

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL079-112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODLAND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1307 WOODLAND DRIVE REIDSVILLE, NC 27320</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on July 30, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility and its grounds were not maintained in a safe, attractive and orderly manner. The findings are:</p> <p>Observations on 7/30/24 at 3:59pm of the facility revealed: -The clients' back bathroom consisted of a ceramic tub and shower combination -The front rim of the bathtub had a chipped area about the size of 2 quarters and the ceramic flaked off upon touch -The interior bottom of the tub to about 1 inch in height around the tub was chipped</p> <p>Review on 7/30/24 of the facility's estimate printout, dated "July 2024", revealed: -"This is an estimate for a tub replacement in</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <p>resident's restroom area. The tub that is currently there has been painted several times and is still peeling and is a problem. Going to have to remove the defective tub, replace old plumbing, repair the tile and wall."</p> <p>-New tub installed-tub: \$900 and labor \$500, Bathtub replacement job supplies: \$45; New tub spout, drainage pee trap, need plumbing lines, water lines and valves: \$450; Removal and disposal of old tub: \$500; Reattach tile that is surrounding the tub: \$100."</p> <p>-Total: \$2495."</p> <p>Interview on 7/26/24 with staff #1 revealed: -Was aware of the repairs needed to the facility's "back bathroom." -3 of the current clients used the bathroom's tub -"It needs to be fixed."</p> <p>Interview on 7/30/24 with the Qualified Professional revealed: -The facility currently had someone repairing the back bathroom tub.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		