

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 300 KILDAIRE WOODS DRIVE CARY, NC 27511		
(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 by Tod Hancock conducted on January 7, 2025. This facility was licensed on January 3, 2000, and is currently licensed for 84 Beds including a 44 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies have been cited and a Plan of Correction is required.	C 000		
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 and Maintenance 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 7, 2025: a. A copy of the current Fire Official's Annual Inspection report was not available for review.	C 111		

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

TITLE

(X6) DATE

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C 111	Continued From page 1 b. A copy of the current fire alarm system inspection report was not available for review. c. A copy of the current fire sprinkler system inspection report was not available for review. d. A copy of the current health department inspection was not available 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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire-resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on January 7, 2025: a. AL-Soiled Utility-Near Room 7- The door does not close into its jamb. 2. Observations revealed that the plumbing equipment was not maintained in a safe operating condition. Findings on January 7, 2025: a. Kitchen- The ice machine drain does not have	C 189		

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C 189	Continued From page 2 a 2" air gap 3. Based on observation, the building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be accomplished without the use of keys, tools, special knowledge, or effort. This could affect all if the exit cannot be opened trapping someone inside. Findings on January 7, 2025: a. Kitchen - The walk-in freezer has an inside door releasing device that turns the outside catch unlocking the door. The inside releasing device does not operate.	C 189		