

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL044009</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/18/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYWOOD LODGE AND RETIREMENT</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>251 SHELTON STREET<br/>WAYNESVILLE, NC 28786</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                   | Initial Comments<br><br>Construction Section Biennial Survey report by Frank Strickland on 10/18/2018:<br><br>This facility was licensed on 04/08/1964 and is currently licensed for 68 beds. Based on this information, this facility was surveyed using the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current 2005 Rules for Adult Care Homes of Seven or More Beds.<br><br>Deficiencies have been cited and a Plan of Correction is required.                                                                                                         | C 000                                                                                        |                                                                                                                          |                                                        |
| C 111                                                                   | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br>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.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, this facility has failed to have a current fire and building safety inspection reports on site available for review.<br><br>Findings on 10/18/2018:<br>No current fire safety inspection report within the past 12 months was available for review on site. | C 111                                                                                        |                                                                                                                          |                                                        |
| C 189                                                                   | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C 189                                                                                        |                                                                                                                          |                                                        |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYWOOD LODGE AND RETIREMENT</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>251 SHELTON STREET<br/>WAYNESVILLE, NC 28786</b> |                                                                                                                          |                                                        |
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| C 189                                                                   | <p>Continued From page 1</p> <p><b>REQUIREMENTS</b></p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition.</p> <p>Findings on 10/18/2018:<br/>The escutcheons are missing at the following sprinkler heads, with openings in the ceiling into the attic:<br/>(a) Hall/Room 206<br/>(b) Hall/Room 207</p> <p>2-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition.</p> <p>Findings on 10/18/2018:<br/>There are ceiling access panels in the Basement that are plastic and not rated for the one-hour floor/ceiling assembly.</p> <p>3-Based on observation, this facility has failed to maintain the building in a safe and operating condition.</p> <p>Findings on 10/18/2018:<br/>The entry door into the Therapy Room/200 HALL has a loose top hinge that allows the door to drag on the floor and prevent latching to resist the passage of smoke and/or fire.</p> | C 189                                                                                        |                                                                                                                          |                                                        |

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