

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011341	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/02/2016
NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE FAMILY CARE HOME # 3		STREET ADDRESS, CITY, STATE, ZIP CODE 8 ELLA LANE ALEXANDER, NC 28701		
(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 by Paul Dixon DHSR Construction Section conducted a Biennial Survey on March 2, 2016 from 1:20 PM to 2:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 15, 2011 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations during the survey showed that 1 of 2 range hood grease filters was missing. Obtain and install a new grease filter in the hood. Provide the DHSR Construction section with copies of all receipts, photographs and any other supporting documentation concerning this repair.	C 174	Range Hood has been replaced.	3/4/16

Division of Health Service Regulation

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

[Signature]

TITLE

Admin.

(X6) DATE

5/2/16

STATE FORM

8829 9PIT21

If continuation sheet 1 of 3

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C 174	Continued From page 1 2. Observations during the survey showed that the emergency light at the end of the hallway had burnt out bulbs. Have the bulbs replaced. Provide the DHSR Construction section with copies of all work orders, receipts, photographs and any other supporting documentation concerning this repair.	C 174	Emergency light is in working order	3/5/14
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Observations during the survey showed that the window screen for Bedroom #3 has fallen out of the frame. Have the screen re-installed. Provide the DHSR Construction section with copies of all photographs and any other supporting documentation concerning this repair. 2. Observations during the survey showed that there is an old mattress and box spring stored outside on the left side of the home. Have the mattress and boxspring disposed of properly. Provide the DHSR Construction section with copies of all photographs and any other supporting documentation concerning this repair. 3. Observations during the survey showed that there is an old washer and dryer stored outside on the right side of the facility. Have the washer and dryer properly disposed of. Provide the DHSR Construction section with copies of all photographs and any other supporting	C 183	The window screen for Bedroom #3 has been re-installed. The mattress and box spring has been removed from property Washer and dryer has been removed from property.	3/2/14 3/2/14 3/2/14

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FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER
WOODLAND TERRACE FAMILY CARE HOME # 3

STREET ADDRESS, CITY, STATE, ZIP CODE
**8 ELLA LANE
ALEXANDER, NC 28701**

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C 183	Continued From page 2 documentation concerning this repair.	C 183		