STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL044009	A. BUILDING: **01** B. WING _____	C **12/05/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWOOD LODGE AND RETIREMENT	**251 SHELTON STREET** **WAYNESVILLE, NC 28786**

(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 a Construction Section Complaint Survey by Suzanna Fay conducted on December 5, 2024. This facility was licensed on April 8, 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. The complaint alleged that the furnace in the facility may be malfunctioning. The complaint was unsubstantiated. No deficiencies were cited.	C 000		