Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
	HAL036006	B. WING		R 01/1 1	1/2018		
PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, §	STATE, ZIP CODE				
WOODI AWN HAVEN			28120				
SI IMMARY STA				ON	(VE)		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE		
Initial Comments		{C 000}					
Some deficiencies vaction is required.	were not corrected. Further						
Housekeeping-Mair	ntained Free of Hazards	{C 166}					
10A NCAC 13F .030 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND es shall: n an uncluttered, clean and e of all obstructions and						
1. Based on observe maintained in a safe handling portable mecould affect all reside cylinders fall, break cylinder and turning Finding on 1-11-201 Reviewing findings revealed that on 11/2 medical oxygen cylinder oxygen cylinapproved bevera storage room. Direct revealed that approprovided, however 3 rack.	vation, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ing their valves, propelling the pit into a dangerous projectile. 18; from the previous survey /09/2017 several (15) portable inders were stored in ge crates in the oxygen of observation on 01/11/2018 oved storage racks had been 3 cylinders were stored in no						
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Initial Comments Report of Biennial F by Dennis Harrell or Some deficiencies v action is required. Housekeeping-Mair SECTION .0300 - F 10A NCAC 13F .030 FURNISHINGS (a) Adult care home (5) be maintained is orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on observ maintained in a safe handling portable m could affect all resic cylinders fall, break cylinder and turning Finding on 1-11-201 Reviewing findings revealed that on 11/ medical oxygen cyli unapproved bevera storage room. Direct revealed that appro provided, however 3 rack.	TOF DEFICIENCIES OF CORRECTION HALO36006	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER SUPPLIER CANDING: HALO36006 B. WING B. WING STREET ADDRESS, CITY, S. 301 CRAIG STREET MOUNT HOLLY, NC 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Report of Biennial Follow Up Construction Survey by Dennis Harrell on 1-11-2018. Some deficiencies were not corrected. Further action is required. 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 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. Finding on 1-11-2018; Reviewing findings from the previous survey revealed that on 11/09/2017 several (15) portable medical oxygen cylinders were stored in unapproved beverage crates in the oxygen storage room. Direct observation on 01/11/2018 revealed that approved storage racks had been provided, however 3 cylinders were stored in no	IT OF DEFICIENCIES OF CORRECTION NA DUILDING: 01	TOF DEPICIENCIES OF CORRECTION (X1) PROVIDER STREET ADDRESS, CITY, STATE, ZIP CODE 301 CRAIG STREET MOUNT HOLLY, NC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Regulatory by Dennis Harrell on 1-11-2018. Some deficiencies were not corrected. Further action is required. 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. Finding on 1-11-2018; Reviewing findings from the previous survey revealed that on 11/09/2017 several (15) portable medical oxygen cylinders were stored in unapproved beverage crates in the oxygen storage room. Direct observation on 01/11/2018 revealed that approved storage racks had been provided, however 3 cylinders were stored in no rack.		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

> (X6) DATE TITLE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
HAL036006		B. WING		R 01/11/2018				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
WOODL	NA/ALLIAN/EAL	301 CRAI	G STREET					
WOODLA	AWN HAVEN	MOUNT H	OLLY, 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE		
{C 166}	Continued From pa	ge 1	{C 166}					
	fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.							
{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 d all fire safety, electrical, umbing equipment in an adult maintained in a safe and						
	are prevented from resist the passage of doors that do not of present the possibility one space can quiet the remainder of the Findings on 11-9-20 a. One of the fire doubted by the control of the smooth of the sm	vation, many corridor doors closing quickly and latching to of fire and smoke. Corridor ose completely and latch lity that a fire that begins in kly spread to the corridor and e facility. 217 and 1-11-2018; oors near room B2 failed to by the fire alarm system. We barrier doors near room B5 activated by the fire alarm he kitchen to the dining room en closed. The about 1/2 inch between the						

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If continuation sheet 2 of 4 NFFQ22

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			B. WING			R	
		HAL036006	B. WING		01/1	1/2018	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
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{C 189}	Continued From pa	ge 2	{C 189}				
	m. The closer was rated door to the land n. The door to room properly to be resisted. 3. Based on observing rated walls and in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings on 11-9-20 a. Crack in the ceil room, b. Holes in the ceiling. A large portion of	broken on the 3/4 hour fire undry. In B5 does not fit the opening tant to the passage of smoke. In a same to the passage					
	door provided for the detector in the boiled cleaning. Sampling inspected and clear and staff because the operate properly. New Findings on 1-5. Based on observare in use in the board for the duct mounter smaller unit was verare not periodically endanger all resides.	vation, both air handling units iler room. The sampling tube ed smoke detector in the ry dirty. Sampling tubes that inspected and cleaned can nts and staff because the duct					
	from recent frozen	vation, ceilings were damaged pipes that burst . Damaged possibility that a fire that					

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		HAL036006	B. WING		F 04/4		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	01/1	1/2018	
WOODL	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 301 CRAIG STREET MOUNT HOLLY, NC 28120						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 189}	begins in one space areas of the facility. Findings on 1-11-20	e can quickly spread to other	{C 189}				

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