		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: C	CONSTRUCTION	(X3) DATE SURVE COMPLETED	
	HAL036006		B. WING		01/16/2020	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	1 1	
NOODL	AWN HAVEN		IG STREET HOLLY, NC 28	3120		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		uction Section Biennial Survey ennis Harrell, conducted on				
	11-30-1989, for 80 l 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 plicable portions of the 2005 e Homes of Seven or More North Carolina State Building Section 409- Institutional 12.				
	Deficiencies were c Correction.	ited that require a Plan of				
C 101	Existing Licensed F	ac- No less than '71 Rules	C 101			
	PHYSICAL PLANT The physical plant r care home shall be (2) Except where of licensed facilities or facilities shall meet requirements in effective change in service of renovation, or alterative the requirements for no addition or renovative than those requirements must be required by than those requirements Regulations" for "He	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shal or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm" available at the Division of				

Division of Health Service Rec	rulation			FORMA	APPROVED
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01	(X3) DATE S COMPL	
	HAL036006	B. WING		01/1	6/2020
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WOODLAWN HAVEN		G STREET IOLLY, NC 2	8120		
PRÉFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
 meet the NC State B time of construction of Findings on January a. Phone Room - th corridor because the removed, leaving a h tight wall. This space requirements which p corridor. Specifically, with adequate smoke b. Housekeeping - room is not tied into c. Employee Break smoke detector in th fire alarm system. d. A Hall Storage n detection in this room system. e. A Hall Storage n detection in this room system. f. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. g. B Hall Storage n detection in this room system. 	as evidenced by: vation, the facility failed to building Code in effect at the or alterations. 16, 2020: his space is open to the thru wall aquarium is hole in what was a smoke e does not meet all the permits it to be open to the the space is not equipped e detection. the smoke detector in this the fire alarm system. Room Half Bathroom - the is room is not tied into the ear A5 - there is no smoke in tied into the fire alarm ear A6 - there is no smoke in tied into the fire alarm ear B6 - there is no smoke in tied into the fire alarm vation, the Building does not rements in effect at the time alteration, by not providing exit access doors with exit ect residents, staff, and ing egress directions for a f the building.	C 101			

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0			PLETED
HAL036006		B. WING	B. WING		16/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	AWN HAVEN		IG STREET			
		MOUNT	HOLLY, NC 28	120		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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) COMPLET DATE
C 164	Continued From pa	ge 2	C 164			
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair;				
	good repair. Findings on Januar a. Beauty Shop - f radiation damper ha of dust/lint. b. A Hall Activities radiation damper ha of dust/lint. c. Service Hall Big system with its radia excessive accumula d. Service Hall Big ventilation system is e. Service Hall Big furnaces have their with cardboard. Ens	rvation, the building s are not kept clean and in y 16, 2020: the ventilation system with its as an excessive accumulation - the HVAC return with its as an excessive accumulation g Laundry - the ventilation ation damper has an				
		ervation, the facility failed to em devices clean and in good y 16, 2020:	1			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1		E SURVEY PLETED
	HAL036006		B. WING		01/	16/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
NOODL	AWN HAVEN					
			HOLLY, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 164	Continued From pa	ge 3	C 164			
	is in direct contact v device. This allows drainage system to machine. b. Kitchen- A plum leaving an open dra solution as sewer g into the Building.					
C 166	a. B Hall Bathroor the shower at and b	n - there are several holes in	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND				
	maintained free of h cylinders fall, break cylinder, and turning Findings on Januar a. A Hall Storage portable oxygen cyl	ervation, the Building was not nazards, if compress gas ing their valves, propelling the g it into a dangerous projectile. y 16, 2020: near Staff Station - three inders are standing up on the secured in racks, stands or				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
	HAL036006		B. WING		01/16/2020	
NAME OF	PROVIDER OR SUPPLIER	L	DDRESS, CITY, S	TATE, ZIP CODE		10/2020
			IG STREET			
WOODL	AWN HAVEN	MOUNT	HOLLY, NC 28	3120		
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
C 166	Continued From pa	ige 4	C 166			
	portable oxygen cyl floor in a plastic bev secured in racks, si structure. c. A Hall Bedroom cylinders are standi	near Staff Station - eight linders are standing up on the verage crate not physically tands or chained to the n A9 - two portable oxygen ing up on the floor not in racks, stands or chained to				
C 189		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 Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	safety was not mair condition. This coul not contained in roc Findings on Januar a. Manager's Offic firestopped as they fire-resistance-rate b. Kitchen - there	rvations, the Building fire ntained in a safe and operating ld expose all to fire/smoke if om of origin. y 16, 2020: ce - there are two cables not penetrate the d ceiling assembly. are several commercial	3			
	firestopped as they fire-resistance-rate	d ceiling assembly. Ik Room - there are cables not	:			

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SUF COMPLET	
	HAL036006		B. WING		01/16/2020	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			10/2020
NOODLA	AWN HAVEN		HOLLY, NC 28	120		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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) COMPLE DATE
C 189	Continued From pa	age 5	C 189			
	fire-resistance-rated ceiling assembly. d. Service Hall Laundry - there is a flexible conduit and a wire bundle not firestopped as they penetrate the fire-resistance-rated wall assembly. e. Exterior Mechanical Room - the fire-resistance-rated ceiling near an abandoned pipe hanger is damage and is not firestopped. f. A Hall Housekeeping & Housekeeping Office - fire-resistance-rated wall assembly is damage at its base.					
	maintain the electri operating condition Findings on Januar a. Front Porch - t circuit-interrupter (receptacle does not therefore it cannot b. Executive Dire is laying on the floo cords, especially of cannot substitute for c. Executive Dire secured to the wall d. Lobby across f system junction bo cover plate. e. Exterior near E electrical conduits from the wall. f. Exterior Mecha junction boxes with do not have covers	ry 16, 2020: he ground-fault GFCI) electrical power ot have electrical power, be tested for ground fault. ctor - a two wire extension core or in this room. Extension nes without a ground wire, or permanent wiring. ctor - a data junction box is nor l. from Staff Station - a fire alarm x with wires does not have a Boiler - there are 2 3-inch that have become unattached anical Room - there are two n energized components that Soiler - the exterior light fixture	t			
		ervation, the smoke tight naintained in a safe and n.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION D1		E SURVEY PLETED
	HAL036006		B. WING		01/	16/2020
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		10/2020
	AWN HAVEN		IG STREET			
			HOLLY, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 6	C 189			
	 latch into its frame b. Phone Room - leaving a hole in wh c. A Hall Activities not cover the comp door handle. d. A Hall Bedroom not latch into its fra e. B Hall Activity - strike plate; therefor its frame to be smoore before Construction 	the corridor door does not when closed. the aquarium has been nat was a smoke tight wall. s - the new door handle does lete hole from the previous n A4 - the corridor door does me when closed. the corridor is missing its ore, the door cannot latch into oke tight. Deficiency corrected in Surveyors departed site.				
	maintained in a saf because the corride passage of smoke. positively/automatic under normal closin residents, staff, and latch to contain sm Findings on Januar a. B Hall Bath, the and will not close w force.	e corridor door hits the floor /hen using normal closing e corridor door is not equipped				
	maintained in a saf some building com originally intended. Findings on Januar a. Many Shared T the shared toilet roo are installed backw	oilet Rooms - both doors to oms have door handles that ards. These backward door eone to be locked in the room				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NOMBER.	a. Building: ()1		
		HAL036006	B. WING		01/	16/2020
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
NOODL	AWN HAVEN		IG STREET HOLLY, NC 28	3120		
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ge 7	C 189			
	maintained in a safi Doors are blocked unapproved device the facility could be closed or closed ra the door to limit the the area of origin. Findings on Januar a. Director of Pers has a rock holding corrected before Co departed site. b. Director of Pers located within the c door open. Deficier Construction Surve c. Kitchen to Dinir has a bun pan rack Deficiency correcte Surveyors departed d. Service Hall Clo has a box of diaper Deficiency correcte Surveyors departed e. Service Hall Clo has a 20-gallon tras 7. Based on obse maintained in a safi because the comm suppression system maintenance, and c ensure a properly w affect residents, sta commercial kitchen fails to operate prop Findings on Januar	sonal Care - the corridor door the door open. Deficiency onstruction Surveyors sonal Care -a baby stroller is orridor door swing block the toy corrected before yors departed site. Ing Room back Door - the door holding the door open. d before Construction I site. ean Linen - the corridor door s holding the door open. d before Construction I site. ean Linen - the corridor door sh can holding the door open. rvation, the Building was not e and operating condition, ercial kitchen hood's fire in lacked the inspections, documentation required to yorking system. This could off, and visitors if the hood's suppression system perly when needed.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
	HAL036006		B. WING		01/	16/2020
NAME OF	PROVIDER OR SUPPLIER		L DRESS, CITY, SI	TATE, ZIP CODE		10/2020
NOODL	AWN HAVEN		G STREET			
			IOLLY, NC 28		000000000	
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ge 8	C 189			
	correctly aimed at t	n does not have a nozzle he deep fryer and the flat grille Deficiency corrected before yors departed site.				
	of storing material i maintained in a saf- condition for a non- storage could hinde effectively provide r to a fire. Findings on Januar a. A Hall Houseke - materials are bein the ceiling. b. A Hall Storage stored within 24-inc	epping & Housekeeping Office g stored within 24-inches of near A4 - materials are being thes of the ceiling. near B4 - materials are being				
C 199	provided with exhau two cubic feet per r requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room (3) bathrooms and (4) housekeeping o (5) laundry area. (k) This Rule shall	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This tot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;	C 199			

STATE FORM

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: ((X3) DATE COM	E SURVEY PLETED
HAL036006		B. WING		01/	16/2020	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST NG STREET	TATE, ZIP CODE		
NOODLA	AWN HAVEN		HOLLY, NC 28	3120		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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) COMPLET DATE
C 199	Continued From pa	age 9	C 199			
	which shall not app	ly to existing facilities.				
	plastic sheet, the fa ventilation system i mechanically exhau Findings on Januar a. Employee Brea required exhaust ve working. b. A Hall Soiled U ventilation system i	ervation and testing with a thin acility failed to maintain the n rooms required to be usted. y 16, 2020: ak Room Half Bath - the entilation system is not tility - the required exhaust s not working. Itility - the required exhaust				
	ealth Service Regulation					