

PRINTED: 03/21/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011343	(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 # 5

STREET ADDRESS, CITY, STATE, ZIP CODE
**18 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	<p>Initial Comments</p> <p>Report by Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on March 2, 2016 from 8:30 AM to 9:40 AM 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.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. Observations during the survey showed that the Kitchen range hood grease filter is dirty. Clean or replace the grease filter. Provide the DHSR Construction section with copies of all receipts, photographs and any other supporting documentation concerning this repair.</p>	C 174	<p>The kitchen range hood has been replaced.</p>	3/5/16

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

[Handwritten Signature]

TITLE
Admin

(X6) DATE
5/2/16

STATE FORM

TGYE21

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011343	(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 # 5		STREET ADDRESS, CITY, STATE, ZIP CODE 18 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 174	Continued From page 1 2. Observations during the survey showed that in Bedroom #5 there is a "gang" plug installed on the outlet under the window. This plug has no indication that it is UL certified. In accordance with NFPA 70 have the gang plug removed and use a UL Listed surge protected power strip for the outlet. 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 the vanity light fixture in the 2nd bathroom on the right is missing a bulb. Install a working light bulb in the fixture. Provide the DHSR Construction section with copies of all photographs and any other supporting documentation concerning this repair. 4. Observations during the survey showed that the emergency light at the end of the hallway is not operating when tested, and indicated that it did not have any A/C power. Have a qualified technician investigate and repair or replace the emergency light. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.	C 174	In bedroom #5 "gang" plug installed under window has been removed, replaced by UL certified surge protected outlet. A light bulb has been installed. The light is in working order. The emergency light at the end of the hallway is in working order and operating properly.	3/15/16 3/15/16 3/16/16