

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/18/2017
NAME OF PROVIDER OR SUPPLIER THE LAURELS IN THE VILLAGE AT CAROLINA		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Report of Biennial Follow Up Construction Survey by Dennis Harrell on 12-13-2017. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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 11-1-2017 and 12-13-2017: 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 (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}		

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

TITLE

(X6) DATE