

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2017
NAME OF PROVIDER OR SUPPLIER THE LAURELS IN HIGHLAND CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Construction Section Biennial Survey report by Frank Strickland and Billy Bryant on 06/14/2017: This facility was first licensed for licensure on 11/18/1997 for Ninety- Seven (97) Beds. Currently licensed for one-hundred five (105) Beds on 06/03/2005. Based on this information, we are requiring tha this 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. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain to seal penetrations through the exterior wall construction into the building. Findings on 06/15/2017: There opening for the refrigerant lines that penetrates the exterior wall is larger than what is required and is not sealed to prevent water from	C 160		

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

TITLE

(X6) DATE

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C 160	Continued From page 1 migrating into the exterior wall construction outside the Lower Level Breakroom.	C 160		
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, this facility has failed to maintain the ceiling construction for the fire rated roof/ceiling assemblies in exit access corridors. Findings on 06/15/2017: The sheetrock ceiling construction is damage due to a roof leak in the "E" HALL outside Room E202. 2-Based on observation, this facility has failed to maintain the ceiling construction that is part of the roof/ceiling fire-rated assembly. Findings on 06/15/2017: There are 8"x16" openings in the sheetrock ceiling due to repair work that impede the fire-rated roof/ceiling assembly that are located at the following locations: (a) Lower Level Chiller Room (b) Front Porte Cochere	C 189		

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C 189	Continued From page 2 3-Based on observation, this facility has failed to the seal penetrations in the ceiling construction that is part of the roof/ceiling fire-rated assembly. Findings on 06/15/2017: There are support rods and piping that are not fire-protected that impede the fire-rating of the ceiling construction in the Lower Level Chiller Room. 4-Based on observations, this facility has failed to maintain in a safe manner the smoke-barrier cross corridor doors and thier physical condition. This could affect the residents, staff and visiting guests by not containing fire and/or smoke in the fire compartment or room of origin. Findings on 06/15/2017: The double doors are not latching located at Stair A adjacent to Room A113 that would allow the passage of smoke. 5-Based on observation, the facility has not maintained the operation and integrity of the stair tower exit doors to an area of refuge This could affect all residents and staff in the event of a fire. Findings on 06/15/2017: The following locations have exit doors that do not latch to prevent the migration of fire/smoke due to settlement of the building foundation system: (a) Stair "A" adjacent to Room A213 (b) Stair "D" adjacent to Room D214 6-Based on observation, the facility has not maintained the operation of the interior door in the service areas. This could affect all residents and staff in the event of a fire.	C 189		

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C 189	Continued From page 3 Findings on 06/15/2017: The entry door to the Laundry Room in "D" HALL does close all the way to the frame due to being out of adjustment which make latching difficult. 7-Based on observation, the facility has not maintained the operation of the exterior doors in the stair towers. This could affect all residents and staff in the event of a fire. Findings on 06/15/2017: The Stair Tower "B" ground level door that leads to the outside, cannot be opened because the upper door closure is bent restricting the door to be opened.	C 189		