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 _____	**07/05/2019**

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

(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 Biennial Construction Survey report by Frank Strickland conducted on 07/05/2019: This facility was licensed on 07/01/1990 as a HA and is currently licensed for 73 BEDS with a 30 bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1987 Minimum Standards and Regulations for Homes for the Aged. The applicable portions of the 1978 (Rev 5) and the 1999 Editions of the North Carolina State Building Code(s)-Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
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 observation, this facility did not a have all current inspection reports on site for review. Findings on 07/05/2019: There were not the following inspection reports on site for the past 12 months for review: (a) Fire Marshal's Fire Inspection Report (b) Update Fire Alarm Control Panel and system Inspection Report per NFPA 72 due to failure at	C 111		

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 _____	**07/05/2019**

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

(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 111	Continued From page 1 the time of the Biennial Construction Section Survey. (c) Sprinkler system Inspection Report per NFPA 25 due to failure at the time of the Biennial Construction Section Survey.	C 111		
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-Based on observation, the outside grounds shall be maintained in a clean and safe condition. Findings on 07/05/2019: There is a 24" X 36" pot hole outside the left-hand side AL wing that is a trip hazard.	C 160		
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.	C 164		

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 _____	**07/05/2019**

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

(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 164	Continued From page 2 This Rule is not met as evidenced by: 1-Based on observation, this facility has not maintained the ceiling coverings in good repair. Findings on 07/05/2019: The lay-in ceiling outside Room 16 has been damaged due to water migration from an attic water leak and replacement is required.	C 164		
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 fire safety equipment shall be maintained in a safe and operating condition. Findings on 07/05/2019: Upon arrival to the facility, one noticed that the fire alarm was activated. Staff stated the alarm has been on for at least 30 minutes and the Alarm Co. was on the way for repair. The FACP was de-energized because the system would not silence. The facility notified the Local Fire Marshall and began a fire watch. Interview with facility maintenance personnel indicated the sprinkler flow switch was	C 189		

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 _____	**07/05/2019**

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

(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 189	Continued From page 3 malfunctioning and triggering the FACP. The sprinkler system was flushed and reset by maintenance and the FACP went back to system normal. 2-Based on observation, the building was not maintained in a safe and operating condition. Findings on 07/05/2019: Based on interview with facility staff, there was a water leak in the attic from a sprinkler supply line union and to access the repair the one-hour roof/ceiling assembly outside Room 16 that had to be cut for access. Currently, there is an 10" x 12" opening that has not been repaired and therefore is not fire-protected. 3-Based on observation, the fire safety equipment shall be maintained in a safe and operating condition. Findings on 07/05/2019: The emergency light bulbs did not illuminate when tested at the exit outside Room 33.	C 189		