Division of Health Service Regulation

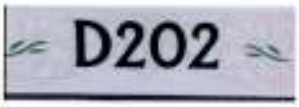
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060104	A. BUILDING: 01 B. WING _____	R 12/18/2017

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 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}	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 was completed: Corrective action was completed on December 14, 2017, which is forty-four (44) days, from the date of the initial survey conducted on 11/1/17.	
{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}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Jason T. Fisher, Administrator — 1/26/18



1/2

12/26/18

LOWE'S

LOWE'S HOME CENTERS, LLC
10625 MCMULLEN CREEK PARKW
CHARLOTTE, NC 28226 (704) 543-5600

- SALE -

SALES#: S0377CS1 2296730 TRANS#: 9427312 12-14-17

761626 SW DC CABLE SPLICER KIT	29.98
771967 HBL 1G MIDI NYLN DECO PL	5.98
771968 HBL 1G MIDI NYLON DECO PL	1.58
2 @ 0.79	
33293 HM METAL SPLIT RINGS MULT	3.96
2 @ 1.98	
276050 TEKS #12 X 1-IN GAL PHL H	5.89
771087 HBL 15A SELF-TEST GFI 3-C	132.00
4 @ 33.00	
862750 GSI QUAD MAX GUT WHITE 9.	47.88
6 @ 7.98	
215951 SW 1-1/4-IN X 4-FT ALUM A	14.78
2 @ 7.39	
215753 1/16-IN X 1/-1/2-IN X 6-F	25.96
2 @ 12.98	
73604 HB 1/2-IN X 20-FT BLACK U	18.98
785609 WARNER 4-CT BRUSH PACK	4.58
SUBTOTAL:	291.47
TAX:	21.13
INVOICE 05367 TOTAL:	312.60
VISA:	312.60

VISA:XXXXXXXXXXXX7241 AMOUNT:312.60 AUTHCD:030550
CHIP REFID:037705153047 12/14/17 12:37:33
CUSTOMER CODE: laurel rooter
APL: VISA CREDIT TVR: 0080008000
AID: A0000000031010 01 TSI: F800

STORE: 0377 12/14/17 12:39:47
OF ITEMS PURCHASED: 23

4 each – 3 pack GFI

2/2
1/26/18

2503238100 P.01/01

TRANSACTION REPORT

JAN/26/2018/FRI 01:08 PM

FAX(TX)

#	DATE	START T.	RECEIVER	CON.TIME	PAGE	TYPE/NOTE		FILE
001	JAN/26	01:06PM	919197336592	0:02:06	6	MEMORY	OK SG3	0766

THE LAURELS & THE HAVEN
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FIVE STAR SENIOR LIVING

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The Haven
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Fax: 704.540.7769

Date: 1/26/18

To: Dennis Harrell / Construction Section	**From:** Jason T. Fisher
Fax: 919-733-6592	**Pages (Including Cover):** 6
Subject: DOC AAL-060-104 / FID # 971517	

Comments:

Please see attached DOC for 12/13/17 follow up.

Jason T. Fisher
Executive Director

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