

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SPICEWOOD COTTAGES WILLOWS **65 LOVING WAY**
CLYDE, NC 28721

(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 Construction Section Biennial Survey by Tod Hancock conducted on December 6, 2023. Records indicate that this facility was first licensed on May 9, 1988 for a capacity of 20 beds. Based on this information, we are requiring the facility to meet the 1978 Edition of the North Carolina State Building Code(s) and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited and a Plan of Correction is required.	C 000		
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, there is a failure to maintain the fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated walls could allow fire and smoke to spread beyond the area of origin. Findings on December 6, 2023: a. Mechanical Room- There is a large piece of drywall missing from the fire rated wall assembly.	C 189	MISSING DRYWALL HAS BEEN ADDED & SEALED.	12/12/23

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

2J7721

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721		
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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: (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, the facility is not maintaining its exhaust fan in an operable condition. This could cause unnecessary odors as well as mildew. Findings December 6, 2023: a. Housekeeping Closet- The exhaust fan is not working.	C 199	FAN IN THE HOUSEKEEPING CLOSET WAS REPLACED. 12/14/23	