Woodard Care Inc.

2050 US 70 WEST HWY • Goldsboro, NC 27532 • 919.734.2889

April 16, 2018

North Carolina Department

Of Health and Human Services

Construction Section

Mr. Ed Miller

RE: Woodard Care Inc. – HA Biennial Survey

FID # 921366 – HAL096008

Dear Sir,

Please find with this letter, a copy of statement and dates associated with completed corrective actions taken to address items noted on statement of deficiencies, reported during our recent construction survey conducted March 22, 2018.

Our Quality Assurance and Facility Services have and continue to observe and note any deficiencies that require attention or repairs in a timely manner, to maintain safe and proper working conditions for all aspects of operations.

As a result of our recent survey and report, we will continue to be proactive in identifying any items needing to be scheduled for repair or service.

At this time, all items noted on report have been completed, with the exception of new sprinkler heads. These items have been ordered, and are scheduled/expected to be completed by May 4th, 2018. Please see the attached copy of statement for corrective actions taken and supporting documents.

Thank you again for your time and generosity extended during our facility inspection and we look forward to working towards maintaining a safe environment for our resident's, families and staff.

Respectfully Submitted,

Charles Woodard

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	Damaged Head taken clown to replace. Damaged Head taken clown to replace. Damaged Head taken clown to replace STAFF MEETING HELD TO SET POLICY ON CARRYING KEYS EMERGENCY Release Switch Labeled	Scheduled to be Completed before/ by 5/4 3/26 3/27

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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	INSPECTION REPORT HAD NOT YET BEEN EMAILED FROM INSPECTOR SEE ATTACHMENTS FOR REPORT COPY	3/26
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	SOAP DISPENSER REPLACED	3/28
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	Handrail REPAIRED Handrail REPAIRED Handrail REPAIRED	3/27 3/27 3/27
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	CHAIR REMOVED DOOR ADJUSTMENTS/ REPAIR	3/27 3/28
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	CEILING REPAIRED/PAINT TILE BASE CAP REPAIRED	3/28 3/28

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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	NEW SHOWER WAND INSTALLED SOAP DISPENSER REPLACED	3/28 3/28
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	Toilet REPAIRED Oxygen Cylinders Secured IN STANDS	3/28 4/5

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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	Directional Inclicators removed (Punch outs) BATTERIES REPLACED BATTERIES REPLACED BATTERIES REPLACED BATTERIES REPLACED Double Sicled Emergency EXIT ADDED	3/27 3/27 3/27 3/27 3/27

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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	Directional Inclicators Removed (Punch-outs) Ext. Emergency Light Repaired Heat Detector Repaired Heat Detector Repaired Repairs made to Penetrations. Fire stopped Repairs made. Fire Stopped Repairs made to Penetrations Fire stopped Repairs made to Penetrations Fire Stopped	3/27 3/27 3/26 3/26 3/29 3/28 3/28 3/28

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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	Door Latch Repaired Door Adjustment / Repair Escutcheon Plate Replaced Escutcheon Plate Replaced Escutcheon Plate Replaced Escutcheon Plate Replaced Wedge Removed	3/26 3/26 3/26 3/26 3/26 3/26 3/26

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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	STORAGE REORGANIZED STORAGE REOrganized STORAGE REORGANIZED Window Sash Adjustment / Repair	4/5 4/5 4/5 3/29
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	Exhaust Fan Motor Repaired Exhaust Fan Motor Repaired Exhaust Fan Cleaned and Repaired Exhaust Fan Motor Repaired / Adjustment	4/12 4/12 4/12 4/12

3M

Fire Barrier CP 25WB+Caulk

Product Data

CLASSIFIED UL us

FILL VOID OR CAVITY MATERIALS
CLASSIFIED BY UNDERWRITERS
LABORATORIES, INC.® FOR USE IN
THROUGH-PENETRATION
FIRESTOP SYSTEMS (XHEQ,
SEE CURRENT UL FIRE
RESISTANCE DIRECTORY
SOLS. 9008

1. Product Description

3M™ Fire Barrier CP 25WB+ Caulk is a premium elastomeric latex caulk designed for use as a one-part fire, smoke, noxious gas and water sealant. In addition, the unique intumescent property of this material (expands when heated) means that as cable or pipe insulation is consumed by fire, CP 25WB+ Caulk expands to maintain the penetration seal.

CP 25WB+ Caulk features superior adhesion strength, caulk rate and no-sag application with expanded UL Classified fire protection systems plus a halogen-free formula.

3M Fire Barrier CP 25WB+ Caulk can be installed with a standard caulking gun, pneumatic pumping equipment or it can be easily applied with a putty knife or trowel. CP 25WB+ Caulk will bond to concrete, metals, wood, plastic and cable jacketing. No mixing is required.

CP 25WB+ Caulk Features

- Water Base: Easy clean up, no special handling, routine disposal.
- Intumescent: Expands when heated to seal around items consumed by fire.
- Endothermic: Absorbs heat energy, releases chemically bound water.
- Thixotropic: Will not sag or run in overhead or vertical applications.
- Halogen-free.
- Fast dry: Tack-free in approximately 10-15 minutes.
- Paintable. (Best results obtained after 72 hour cure.)
- Minimal shrinkage.
- Brown color.
- Water seal: Seals against inadvertant water spills in the unexpanded state.
- High caulk rate: 1000 g/min. with in. nozzle.
- Point contact allowed.
- Continuous Operating Temperature not to exceed 120°F (48°C).

2. Applications

Use to seal construction openings, blank openings and penetrating items against the passage of flame, noxious gas, smoke and water. Restores fire rated construction to original integrity. Also for use with 3M Brand Fire Barrier FS195+ Wrap/Strip and CS-195+ Composite Sheet.

3. Specifications

Product

The firestopping caulk shall be a one-part, intumescent, latex elastomer. The caulk shall be capable of expanding a minimum of 3 times at 1000°F. The material shall be thixotropic and be applicable to overhead, vertical and horizontal firestops. The caulk shall be listed by independent test agencies such as UL or FM and be tested to, and pass the criteria of, ASTM E 814 Fire Test, tested under positive pressure. It shall comply with the requirements of the NEC (NFPA-70), BOCA, ICBO, SBCCI and NFPA Code #101.

Typically Specified Divisions

Division 7 07270	Thermal and Moisture Protection Firestopping
Division 13 13900	Special Construction Fire Suppression and Supervisory Systems
Division 15 15250 15300	Mechanical Mechanical Insulation Fire Protection
Division 16 16050	Electrical Basic Electrical Materials and Methods

Carolina
P.O. Box 2104 • 1227 Royall Avenue
Goldsboro, North Carolina 27533
Telephone 919-734-1839 • NC Watts 1-800-768-8403
License Number: CSA 1335
www.cpanc.com

0216

ORDER NUMBER 67052

2052

JOB CODE/DESCRIPTION: Fire Service

CUSTOMER SIGNATURE:

CUSTOMER:
Woodard Corp
2052 HWY 70 West
Goldsboro
(FCI-GE410)
Patsy Newsome

HOME PHONE	
WORK PHONE	919-736-0087
MOBILE PHONE	919-1501
BILLING CODE	
SERVICE STATION	8523R(W)
CONTACT	Charles or Brian Woodard
DATE OF ORDER	10/6/2017
ORDER TAKEN BY	Chuck
TIME CALLED	
SCHEDULED DATE	
TIME	

SIGNATURE: I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE WORK DESCRIBED BELOW.

MATERIAL	PRICE	AMOUNT

DATE/TIME COMPLETED: 10-17 11

DESCRIPTION OF WORK

Did a annual test & inspection on 10/5/2017 and found some devices that I could not test on the "mens" right side of hall. From room #33 to the end of the building, none of the heats nor the two pull stations were comm. w/ Facp. Lic check smokes which were getting pwr but still not comm. w/ panel. Wire runs from rm #33 to either bathroom or 34. (assumption)

fixed all deficiencies with fire alarm also programmed zone 1 back into panel

DATE	TECHNICIANS	HRS	AMOUNT
10-17	RJCW 10:45-3		

OVER TIME

	BURGLAR AMOUNT	TELEPHONE AMOUNT
TOTAL LABOR	225.00	
TOTAL MATERIALS		
TOTAL OTHER		
TAX	15.19	
TOTAL ▶	240.19	
DEPOSIT RECEIVED		
BALANCE DUE		

DATE INVOICED: 10/30/17 INVOICE NUMBER: BY WHOM:

Thank You

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score 96

Date of Insp/Chg: 03 / 21 / 2018

Status Code: A

Health Department 96

Current Facility ID 6096400010

Old Facility ID

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Wastewater: ☒ Municipal/Community ☐ On-Site System

Capacity 1

Water sample taken today? ☐ Yes ☒ No

☒ Inspection ☐ Re-inspection ☐ Visit

☐ Name Change ☐ Verification of Closure ☐ Status Change

Name of Establishment: WOODARD CARE INC **Permittee:** JEAN JONES

Location Address: _____ **Mailing Addr.** _____

City: GOLDSBORO State: NC Zip: 27530 City: _____ State: _____ Zip: _____

FLOORS, WALLS AND CEILINGS: [.1309, .1310] — Deductions Full/Half (circle one)

1. Floors easy to clean, no obstacles, drains where needed . ☐2 ☐1
2. Floors clean, carpet clean, dry, odor free ☐2 ☐1
3. Walls and ceilings cleanable, clean, good repair ☐2 ☐1

LIGHTING,VENTILATION,MOISTURECONTROL: [.1311]

4. Lighting at least 10 foot candles 30 inches above floor .... ☐2 ☐1
5. Ambient air temperature 65° to 85° F, equipment clean ..... ☒2 ☐1
6. No evidence of microbial growth ☐3 ☐1.5
7. Indoor smoking limited to dedicated smoking rooms ..... ☐2 ☐1

TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [.1312]

8. Facilities conveniently located, clean and in good repair . ☐2 ☒1
9. Toilet rooms free of storage, handwash signs posted ..... ☐1 ☐.5
10. Bedpans, urinals, bedside commodes and emises basins properly cleaned and disinfected ☐1 ☐.5
11. Hand sinks used only for intended purpose ☐2 ☐1
12. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device ☐3 ☐1.5
13. Lavatory and bathing hot water between 100° and 116° F ☐2 ☐1
14. Disinfectant accessible, properly used ☐2 ☐1

WATER SUPPLY: [.1313]

15. Approved water supply, no cross-connections ☐4 ☐2
16. Quantity and hot water sufficient, backup water supply plan ☐2 ☐1

DRINKINGWATERFACILITIES,ICEHANDLING: [.1314]

17. Water fountains clean, good repair, properly regulated ... ☐2 ☒1
18. Drinking utensils properly handled ☐2 ☐1
19. Ice protected, dispensed, equipment clean, in good repair ☐2 ☐1

LIQUID AND SOLID WASTES [.1315, .1316]

20. Wastewater disposed of properly ☐4 ☐2
21. Solid waste stored properly, areas clean, facilities for cleaning ☐4 ☐2
22. Solid waste disposed of frequently, no insect breeding or nuisance ☐2 ☐1
23. Medical wastes handled and disposed of properly ..... ☐2 ☐1

VERMIN CONTROL, PREMISES: [.1317]

24. Vermin excluded ☐3 ☐1.5
25. Approved pesticides properly stored and handled ..... ☐2 ☐1
26. Premises clean, no breeding places or rodent harborage .. ☐2 ☐1
27. Pet areas clean, veterinary records available ..... ☐2 ☐1

MISCELLANEOUS: [.1318] — Deductions Full/Half (circle one)

28. Adequate storage, area clean, items properly stored ..... ☐1 ☐.5
29. Mop sinks provided and used ☐1 ☐.5
30. Medication carts clean, sharps containers affixed, food and utensils handled properly ☐2 ☐1
31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions .... ☐2 ☐1

FURNISHINGS AND PATIENT CONTACT ITEMS: [.1319,.1312]

32. Furniture clean and in good repair. Mattresses clean, dry, odor free ☐2 ☐1
33. Linen changed when soiled. Soiled linen handled properly ☐2 ☐1
34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately. ☐2 ☐1
35. Patient contact items in good repair, properly stored, cleaned and disinfected ☐1 ☐.5

FOOD SERVICE UTENSILS AND EQUIPMENT: [.1320]

36. Approved utensils and equipment, cleaned and sanitized ☐2 ☐1
37. Activity kitchens used only for approved activities ..... ☐1 ☐.5
38. Handwash lavatory provided wherever food is handled . ☐2 ☐1

FOOD SUPPLIES AND PROTECTION: [.1321, .1322, .1323]

39. Food supply complies with 15A NCAC 18A .2600 ..... ☐4 ☐2
40. Food brought by employees or visitors handled properly ..... ☐1 ☐.5
41. Milk and milk products comply with 15A NCAC 18A .1200 ☐2 ☐1
42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control ..... ☐4 ☐2
43. Food storage units with thermometers, maintain temperatures ☐1 ☐.5
44. Food stored above floor ..... ☐1 ☐.5
45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals ..... ☐2 ☐1

EMPLOYEES: [.1324]

46. Clothing clean, no tobacco used while handling food ..... ☐1 ☐.5
47. Hands properly washed or decontaminated ..... ☐3 ☐1.5
48. Persons with infections excluded from food service work ☐2 ☐1

TOTAL 4

Rept Received by: Bury Matthew

Additional Comment Sheet Attached ☒ Yes ☐ No

Inspection by: Alan Moore EHS I.D. # 1734 - Alan Moore

INSTRUCTIONS: Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the contents of an inspection form to record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: **1.** Original to be left with the administrator or manager. **2.** Copy for the local health department. **3.** Copy for the Environmental Health Services Section, Division of Environmental Health. **Disposition:** This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center,

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: WOODARD CARE INC

ID: 6096400010

Street: 2052 W US 70 HWY

City: GOLDSBORO

Time In: 02 : 15 ☐ am ☒ pm

Time Out: 04 : 00 ☐ am ☒ pm

Total Time: 1 hr 45 minutes

Spell

5 Maintain window blinds clean throughout.

8 Maintain all shower walls and shower chair bottoms clean.

17 Maintain water fountain in good repair.

N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: WOODARD CARE INC
ID: 6096400010
Street: 2052 W US 70 HWY
City: GOLDSBORO

Spell

General Comments:

#35 Maintain fitted sheet in room 41 in good repair.

Food Establishment Inspection Report

Score: 99.5

Establishment Name: WOODARD CARE INC **Establishment ID:** 6096160011

Location Address: 2052 W US 70 HWY ☒ Inspection ☐ Re-Inspection

City: GOLDSBORO State: NC Date: 03 / 14 / 2018 Status Code: A

Zip: 27530 County: 96 Wayne Time In: 10 : 30 ⊗ am ○ pm Time Out: 12 : 00 ○ am ⊗ pm

Permittee: JEAN JONES Total Time: 1 hr 30 minutes

Telephone: Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System FDA Establishment Type: Nursing Home

Water Supply: ☒ Municipal/Community ☐ On-Site Supply No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations:

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury.

	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Supervision .2652									
1	☒	☐	☐		PIC Present; Demonstration-Certification by accredited program and perform duties	[2] [0]	☐	☐	☐
Employee Health .2652									
2	☒	☐			Management, employees knowledge; responsibilities & reporting	[3] [1.5] [0]	☐	☐	☐
3	☒	☐			Proper use of reporting, restriction & exclusion	[3] [1.5] [0]	☐	☐	☐
Good Hygienic Practices .2652, .2653									
4	☒	☐			Proper eating, tasting, drinking, or tobacco use	[2] [1] [0]	☐	☐	☐
5	☒	☐			No discharge from eyes, nose or mouth	[1] [0.5] [0]	☐	☐	☐
Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	☒	☐			Hands clean & properly washed	[4] [2] [0]	☐	☐	☐
7	☒	☐	☐	☐	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	[3] [1.5] [0]	☐	☐	☐
8	☒	☐			Handwashing sinks supplied & accessible	[2] [1] [0]	☐	☐	☐
Approved Source .2653, .2655									
9	☒	☐			Food obtained from approved source	[2] [1] [0]	☐	☐	☐
10	☒	☐		☐	Food received at proper temperature	[2] [1] [0]	☐	☐	☐
11	☒	☐			Food in good condition, safe & unadulterated	[2] [1] [0]	☐	☐	☐
12	☒	☐	☐	☐	Required records available: shellstock tags, parasite destruction	[2] [1] [0]	☐	☐	☐
Protection from Contamination .2653, .2654									
13	☒	☐	☐	☐	Food separated & protected	[3] [1.5] [0]	☐	☐	☐
14	☒	☐			Food-contact surfaces: cleaned & sanitized	[3] [1.5] [0]	☐	☐	☐
15	☒	☐			Proper disposition of returned, previously served, reconditioned, & unsafe food	[2] [1] [0]	☐	☐	☐
Potentially Hazardous Food Time/Temperature .2653									
16	☒	☐	☐	☐	Proper cooking time & temperatures	[3] [1.5] [0]	☐	☐	☐
17	☒	☐	☐	☐	Proper reheating procedures for hot holding	[3] [1.5] [0]	☐	☐	☐
18	☒	☐	☐	☐	Proper cooling time & temperatures	[3] [1.5] [0]	☐	☐	☐
19	☒	☐	☐	☐	Proper hot holding temperatures	[3] [1.5] [0]	☐	☐	☐
20	☒	☐	☐	☐	Proper cold holding temperatures	[3] [1.5] [0]	☐	☐	☐
21	☒	☐	☐	☐	Proper date marking & disposition	[3] [1.5] [0]	☐	☐	☐
22	☒	☐	☐	☐	Time as a public health control: procedures & records	[2] [1] [0]	☐	☐	☐
Consumer Advisory .2653									
23	☒	☐	☐		Consumer advisory provided for raw or undercooked foods	[1] [0.5] [0]	☐	☐	☐
Highly Susceptible Populations .2653									
24	☒	☐	☐		Pasteurized foods used; prohibited foods not offered	[3] [1.5] [0]	☐	☐	☐
Chemical .2653, .2657									
25	☒	☐	☐		Food additives: approved & properly used	[1] [0.5] [0]	☐	☐	☐
26	☒	☐	☐		Toxic substances properly identified stored, & used	[2] [1] [0]	☐	☐	☐
Conformance with Approved Procedures .2653, .2654, .2658									
27	☒	☐	☐		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	[2] [1] [0]	☐	☐	☐

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658									
28	☒	☐	☐		Pasteurized eggs used where required	[1] [0.5] [0]	☐	☐	☐
29	☒	☐			Water and ice from approved source	[2] [1] [0]	☐	☐	☐
30	☒	☐	☐		Variance obtained for specialized processing methods	[1] [0.5] [0]	☐	☐	☐
Food Temperature Control .2653, .2654									
31	☒	☐			Proper cooling methods used; adequate equipment for temperature control	[1] [0.5] [0]	☐	☐	☐
32	☒	☐	☐	☐	Plant food properly cooked for hot holding	[1] [0.5] [0]	☐	☐	☐
33	☒	☐	☐	☐	Approved thawing methods used	[1] [0.5] [0]	☐	☐	☐
34	☒	☐			Thermometers provided & accurate	[1] [0.5] [0]	☐	☐	☐
Food Identification .2653									
35	☒	☐			Food properly labeled: original container	[2] [1] [0]	☐	☐	☐
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	☒	☐			Insects & rodents not present; no unauthorized animals	[2] [1] [0]	☐	☐	☐
37	☒	☐			Contamination prevented during food preparation, storage & display	[2] [1] [0]	☐	☐	☐
38	☒	☐			Personal cleanliness	[1] [0.5] [0]	☐	☐	☐
39	☒	☐			Wiping cloths: properly used & stored	[1] [0.5] [0]	☐	☐	☐
40	☒	☐	☐		Washing fruits & vegetables	[1] [0.5] [0]	☐	☐	☐
Proper Use of Utensils .2653, .2654									
41	☒	☐			In-use utensils: properly stored	[1] [0.5] [0]	☐	☐	☐
42	☒	☐			Utensils, equipment & linens: properly stored, dried & handled	[1] [0.5] [0]	☐	☐	☐
43	☒	☐			Single-use & single-service articles: properly stored & used	[1] [0.5] [0]	☐	☐	☐
44	☒	☐			Gloves used properly	[1] [0.5] [0]	☐	☐	☐
Utensils and Equipment .2653, .2654, .2663									
45	☒	☐			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	[2] [1] [0]	☐	☐	☐
46	☒	☐			Warewashing facilities: installed, maintained, & used; test strips	[1] [0.5] [0]	☐	☐	☐
47	☐	☒			Non-food contact surfaces clean	[1] [0.5] [0]	☐	☐	☐
Physical Facilities .2654, .2655, .2656									
48	☒	☐	☐		Hot & cold water available; adequate pressure	[2] [1] [0]	☐	☐	☐
49	☒	☐			Plumbing installed; proper backflow devices	[2] [1] [0]	☐	☐	☐
50	☒	☐			Sewage & waste water properly disposed	[2] [1] [0]	☐	☐	☐
51	☒	☐	☐		Toilet facilities: properly constructed, supplied & cleaned	[1] [0.5] [0]	☐	☐	☐
52	☐	☒			Garbage & refuse properly disposed; facilities maintained	[1] [0.5] [0]	☐	☐	☐
53	☒	☐			Physical facilities installed, maintained & clean	[1] [0.5] [0]	☐	☐	☐
54	☐	☒			Meets ventilation & lighting requirements; designated areas used	[1] [0.5] [0]	☐	☐	☐

Total Deductions: 0.5

Comment Addendum to Food Establishment Inspection Report

Establishment Name: WOODARD CARE INC

Establishment ID: 6096160011

Location Address: 2052 W US 70 HWY

City: GOLDSBORO State: NC

County: 96 Wayne Zip: 27530

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: JEAN JONES

Telephone:

☒ Inspection ☐ Re-Inspection Date: 03/14/2018

Comment Addendum Attached? ☐ Status Code: A

Category #: IV

Email 1: jeanjones920@yahoo.com

Email 2:

Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
rice	steam well	205						
butterbeans	steam well	207						
liver n gravy	steam well	180						

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Maintain non food contact portion of ice machine bin clean. Maintain bottom of utensil drawer clean.

Spell

52 5-501.114 Using Drain Plugs - C Provide a drain plug for the cardboard dumpster.

54 6-303.11 Intensity-Lighting - C Maintain 50ft.candles of light over prep. table.

Lock Text ○

Person in Charge (Print & Sign): *First* *Last* Dorothy Cook

Regulatory Authority (Print & Sign): *First* *Last* Alan Moore

REHS ID: 1734 - Alan Moore Verification Required Date: ___/___/_____

REHS Contact Phone Number: (_____) _____ - _____