

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL004003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  
**MEADOWVIEW TERRACE OF WADESBORO**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**123 ANSON HIGH SCHOOL ROAD  
WADESBORO, NC 28170**

(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	{C 000}		
	Report of a Biennial Follow Up Construction Survey by Suzanna Fay on July 25, 2023.		Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies; the Plan of Correction is prepared solely as a matter of compliance with State Law.	
	There are deficiencies from the Biennial Construction Survey that remain to be corrected and a new deficiency has been cited.			
{C 111}	Must Have Current San. & Fire Safety Reports	{C 111}		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.		Current sanitation and fire and building safety inspection reports will be maintained and available for review in ED office	7/26/23
	This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current sanitation and fire and building safety inspection reports maintained in the home and available for review.			
	Findings on July 25, 2023: d. A fire sprinkler inspection was conducted on August 4, 2022, but a copy of the report was not available.			A copy of the fire sprinkler inspection report will be made available for review in the ED office
{C 164}	Housekeeping and Furnishings-Clean, Repaired	{C 164}		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair;			

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

TITLE

(X6) DATE

*Betty Kester, Executive Director*

9-7-2023

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{C 164}	Continued From page 1  (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Observations revealed that the furnishings were not kept in good repair.  Findings on July 25, 2023: a. The glass is broken in one of the front doors. Cardboard has been placed over the door until the door can be repaired. Interview with staff revealed that the glass was ordered but there were delays in shipment.  New Deficiency:  3. Observations revealed that the floors were not kept in good repair.  Findings on July 25, 2023: a. The concrete slab along the main corridor appears to be buckling. The plank flooring is lifting at the joints down the center of the corridor. Tape has been applied at the cross corridor doors as well as other locations to prevent the residents from tripping where the floor has raised.	{C 164}	Glass installed	8/18/23
{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)	{C 189}	Floor repairs and new flooring by Shaw's Flooring to be put down estimated time frame for repairs October 19,2023.	10/19/23 estimated

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{C 189}	Continued From page 2  which shall not apply to existing facilities.  This Rule is not met as evidenced by: 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.  Findings on July 25, 2023: c. Exterior Mechanical Room - one of the penetrations was filled by stuffing a piece of yellow foam in the opening. This is not an acceptable material for sealing the fire resistant rated ceiling. d. Employee Lounge - there is an unsealed cable bundle penetration in the ceiling over the data equipment. The penetrations has been sealed with a yellow foam product that is not acceptable for sealing fire resistant rated ceilings.	{C 189}	All holes and gaps have been filled with fire resistant material for sealing in the Exterior Mechanical Room.  All holes and gaps have been filled with fire resistant material for sealing in the Employee Lounge.	7/26/23
{C 199}	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.	{C 199}		

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{C 199}	Continued From page 3  (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: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors.  Findings on July 25, 2023: b. Room 111 Bath - the radiation damper on the exhaust is closed.	{C 199}	Exhaust systems have been checked and repaired throughout facility.	7/26/23

*Betty Kester, Executive Director 9-7-2023*