STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096008	A. BUILDING: **01** B. WING _____	**03/22/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODARD CARE	**2050 US 70 WEST HWY GOLDSBORO, NC 27534**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on March 22, 2018. Records indicate that this facility was first licensed on 07/01/1990 as a HA. The facility is currently licensed for 73 Beds including 30 bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 1987 Minimum Standards and Regulations for Homes for the Aged. The 1978 North Carolina State Building Code(s)- Institutional Occupancy and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, and interview with Staff in Charge, the facility, which is equipped with Special Locking (magnetic locks) on the exit doors, failed to meet the requirements as defined by the NC State Building Code, which permits the installation of Special Locking on exit doors of buildings that are protected throughout, by an approved supervised automatic fire detection system or an automatic sprinkler system. Findings on March 22, 2018: There is a sprinkler system installed in the facility, however a. Kitchen Water Heater Closet - there is no automatic fire sprinkler system in this room. b. Bathroom near Bedroom 24 - there is no automatic fire sprinkler system in this room. c. Bedroom 27 window-side Closet - the automatic fire sprinkler head for this room has been removed. 2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on March 22, 2018: a. Men's SCU - the exit doors have metal-keyed local on/off emergency release switch, but staff in the SCU unit did not carry keys to operate the emergency release. b. Both SCU's - the central on/off emergency release switch in each SCU had no identifying labels.	C 101		

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C 111	Must Have Current San. & Fire Safety Reports 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. This Rule is not met as evidenced by: 1. Based on record review, and interview with Manager the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on March 22, 2018: a. A current Building Sanitation Inspection Report was not available for review by the Surveyor.	C 111		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my	C 143		

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C 143	Continued From page 3 accidently use or come in contact with one of these hazardous substances. Findings on March 22, 2018: a. Bathroom near Bedroom 24 - the soap dispenser does not have a cover to prevent residents from gaining access to the liquid soap.	C 143		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not providing handrails in the corridor that could support 250 pounds. This deficiency affects residents, staff and visitors who use unstable handrails by not providing increase safety, stability/balance, and maneuverability provide by these devices. Findings on March 22, 2018: a. Corridor near Women Restroom - the handrail is loose because a bracket is missing a screw. b. Corridor near Bedroom 1 - the handrail is loose because a bracket is loose. c. Women SCU Corridor near Rec Room - the handrail is loose, and may not support a 250 pound concentrated load.	C 148		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT	C 150		

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C 150	Continued From page 4 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on March 22, 2018: a. Kitchen - the side exit is blocked with a chair positioned behind the door. b. Exit 7 near Bedroom 7 - the door would not open.	C 150		
C 164	Housekeeping and Furnishings-Clean, Repaired 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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on March 22, 2018: a. Bedroom 39 - the ceiling is stained/deformed from a past leak near the HVAC Grille. b. Bathroom near Bedroom 24 - the shower wall has missing tile base caps	C 164		

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C 164	Continued From page 5 2. Based on Observation, the facility failed to keep plumbing devices clean and in good repair. Findings on March 22, 2018: a. Bathroom near Bedroom 24 - the shower wand and hose is covered over with duct tape. b. Bathroom near Bedroom 24 - the soap dispenser does not have a cover.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff, and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on March 22, 2018: a. Bedroom 3 Bathroom - the connection of the commode to the floor is loose. 2. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on March 22, 2018: a. Oxygen Room - two portable medical oxygen cylinders are stored standing up, not secured.	C 166		

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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: 1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on March 22, 2018: a. Corridor near Bedroom 35 - the ceiling mounted exit sign, has no chevron directional indicators punch-outs removed, to direct you to the left and right. b. Kitchen - the combination exit sign/emergency light did not illuminate on backup power when tested. c. Corridor near Bedroom 4 - the self-contained emergency light did not illuminate on backup power when the test button is pushed. d. Corridor near Bedroom 4 - the exit sign did not illuminate on backup power when tested. e. Corridor near Bedroom 16 - the self-contained emergency light did not illuminate on backup power when the test button is pushed. f. Entrance to Women's SCU - there is only one exit sign visible on the AL side when you exit the bedrooms on this 45-feet long corridor when the cross-corridor doors are closed. g. Corridor between Bedroom 20 & 21 - the exit	C 189		

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C 189	Continued From page 7 sign, has no chevron directional indicators punch-outs removed, to direct you to the left. h. Exterior Emergency Light near Bedroom 25 - one of the head light was dangle from its base. 2. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on March 22, 2018: a. Oxygen Room - the fire alarm system's heat detector is dangling from the ceiling by its power/operational wires. b. Bedroom 24 - the fire alarm system's heat detector is dangling from the ceiling by its power/operational wires. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on March 22, 2018: a. Men's SCU, Nurse Station Mech Closet - there are holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Men's SCU, Dining - the two window-side closets have holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Boiler Room - there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. d. Boiler Room -there are perimeter gaps between the ceiling and walls not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and	C 189		

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C 189	Continued From page 8 operating condition. Findings on March 22, 2018: a. Men's SCU, Dining - the corridor door did not latch into its frame when closed. b. Panty - the door did not latch into its frame when closed. 5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room of origin. Findings on March 22, 2018: a. Bedroom 33 window-side Closet - the fire sprinkler is missing its top escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. Women SCU Rec Room Hall-side Closet - the fire sprinkler is missing its top escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat c. Bedroom 27 hall-side Closet - the fire sprinkler is missing its top escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat d. Bedroom 25 window-side Closet - the fire sprinkler is missing both escutcheon plates, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 6. Based on Observation, the doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on March 22, 2018: a. Kitchen - the door to Dining has a wedge	C 189		

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C 189	Continued From page 9 holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 7. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with storage. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on March 22, 2018: a. Storage on Short Corridor near Bedroom 7 - items are stored within 18 inches below the fire sprinkler head. b. Oxygen Room - items are stored within 18 inches below the fire sprinkler head. c. Women's SCU Office Closet - items are stored within 18 inches below the fire sprinkler head. 1. Based on observation, the facility failed to maintain operable windows for the residents' bedrooms. Findings on March 22, 2018: a. Bedrooms - the window's operable sash would not stay in the open position. In addition, the windows were coming out of their tracks when trying to opening then.	C 189		
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:	C 199		

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C 199	Continued From page 10 (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on March 22, 2018: a. Closet near Bedroom 28 (housekeeping) - the required exhaust ventilation system did not work, and there is a chemical odor. b. Laundry - the required exhaust ventilation system did not work, and there is a slight odor. c. Bedroom 3 - the required exhaust ventilation system did not work, and there is a slight odor. d. Bathroom near Bedroom 27 - the required exhaust ventilation system did not work, and there is odor and the grille is falling out of the ceiling.	C 199		