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 _____	R 10/03/2018

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

(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
{C 000}	Initial Comments Report of Biennial Follow Up Construction Survey by Dennis Harrell on 10-3-2018. Some deficiencies were not corrected. Further action is required.	{C 000}	Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state laws.	
{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: 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 10-3-2018: e. Kitchen - an escutcheon plate is missing for the sprinkler head at the dishwash area. m. Front porch - one of the sprinkler heads is missing an escutcheon plate.	{C 189}	.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. Community will ensure that escutcheon plates are installed at the dishwasher area and on the front porch area. Community will ensure that anytime one becomes missing it is reported and one is replaced to ensure safety from fire or smoke beyond the place of origin. Housekeeping and ED will monitor the building for missing plates and get them reported for repair in a timely manner. Escutcheon Plate that was missing on front porch has been repaired and Escutcheon Plate for kitchen is on order will be in compliance within next 11 days Please see attached photo of plate for reference. Compliance by 11-19-2018.	
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 199}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Sherry K. Neal — Executive Director — 11-7-2018

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 _____	R 10/03/2018

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

(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
{C 199}	Continued From page 1 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 10-3-2018: b. SCU Bath - the exhaust fan appears to not be working.	{C 199}	Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state laws. Exhaust Ventilation .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: (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. Community will ensure that all exhaust ventilation works in the required areas. Community will ensure that anytime that exhaust ventilation is not working properly a work order is put in for the exhaust and that it is addressed in a timely manner. Housekeeping and ED will monitor the building for exhaust ventilation and report them according if they are found to be not working. Exhaust Ventilation that was found to be not working has been ordered and installed by the date of this correction. Please see attached picture of receipt of the exhaust fan replacement.	11-7-2018

McCombs Supply Co. Inc.

McCombs Supply Co Inc Invoice for Order #200882

346 N. Marshall St.
Lancaster, PA
17602

Billing Details

James Wells
Building Maintenance
10640 Iron Bridge Rd
Suite 2B
Jessup, Maryland 20794
United States
Phone: 2527222610
Email: jameswells@facility-360.com

Shipping Details

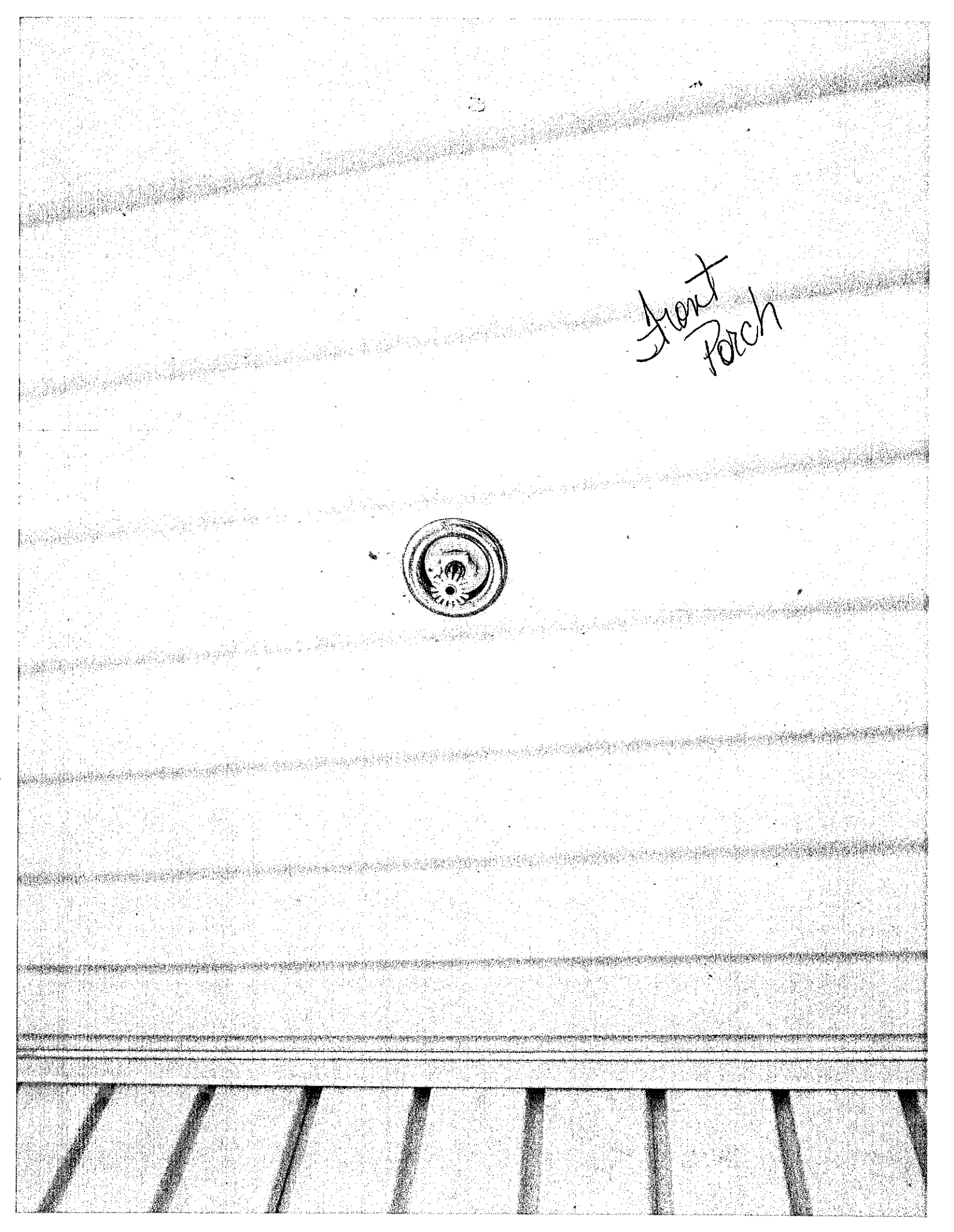
James Wells
Woodhaven Court
1930 Woodhaven Dr
Albemarle, North Carolina 28001
United States
Phone: 2527222610

Order: #200882
Order Date: 26th Oct 2018
Payment Method: Credit Card ($91.88)
Shipping Method: UPS® (UPS® Ground)

Order Items

Qty	Code/SKU	Product Name	Price	Total
1	90420	90420 Ventilator Electric Motor for Gemini Loren Cook 420	$74.84 USD	$74.84 USD

Subtotal:	$74.84 USD
Shipping:	$17.04 USD
Grand Total:	**$91.88 USD**


Front
Porch