLLY, NC 28		00005071011		
(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 AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
C 189	Continued From pa	ge 3	C 189				
	was difficult to oper b. The exit door ne open.	n. ear the laundry was difficult to					
	are prevented from resist the passage doors that do not cl present the possibil one space can quic the remainder of the Findings include; a. One of the fire d latch when closed to b. One of the smoot failed to close comp fire alarm system. c. The door to the when closed. d. The door from the would not latch when e. The door to the not latch when close f. The door to room closed.	oors near room B2 failed to by the fire alarm system. the barrier doors near room B5 bletely when activated by the living room would not latch the kitchen to the dining room en closed. employee break room would					
	close completely. j. There is a gap of double doors to the k. The latch strike	rs to the dining room will not about 1/2 inch between the dining room. was missing on the door to the					
	employee break roo m. The closer was rated door to the lain. The door to room	broken on the 3/4 hour fire					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01			
		HAL036006	B. WING		11/	09/2017
IAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
VOODL	AWN HAVEN			2400		
			IOLLY, NC 28	PROVIDER'S PLAN OF	CORRECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 189	Continued From pa	ge 4	C 189			
	 at the latchset. p. There is a hole to the latchset. q. There is a hole to the latchset. r. There is a hole to the latchset. s. There is a hole to the doors sagged and would to the several locations are not sealed with one-hour fire rated walls and/in several locations are not sealed with one-hour fire rated to the several locations are not sealed with one-hour fire rated to the several locations are not sealed with one-hour fire rated to the several locations are not sealed with one-hour fire rated to the several locations are not sealed with one-hour fire rated to the several locations are not sealed with one-hour fire rated to the several locations are not sealed with one-hour fire rated to the several locations are not sealed with one-hour fire rated to the several locations are not sealed with one-hour fire rated to the several locations are not sealed with one-hour fire rated to the storage room of the storage room of the storage room of down from the ceilin Hall. 4. Based on observation of the several location of the storage room of the storage	hrough the door to room A20 hrough the door to room B7 at hrough the door to room B8 at through the door to room B12 hrough the door to room A4 latchset had been removed. The activity room was not close and latch. Wation the required one-hour for ceilings were compromised . Holes and penetrations that materials approved for use in construction present the that begins in one space can ther areas of the facility. ing of the activity storage ing of the boiler room, f the ceiling, about 8 feet by 8 pwn from the ceiling joists in n B Hall. unted light fixture had fallen ng in the storage room on B				
	door provided for the detector in the boile cleaning. Sampling inspected and clear	to the duct mounted smoke or room for maintenance and tubes that are not periodically ned can endanger all residents he duct detector may fail to				

PRINTED: 12/08/2017 FORM APPROVED

			CONSTRUCTION	(V2) DAT	
T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL036006	B. WING		11/	09/2017
PROVIDER OR SUPPLIER			IATE, ZIP CODE		
WN HAVEN			3120		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLET DATE
Continued From pa	ge 5	C 189			
operate properly.					
	OF CORRECTION PROVIDER OR SUPPLIER AWN HAVEN SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa	OF CORRECTION IDENTIFICATION NUMBER: HAL036006 PROVIDER OR SUPPLIER STREET A WIN HAVEN 301 CR/ MOUNT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C HAL036006 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST AWN HAVEN 301 CRAIG STREET MOUNT HOLLY, NC 28 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 5 C 189	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 HAL036006 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WN HAVEN 301 CRAIG STREET MOUNT HOLLY, NC 28120 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCY Continued From page 5 C 189	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMING HAL036006 B. WING 11/0 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WNN HAVEN 301 CRAIG STREET MOUNT HOLLY, NC 28120 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) Continued From page 5 C 189