

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL060104</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/01/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE LAURELS IN THE VILLAGE AT CAROLINA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13180 DORMAN ROAD<br/>PINEVILLE, NC 28134</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                             | Initial Comments<br><br>Construction Section Biennial Survey report by Frank Strickland and Ed Miller on 11/01/2017:<br><br>This facility was first licensed on 12/17/1997 for 104 beds. Based on this information, we are requiring that this facility 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.<br><br>Deficiencies have been cited and a Plan of Correction is required.                                                                  | C 000                                                                                     |                                                                                                                          |                                                        |
| C 188                                                                             | Electrical Outlets in Wet Locations<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0310 ELECTRICAL OUTLETS<br>All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, this facility has not provided ground fault protection adjacent to wet areas.<br><br>Findings on 11/01/2017:<br>There are not Ground Fault Circuit Interrupter receptacles located adjacent to kitchen sinks in the following rooms:<br>(a) A109/First Floor<br>(b) A110/First Floor<br>(c) D111/First Floor<br>(d) D112/First Floor<br>(e) A209/Second Floor | C 188                                                                                     |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE LAURELS IN THE VILLAGE AT CAROLINA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13180 DORMAN ROAD<br/>PINEVILLE, NC 28134</b> |                                                                                                                          |                                                        |
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| C 188                                                                             | Continued From page 1<br><br>(f) A210/Second Floor<br>(g) C203/Second Floor<br>(h) C204/Second Floor<br>(i) D209/Second Floor<br>(j) D210/Second Floor<br>(k) D202/Second Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C 188                                                                                     |                                                                                                                          |                                                        |
| C 189                                                                             | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, this facility has failed to<br>maintain the electrical equipment in a safe<br>condition.<br><br>Findings on 11/01/2017:<br>There is a ceiling mounted electrical junction box<br>that does have a cover plate located in the central<br>portion of the Sprinkler Riser Room.<br><br>2-Based on observation, this facility has failed to<br>maintain the fire safety components in a safe and<br>operating condition.<br><br>Findings on 11/01/2017:<br>The following interior doors failed to latch which<br>would allow the passage of smoke and/or fire<br>from one are to another: | C 189                                                                                     |                                                                                                                          |                                                        |

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| C 189                                                                             | Continued From page 2<br><br>(a) "A" Hall Restroom on the Second Floor.<br>(b) Break Room on the First Floor.                | C 189                                                                                     |                                                                                                                          |                                                        |