

PRINTED: 12/08/2017
FORM APPROVED

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 11/09/2017
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 Construction Section Biennial Survey by Dennis Harrell on 11-9-2017. Records indicate this facility was first licensed on 11-30-1989, for 80 beds. Therefore, 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 I2.	C 000			
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; This Rule is not met as evidenced by: Based on observation, the door between the soiled linen room and the laundry would not close completely.	C 140		Door between Linen Room and laundry has been shaved down. So how will close.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor	C 164			

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

TITLE

(X6) DATE

STATE FORM

NPF021

If continuation sheet 1 of 6

PRINTED: 12/08/2017
FORM APPROVED

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 11/09/2017
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 164	Continued From page 1 coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (a) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, floor tiles were broken or missing in the dining room.	C 164	All loose or broken tiles in dining room have been replaced with new tiles. Staff to replace any as soon as they become loose or cracked.	11/25/17	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several (15) portable medical oxygen cylinders were stored in unapproved beverage crates in the oxygen storage room. 2. Based on observation, the hoses on both of the shower wands in the Beauty Salon were long enough to reach the sink basins and there were no vacuum breakers provided. Hoses on water fixtures that are long enough to reach the flood	C 166	Unapproved containers holding O2 tanks moved and picked up by provider. DOPC to check O2 room weekly to make sure clean and approved crates only	11/10/17	

PRINTED: 12/08/2017
FORM APPROVED

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 11/09/2017
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 185	Continued From page 2 rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 3. Based on observation, a lamp cord type extension cord was being used in place of permanent wiring in the employee break room. Extension cords are intended for temporary use only. 4. Based on observation, an exterior exit path was not maintained free of obstructions. Finding includes: There was a small concrete statue directly in the path of egress just outside the exit door from the dining room. The statue posed a trip hazard	C 185	Vacuum breaker to be placed on both sinks. Lamp cord ext cord removed from break room. Housekeeping 11/10/17 to keep van area make sure no ext cords in use.		
C 188	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: 1. Based on observation, the facility was not maintained in a safe condition because of exit doors that were difficult to open. Exit doors that do not open freely could delay or prevent an evacuation in an emergency. Findings include: a. The exterior exit door from the dining room	C 189	Metal piece on bottom of door fixed. Now door closes properly 11/12/17		

PRINTED: 12/08/2017
FORM APPROVED

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 11/09/2017
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 189	Continued From page 3 was difficult to open. b. The exit door near the laundry was difficult to open. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. One of the fire doors near room B2 failed to latch when closed by the fire alarm system. b. One of the smoke barrier doors near room B5 failed to close completely when activated by the fire alarm system. c. The door to the living room would not latch when closed. d. The door from the kitchen to the dining room would not latch when closed. e. The door to the employee break room would not latch when closed. f. The door to room AB would not latch when closed. g. The door to room B5 would not latch when closed. h. i. The double doors to the dining room will not close completely. j. There is a gap of about 1/2 inch between the double doors to the dining room. k. The latch strike was missing on the door to the phone room. l. The latch strike was missing on the door to the employee break room. m. The closer was broken on the 3/4 hour fire rated door to the laundry. n. The door to room B13 does not close properly to be resistant to the passage of smoke because	C 189	plate at bottom of laundry door fixed. 11/27/17 Door easier to open Fire door latch greased and replaced screw in top to help w/ latching. Doors losing new between B2 and B5. Living room, kitchen employee break room doors all corrected and are closing and latching 11/24/17 Housekeeping to keep check on all doors Latch strike replaced on phone room, break room. Closer replaced on laundry door 11/21/17 - Stragal being placed on double doors to dining room. 12/27/17		

PRINTED: 12/08/2017
FORM APPROVED

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 11/09/2017
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 189	Continued From page 4 the strike was installed wrong. p. There is a hole through the door to room A20 at the latchset. p. There is a hole through the door to room B7 at the latchset. q. There is a hole through the door to room B8 at the latchset. r. There is a hole through the door to room B12 at the latchset. s. There is a hole through the door to room A4 where a secondary latchset had been removed. t. There is a hole through the door to room B2 where a secondary latchset had been removed. u. One of the doors to the activity room was sagged and would not close and latch. 3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Crack in the ceiling of the activity storage room. b. Holes in the ceiling of the boiler room. c. A large portion of the ceiling, about 8 feet by 8 feet, had sagged down from the ceiling joists in the storage room on B Hall. d. The surface mounted light fixture had fallen down from the ceiling in the storage room on B Hall. 4. Based on observation, there was no access door provided for the duct mounted smoke detector in the boiler room for maintenance and cleaning. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to	C 189	B13 Strike reinstalled properly. Door closing 12/21/17 now B7, B8, B12 A4, B2 metal plate placed on all those doors 11/27/17 to cover holes. Hinges replaced on activity door and door now closing. 11/27/17 Holes in boiler room caulked and filled in 11/27/17 Storage room B Hall placed bolts in area where sagging using jack and a stud finder. Light bolted back to ceiling 11/27/17 Crack repaired in activity storage 12/21/17		

PRINTED: 12/08/2017
FORM APPROVED

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 11/09/2017
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 189	Continued From page 5 operate properly.	C 189	Filter already in place in boiler room. Housekeeping changes filters and keeps check on these. 11/10/17		