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 _____	**01/15/2025**

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 a Construction Section Biennial Survey conducted by Tod Hancock on January 15, 2025. This facility was first licensed or submitted for licensure as a Home for the Aged serving 64 residents on or about December 31, 1998. On or about April 25, 2011, an addition and renovation was approved, bringing the total capacity to Seventy-Six (76) Residents, 48 of which reside in the Special Care Unit. Therefore, the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code Section 409.1 Group I- Institutional Occupancy-Unrestrained; and the new addition must meet the 2009 North Carolina State Building Code, Section 407, Group I-2. Deficiencies were noted which require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm",	C 101		

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C 101	Continued From page 1 copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation the facility did not meet the building code requirements for special locking in effect at the time of construction, change in service or bed count, addition, renovation, or alteration. Facilities with special locking are required to be protected throughout with an automatic fire detection system or automatic sprinkler system. Findings on January 15, 2025: a. Kitchen- The facility is equipped with an automatic sprinkler system. The freezer and cooler units do not have any protection.	C 101		
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 an interview with the Executive Director the facility failed to maintain, in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings on January 15, 2025: a. There was no Standard for the Inspection, Testing, and Maintenance of Water-Base Fire Protection System (NFPA 25) report available	C 111		

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C 111	Continued From page 2 for review.	C 111		
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 facility failed to maintain the fire system's safety components in a safe and operating condition. This could affect all occupants who rely on timely notification of emergencies. Findings on January 15, 2025: a. The Fire Alarm Control Panel (FACP) was signaling in trouble mode. Staff indicated that the smoke detector in the 100 Hall by the Storage was malfunctioning. Staff indicated that this was on order and would be replaced upon arrival. 2. Based on observation and interviews with Staff, the facility is not maintaining its Heating, Ventilation and Air Conditioning (HVAC) system. Findings on January 15, 2025: a. 100 Hall- SCU Dining Room and Hall. Staff indicated that the HVAC system serving this area was not operable. b. Activity Hall- Care Office, Salon and Guest Bathrooms. Staff indicated that the HVAC system	C 189		

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C 189	Continued From page 3 serving this area was not operable. 3.Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings on January 15, 2025: a. Near Room 203- Light # 16 -The Emergency light did not illuminate when tested.	C 189		