

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/08/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODLAWN HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 CRAIG STREET</b> <b>MOUNT HOLLY, NC 28120</b>
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(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 3-8-2018.  Some deficiencies were not corrected. Further action is required.	{C 000}		
{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 (e) 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. Finding on 3-8-2018; j. There is a gap of about 1/2 inch between the double doors to the dining room. Note; Combustible weather stripping, of aluminum with a brush bristle edge had been installed on both dining room doors in an attempt to seal the gap between the doors. Combustible weather stripping is not an effective and approvable means to make doors resistant to the passage of smoke and fire in a facility that is not sprinkler protected.	{C 189}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 189}	<p>Continued From page 1</p> <p>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. 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. Finding on 3-8-2018; There was no key available onsite to allow entry into the storage room to determine if the deficiency had been corrected. Keys must be maintained onsite at all times to all spaces</p> <p>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. Finding on 3-8-2018; A door had been provided for the duct mounted smoke detector in the boiler room. However, the sampling tube for the smoke detector was completely clogged with dirt so the detector could not sample the flow of air.</p> <p>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. Finding on 3-8-2018; The sampling tube had not been cleaned.</p>	{C 189}		

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