STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		(X3)	(X3) DATE SURVEY COMPLETED	
				A. BUILDING:	O1		R	
		HAL004003		B. WING			07/25/2023	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MEADO	WVIEW TERRACE OF	WADESBORO		ON HIGH SCI ORO, NC 28	HOOL ROAD 170			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIAT	(X5) COMPLETE DATE	
{C 000}	Initial Comments			{C 000}				
	Survey by Suzanna	al Follow Up Construction a Fay on July 25, 2023.	1					
		cies from the Biennial by that remain to be corre cy has been cited.	ected					
{C 111}	Must Have Current	San. & Fire Safety Repo	orts	{C 111}				
	CONSTRUCTION(f) The facility shall fire and building sa	02 DESIGN AND	hich					
	Review of record not have current sa	et as evidenced by: ds revealed that the facil anitation and fire and buil eports maintained in the heview.	ding					
		5, 2023: nspection was conducted t a copy of the report was						
{C 164}	Housekeeping and	Furnishings-Clean, Repa	aired	{C 164}				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic	306 HOUSEKEEPING						

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

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		07/2	₹ 25/2023
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		0.202
MEADO	WVIEW TERRACE OF	WADESBORO 123 ANSO	ON HIGH SCI	HOOL ROAD		
MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 164}	Continued From page 1		{C 164}			
	(e) This Rule shall facilities.	apply to new and existing				
	This Rule is not met as evidenced by: 1. Observations revealed that the furnishings were not kept in good repair.					
	Cardboard has bee the door can be rep	ken in one of the front doors. n placed over the door until paired. Interview with staff ass was ordered but there				
	New Deficiency:					
	3. Observations rekept in good repair.	vealed that the floors were not				
	appears to be buck lifting at the joints d Tape has been app as well as other local	, 2023: ab along the main corridor ling. The plank flooring is own the center of the corridor. lied at the cross corridor doors ations to prevent the residents the floor has raised.				
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		HAL004003	B. WING		07/2	₹ 2 5/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
MEADOV	MEADOWVIEW TERRACE OF WADESBORO 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 189}	Continued From page 2		{C 189}			
	which shall not app	ly to existing facilities.				
	maintain the buildin safe condition. Hole through fire resistar	et as evidenced by: vation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow pread beyond the area of				
	penetrations was fill yellow foam in the cacceptable material rated ceiling. d. Employee Loung bundle penetration equipment. The pe	ical Room - one of the led by stuffing a piece of opening. This is not an I for sealing the fire resistant ge - there is an unsealed cable in the ceiling over the data netrations has been sealed product that is not acceptable				
{C 199}	Exhaust Ventilation		{C 199}			
	provided with exhautwo cubic feet per n requirement does n	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed, with natural ventilation in ces: rage;				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		COMPLETED		
		B. WING		F		
	HAL004003	b. WING		07/2	5/2023	
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE			
MEADOWVIEW TERRACE OF WADESBORO 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170						
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
facilities with the e which shall not appropriate the which shall not appropriate the which shall not appropriate the dissipation of the prevents the dissipation of the which is the dissipation of the which is the dissipation of the which is the which	I apply to new and existing exception of Paragraph (e) oly to existing facilities. Let as evidenced by: evealed that the facility did not eventilation in specified spaces. allows for the build up humidity dew and slick areas and eation of odors.	{C 199}				

6899

Division of Health Service Regulation STATE FORM