PRINTED: 01/31/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: 01 B. WING	R 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	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 Biennial Follow Up Construction Survey by Dennis Harrell on 1-11-2018. Some deficiencies were not corrected. Further action is required.	(C 000)	B5- door being rehung/reset to close properly	3/1/18 3/15/18
(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. 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. 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	(C 166)	all cylinders in containers and monitored by DOPC vacuum breakers installed to sinks in	2/15/18 3/1/18

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(C 166)	Continued From page 1 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 166)	beauty shop. Dap to be repaired on double doors into dining room	3/1/18 ~~3/15/18~~
(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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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 on 11-9-2017 and 1-11-2018; 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 latch when activated by the fire alarm system. d. The door from the kitchen to the dining room would not latch when closed. g. The door to room B6 would not latch when closed. j. There is a gap of about 1/2 inch between the double doors to the dining room.	(C 189)	fire doors near B2 + B5 being corrected. B2 repaired and oiled to latch B5 ~~mechanism~~ to be replaced. kitchen door latch repair so door will close B5 - lowered latch so now latches when closed.	3/1/18 3/15/18 3/1/18 ~~3/15/18~~ 2/15/18

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(C 189)	Continued From page 2 m. The closer was broken on the 3/4 hour fire rated door to the laundry. n. The door to room B5 does not fit the opening properly to be resistant to the passage of smoke. 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 on 11-9-2017 and 1-11-2018: 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. 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 operate properly. New Findings on 1-11-2018; 5. Based on observation, both air handling units are in use in the boiler room. The sampling tube for the duct mounted smoke detector in the smaller unit was very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. 6. Based on observation, ceilings were damaged from recent frozen pipes that burst . Damaged ceilings present the possibility that a fire that	(C 189)	New closer added to door. And piece added to back of door so would stop and not allow back door to make closure. 2/15/18 B5 - Activity storage room added board and vented. attached drywall to ceiling. 2/15/18 Boiler room holes filled in all areas B Hall storage ceiling knock and holes to ceiling.	

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(C 189)	Continued From page 3 begins in one space can quickly spread to other areas of the facility. Findings on 1-11-2018: Ceiling damaged in rooms A2, A18, A19, and A20.	(C 189)	All Ceilings in A2, A18, A19 & A20 repaired and painted * We had to start over with a diff person to fix the fire doors. Last group person ended up in hospital unable to to job- however are using Carolina door works. That is why it have asked till 3/15/18 for all to be completed for them to get job done.	2/15/18