

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL084009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2025
NAME OF PROVIDER OR SUPPLIER WOODHAVEN COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Complaint Survey conducted by Tod Hancock on Findings on June 10, 2025. A Construction Section Biennial Follow Up Survey was conducted at the same time and documented on a separate report. The complaint alleged that the fire sprinkler system was out of service. 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. The complaint alleged the facility failed to maintain the fire suppression system. The Complaint was substantiated. Deficiencies have been 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	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 189	Continued From page 1 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 and interviews with Staff, the building's sprinkler system was not maintained in a safe and operating condition. This would affect all if the fire was not contained in the room of origin. Findings on June 10, 2025: a. Facility-Interview with facility staff revealed the air compressor is not maintaining pressure in the fire suppression system allowing for the depletion of air within the system. To prevent the system from giving nuisance alarms, the system is shut off and the facility is on fire watch.	C 189		