Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: 01 B. WING _____	08/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

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C 000	Initial Comments Report of a Construction Section Biennial Survey conducted by Suzanna Fay on August 21, 2018. This facility was first licensed or submitted for licensure as a Home for the Aged serving 64 residents on or about December 31, 1998. On or about April 25, 2011 an addition and renovation was approved, bring the total capacity to Seventy-Six (76) Residents, 48 of which reside in the Special Care Unit. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code Section 409.1 Group I- Institutional Occupancy-Unrestrained; and the new addition must meet the 2009 North Carolina State Building Code, Section 407, Group I-2. Deficiencies were noted which require a Plan of Correction.	C 000		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained clean and safe. Findings on August 21, 2018: a. The grass around the facility was in need of mowing, but the grass in the SCU courtyard was	C 160	We have communicated with our Land-scapers that we need to be schedule	

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C 160	Continued From page 1 extremely tall, exceeding 2' in some areas.	C 160	once a week. They must also mow the speciial care area every time the yard is mowed.	8/23/2018
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. Observations revealed that the facility was not maintained free of unpleasant odors. Findings on August 21, 2018: a. Janitor/Soiled Linen Closet - there was an extremely unpleasant odor emanating from the room. Two open barrels of soiled linen were in the closet. 2. Observations revealed that the furnishings were not maintained in good repair. Findings on August 21, 2018: a. Room 203 - the door hardware was loose. This item was repaired on site.	C 164	We have in-service our laundry crew they must immediately process the linen and keep the barrels covered. We have requested a review by our Corporate office to review our furniture needs and to process a requisition. Estimated completion date 9/20/2018	8/23/2018
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the	C 185		

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C 185	Continued From page 2 requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the fire safety rehearsal logs are not maintained per the licensure rules. Findings on August 21, 2018: a. The monthly drills do not include a short description of what the rehearsal involved. The description should include the location of the "fire" and how the residents were directed.	C 185	We will maintain records of our fire drills and will be more descriptive.	8/22/2018
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 and testing there is failure to maintain the facility's emergency fire	C 189	The emergency light has bee replaced.	8/23/2018

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C 189	Continued From page 3 alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on August 21, 2018: a. At the time of survey, the fire alarm panel was in trouble indicating the trouble was a pull station at the exit by Room 316. Interview with maintenance revealed that the pull station had been tested and worked. The problem was with the fire alarm panel and they were waiting on the vendor to reset the panel. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on August 21, 2018: a. Activity Room - the door does not close and latch. b. Room 204 - the door does not latch when closed. 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 August 21, 2018: a. Activity Room - the sprinkler heads near the office have gaps around the escutcheon plates. b. Laundry Room - the ceiling around the sprinkler head is damaged.	C 189	The fire alarm panel problem has been resolved. The Activity Room door has been repaired The room 104 entrance door is repaired We have contracted Odyssey to correct all sprinkler head problems. Estimated completion Date: Oct 2, 2018	8/30/2018 8/30/2018 8/30/2018

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C 189	Continued From page 4 c. Electrical Room on the Activity Hall - there is an unsealed sleeve with a bundle of cables running through. d. There are gaps around the attic access door outside of the dining room. e. Kitchen - an escutcheon plate is missing for the sprinkler head at the dishwash area. f. Kitchen - there is a leak in the ceiling outside the freezer door. There is a small hole where the ceiling is cracked and falling in. The area around the hole has brown water stains and the ceiling around the hole has moisture droplets. g. Copy Room - there is a 1/2" diameter hole in the back corner of the ceiling where a cable was removed. The ceiling around the hole has a large brown water stain. h. Oxygen Storage - the smoke detector is not secure to the ceiling leaving a gap. i. Room 105 - the escutcheon plate is missing from the sprinkler head in the right closet. j. There is a hole in the ceiling at the cable penetration outside of Room 311. k. SCU - there is a small hole at the sprinkler head outside of housekeeping. l. SCU - the escutcheon plates are missing from the sprinkler heads outside of Rooms 213 and 214. m. Front porch - one of the sprinkler heads is missing an escutcheon plate. 4. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment did not operate when needed to provide fire protection. Findings on August 21, 2018: a. Laundry Room - the fire extinguisher was last serviced in April of 2017.	C 189	The sleeve has been caulked with UL Fire rated caullk. Gaps around attic access door has been caulked. The kitchen leak in the ceiling has been repaired. The copy room 1/2" diameter hole has been repaired. The smoke detector has been secured. Odyssey fire has been contracted to repair sprinkler head. Estimated completion 10/4/2018 The hole has been filled. Odyssey Fire has been contracted to repair sprinkler head. Estimated completion date 10/4/2018 The fire extinquisher has been serviced.	9/4/2018 9/4/2018 9/4/2018 9/4/2018 8/30/2018 9/4/2018 8/30/2018

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C 189	Continued From page 5 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment due to sprinkler heads being obstructed could effect the residents, staff and visitors if the sprinkler head could not suppress a fire. Findings on August 21, 2018: a. Soiled and Clean Linen Rooms - items were stored to within 12 inches of the ceiling. b. SCU Housekeeping - a cardboard box labeled toilet paper was stored on a top shelf within 6" of the ceiling. 6. Based on observation electrical equipment has not been maintained in a safe manner. Findings on August 21, 2018: a. TV Room - the cover for the cable outlet is not secure to the wall. b. Riser Room - one of the junction boxes was missing a cover plate. 7. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on August 21, 2018: a. The emergency light/exit sign at the gate in the SCU courtyard was not illuminated and did not work on test. 8. Based on observation there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or	C 189	We have in-serviced our housekeeping crew to maintain the 18" rule. TV Room - the cover for the cable outler is now secured to the wall. The emergency light/exit sign has been replaced.	8/22/2018 8/30/2018

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C 189	Continued From page 6 blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on August 21, 2018: a. SCU - 200 Hall - one of the residents had placed a chair in front of the smoke doors and was sitting in the chair. The chair partially obstructed the path of egress. Staff moved the resident at the time of survey. 9. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on August 21, 2018: a. SCU - 200 Hall Activity Room - the corridor door was blocked open by an armchair and a resident was sitting in the chair. 10. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to install a backflow preventor could cause the domestic water supply to become contaminated. Findings on August 21, 2018: a. SCU Room 214 - the shower head nozzle extends to the floor of the shower and there is not a backflow preventor on the shower head.	C 189	We have in-serviced our our caregivers to not to allow residents to obstruct the path of egress. The shower head has a backflow preventor.	8/22/2018 8/30/2018
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 7 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. (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 required areas. Findings on August 21, 2018: a. Oxygen Storage - the exhaust fan is not working. b. SCU Bath - the exhaust fan is not working.	C 199	The fans have been repaired.	9/18/2018