Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060106	A. BUILDING: 01 B. WING _____	02/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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 Biennial Construction Survey by Ed Miller and Frank Strickland on February 5, 2015. Records indicate this facility was either first licensed or submitted for licensure on November 18th, 1997 for Ninety- Seven (97) Beds. A capacity increase was approved on or about June 3rd, 2005 increasing the capacity to One-Hundred, Five (105) Beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of seven or more beds, and the 1996 Edition of the North Carolina State Building Code (1997 Rev), Section 409.1, Group I Unrestrained Occupancy Physical plant deficiencies were noted which require a plan of correction.	C 000	CONSTRUCTION SECTION MAR 13 2015 RECEIVED	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, dirty/clogged	C 164		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 3/13/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060106	A. BUILDING: 01 B. WING _____	02/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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 164	Continued From page 1 building components and equipment in disrepair. Findings: on February 5, 2015: The return HVAC grilles, and their radiation dampers have an excessive accumulation of dust/lint in the following locations to include but not limited to: a. Housekeeping Storage near Staff Lounge, b. 300 Hall Lounge. 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This rule is not being met because facility equipment is not being maintained in a safe operating manner. This would affect all residents, staff and visitors if the lint caught on fire. Findings: on February 5, 2015: a. D Wing Laundry - Lint is being exhausted into the room due to the flexible duct connection has become detached from the dryer. 3. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to unsanitary conditions and equipment in disrepair. Findings: on February 5, 2015: a. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice.	C 164	C164 1. HVAC vents have been cleaned Deficiency Complete C164 2. Flexible duct on the dryer Was reconnected Deficiency Complete C164 3. Ice Machine Drain was secured Above the drain Deficiency Complete	
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060106	A. BUILDING: 01 B. WING _____	02/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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 189	Continued From page 2 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 Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings in the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room or compartment of origin. Findings on February 5, 2015: The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling at the following locations to include but not limited to: a. Bedroom A205 Closet, b. Bedroom E202 Closet, c. Housekeeping Storage near Staff Lounge. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a smoke barrier wall that did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on February 5, 2015: a. The front leaf of the cross-corridor doors near Bedroom A213 did not latch when the fire alarm system released the doors. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not	C 189	C189 1. Fire sprinkler escutcheon Plates were filled in the Fire caulk Deficiency Complete C189 2. Fire door was adjusted Deficiency Complete	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060106	A. BUILDING: 01 B. WING _____	02/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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 189	Continued From page 3 positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on February 5, 2015: a. Nursing Supply across from Bedroom E202 did not automatically latch into its frame, b. Laundry on D Wing the corridor door was missing its latch bolt, c. Kitchen Supply corridor door was missing its latch bolt, d. Staff Lounge corridor door was missing its latch bolt, e. Housekeeping Supply near Staff Lounge corridor door was missing its latch bolt. 4. 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 done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on February 5, 2015: a. The exterior door's panic hardware on the B Stair was difficult to operate. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during and emergency. Findings on February 5, 2015: a. The exit sign did not work on backup power when the test button was pushed at the following locations to include but not limited to the Multipurpose Room. 6. Based on observation, the Building was not	C 189	C189 3a. Nursing Supply closet door Was adjusted Deficiency Complete 3b. Laundry D wing door To be completed in 30 day 3c. Kitchen supply door has Has a latch Deficiency Complete 3d. Staff Lounge door To be completed in 30 days 3e. Housekeeping supply door Has a latch Deficiency Complete C189 4. Exterior door was adjusted Deficiency Complete C189 5. Exit Light was replaced Deficiency Complete	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060106	A. BUILDING: 01 B. WING _____	02/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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 189	Continued From page 4 maintained in a safe and operating condition, because the electrical power system was not being operated safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on February 5, 2015: Many items are being stored directly in front of the electric panels, encroaching upon the required clear working space at the following locations to include but not limited to: a. Second Floor B Wing Parlor, b. Administration Hall corridor. 7. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on February 5, 2015: a. Administer Office Closet had holes in ceiling, b. Stair Tower D ground floor had conduit with gaps round them, 8. Left Elevator Equipment Room had holes in ceiling, a. Storage Room near Maintenance Shop had holes in the wall, door and ceiling, b. Back most Smoke Barrier on B wing had holes in the wall. 9. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on February 5 2015: a. Corridor door to the Bedroom E207 was	C 189	C189 6. Storage in front of Electrical panels have Been cleared Deficiency Complete C189 7a. Hole was filled with Fire caulk Deficiency Complete 7b. Stair tower D will be c Complete in 30 days 8. Elevator room holes were Filled with fire caulk Deficiency Complete 8a. Storage room holes were Patched and filled with Fire caulk Deficiency Complete 8b. Smoke barrier wall was Filled with fire caulk Deficiency Complete 9a. Room E207 furniture has Been moved Deficiency Complete	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	02/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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 189	Continued From page 5 blocked open with a furniture, b. Corridor door to the Bedroom E205 was blocked open with a furniture, c. Corridor door to the Fitness Center was wedged open. 10. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire resistance of door the 1996 NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on February 5 2015: a. The Maintenance Shop corridor door closure arm had been removed from it mount, b. On the ground floor the Cross-Corridor doors at the stair towers have about a ½ inch gap between meeting stiles (doors are a part of the vertical exiting from the floors above).	C 189	C189 9b. Room E205 furniture has Been removed Deficiency Complete 9c. Fitness Center the wedge has Been removed Deficiency Complete C189 10a. Maintenance shop door needs A closure Complete in 30 days 10b. Cross-Corridor with ½ inch gap Have been filled in Deficiency Complete	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060106	A. BUILDING: 01 B. WING _____	02/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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 199	Continued From page 6 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation equipment/components good working order. This could affect all residents, staff and visitors by subjecting them to odors not being removed and in the event of a fire the dampers does not close completely to contain the fire within the room of origin. Findings on February 5, 2015: The spot exhaust fan and their radiation dampers have an excessive accumulation of dust/lint in the following locations to include but not limited to: a. Laundry across from Bedroom E207, b. Laundry on D Hall.	C 199	C199 1. Exhaust fans and dampers have Been cleaned Deficiency Complete	

Miller, Ed

From: Isenberg, Patricia <PISENBERG@5SSL.COM>
Sent: Friday, March 13, 2015 12:23 PM
To: Miller, Ed
Cc: Plummer, Jeff
Subject: FW: Scanned image from Five-Star-Haven in Highland Creek
Attachments: 20150313_113322.pdf

Mr. Miller,

I have faxed our plan of correction in to your office. I am also sending you a copy via email.

Thank you,

Patricia Isenberg

The Laurels and The Haven

in Highland Creek

704-947-8050

From: NC16PR33@5sqc.com [NC16PR33@5sqc.com] on behalf of NC16PR33@ [5sqc.com NC16PR33@5sqc.com]
Sent: Friday, March 13, 2015 12:33 PM
To: Isenberg, Patricia
Subject: Scanned image from Five-Star-Haven in Highland Creek