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
	HAL060104	A. BUILDING: 01 B. WING _____	11/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN THE VILLAGE AT CAROLINA	13180 DORMAN ROAD PINEVILLE, NC 28134

(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 Ed Miller on 11/01/2017: 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. Deficiencies have been cited and a Plan of Correction is required.	C 000	ID PREFIX TAG 188: SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law. A. With respect to the corrective action accomplished in those areas of the facility found to have been affected by the deficient practice. No residents were injured nor had any adverse effects as a result of this deficiency. Upon this deficiency being brought to our attention, the community immediately sought resolution. B. With respect to how to identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken for the same deficient practice. The Environmental Services Director/Designee will inspect all wet locations at sinks, bathrooms and outside of building to insure the proper Ground Fault Circuit Interrupters (GFCI) are in place accordingly. Any discrepancies will be corrected immediately. C. With respect to what measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not reoccur. The Environmental Services Director/Designee will in-service staff, making them aware on how to check wet locations for GFCI's and what to do, should there be any discrepancy. D. With respect to how the corrective action will be monitored to ensure the deficient practice will not reoccur. The Environmental Service Director/Designee will make monthly inspections to insure the GFCI's are functional. Any discrepancies will be corrected immediately. E. Date when corrective action will be completed. Corrective action will be completed within forty-five (45) days of receipt of the Statement of Deficiencies (November 20, 2017), on or before January 3, 2018.	
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1-Based on observation, this facility has not provided ground fault protection adjacent to wet areas. Findings on 11/01/2017: There are not Ground Fault Circuit Interrupter receptacles located adjacent to kitchen sinks in the following rooms: (a) A109/First Floor (b) A110/First Floor (c) D111/First Floor (d) D112/First Floor (e) A209/Second Floor	C 188		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Jason T. Fisher — Administrator/Exec. Dir. — 12/4/17

Jason T. Fisher

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060104	A. BUILDING: 01 B. WING _____	11/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN THE VILLAGE AT CAROLINA	13180 DORMAN ROAD PINEVILLE, NC 28134

(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 188	Continued From page 1 (f) A210/Second Floor (g) C203/Second Floor (h) C204/Second Floor (i) D209/Second Floor (j) D210/Second Floor (k) D202/Second Floor	C 188	ID PREFIX TAG C189: SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS 1)Electrical junction box that does not have a cover plate A. With respect to the corrective action accomplished in those areas of the facility found to have been affected by the deficient practice. No residents were injured nor had any adverse effects as a result of this deficiency. Upon this deficiency being brought to our attention, the community immediately obtained the proper cover for the junction box. B. With respect to how to identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken for the same deficient practice. The Environmental Services Director/Designee will inspect all junction boxes to insure there is a proper cover installed. Any discrepancies will be corrected immediately. C. With respect to what measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not reoccur. The Environmental Services Director/Designee will conduct an in-service with staff to insure all staff is aware of how to identify junction boxes, insuring they have the proper cover on them. D. With respect to how the corrective action will be monitored to ensure the deficient practice will not reoccur. The Environmental Service Director/Designee will make monthly inspections to insure the GFCI's are functional. Any discrepancies will be corrected immediately. E. Date when corrective action was be completed. Corrective action was completed on November 30, 2017.	
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 electrical equipment in a safe condition. Findings on 11/01/2017: There is a ceiling mounted electrical junction box that does have a cover plate located in the central portion of the Sprinkler Riser Room. 2-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 11/01/2017: The following interior doors failed to latch which would allow the passage of smoke and/or fire from one are to another:	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060104	A. BUILDING: 01 B. WING _____	11/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN THE VILLAGE AT CAROLINA	13180 DORMAN ROAD PINEVILLE, NC 28134

(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 (a) "A" Hall Restroom on the Second Floor. (b) Break Room on the First Floor.	C 189	ID PREFIX TAG C189: SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS 2) Interior doors failed to latch which would allow the passage of smoke and/or fire from one are to another. A. With respect to the corrective action accomplished in those areas of the facility found to have been affected by the deficient practice. No residents were injured nor had any adverse effects as a result of this deficiency. Upon this deficiency being brought to our attention, the community immediately adjusted the doors, ensuring they latch properly. B. With respect to how to identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken for the same deficient practice. The Environmental Services Director/Designee will inspect all door to insure they latch properly. Any discrepancies will be corrected immediately. C. With respect to what measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not reoccur. The Environmental Services Director/Designee will conduct an in-service with staff to insure all staff is aware of how to identify non-latching doors. D. With respect to how the corrective action will be monitored to ensure the deficient practice will not reoccur. The Environmental Service Director/Designee will make monthly inspections to insure all doors latch properly. Any discrepancies will be corrected immediately. E. Date when corrective action was be completed. Corrective action was completed on November 30, 2017.	

12/4/17

TRANSACTION REPORT

DEC/04/2017/MON 06:10 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	DEC/04	06:08PM	919197336592	0:01:27	5	MEMORY OK SG3	9382

THE LAURELS & THE HAVEN
IN THE
VILLAGE AT CAROLINA PLACE

FIVESTAR SENIOR LIVING℠

The Laurels
13180 Dorman Road
Pineville, NC 28134
Phone: 704.540.8007
Fax: 704.540.8088

The Haven
13150 Dorman Road
Pineville, NC 28134
Phone: 704.540.0155
Fax: 704.540.7769

Date: 12/4/17

To: Frank Strickland	**From:** Jason Fisher
Fax: 919-733-6592	**Pages (Including Cover):** 5
Subject: POC - Re: 11/1/17 Survey HAL-060-104	

Comments:

Please see the attached POC.

Jason T. Fisher
Executive Director

THE LAURELS & THE HAVEN
IN THE
VILLAGE AT CAROLINA PLACE

13180 & 13150 Dorman Road
Pineville, NC 28134
P. 704.540.8007
F. 704.540.8088

FIVE STAR SENIOR LIVING