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 _____	**12/11/2019**

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 Suzanna Fay conducted on 12/11/2019: 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		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has not maintained the ceilings in a clean and good repair condition. Findings on 12/11/2019: Several of the Kitchen ceiling tile are dirty and is in disrepair due to moisture/water migration.	C 164		

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 _____	**12/11/2019**

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 164	Continued From page 1 2-Based on observation, this facility has not maintained the ceilings in a clean and good repair condition. Findings on 12/11/2019: The Storage Room in E HALL-Second Level is under renovation and the one-hour fire rated attic access unit has been removed. That would allow the passage of fire and/or smoke. 3-Based on observation, this facility has not maintained the ceilings in a clean and good repair condition. Findings on 12/11/2019: The following locations have electrical conduit/wiring ceiling penetrations that are not fire protected: (a) The Laundry Room in D HALL-Second Level (b) Activity Storage Room E HALL-Second Level	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has not been maintained in a safe manner by improperly storing oxygen cylinders that could potentionally	C 166		

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 _____	**12/11/2019**

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 166	Continued From page 2 expose staff and residents to a ruptured cylinder. Findings on 12/11/2019: There are oxygen bottles that are not secured in their current stored racks located at the following locations: (a) Room 110/B HALL-First Level (b) Room 201/C HALL-Second Level (c) Room 206/C HALL-Second Level (d) Room 214/C HALL-Second Level	C 166		
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 not maintained the fire safety components in a safe and operating condition. Findings on 12/11/2019: The following locations have fire rated cross corridor doors that did not close all the way to the door frames to prevent the passage of fire and/or smoke: (a) A HALL-Second Level (Out of adjustment) (b) B HALL-Second Level (Drags on carpet) (c) C HALL-Second Level (Out of adjustment)	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 _____	**12/11/2019**

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 3 2-Based on observation, this facility has not maintained the fire safety components in a safe and operating condition. Findings on 12/11/2019: The Laundry Room in A HALL-First Level has a loose top hinge that is not secured to the door jamb preventing to door to close all the way to the frame. 3-Based on observation, this facility has not maintained the fire safety components in a safe and operating condition. Findings on 12/11/2019: All of the Care Stations are currently being renovated in the hallways on both levels leaving large holes in the corridors walls from casework removal. 4-Based on observation, this facility has not maintained the fire safety components in a safe and operating condition. Findings on 12/11/2019: The A HALL-Second Level Laundry door is delaminating at the top hinge location on both sides that prevents the door from closing. 5-Based on observation, this facility has not maintained the fire safety components in a safe and operating condition. Findings on 12/11/2019: The entry door into the Kitchenette in C HALL-Second Level does not have door hardware so the door can not latch or stay closed at the Elevator Lobby. 6-Based on observation, this facility has not	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 _____	**12/11/2019**

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 4 maintained the plumbing fixtures in a safe and operating condition. Findings on 12/11/2019: The toilets are not secured to the floors at the following locations: (a) Hall Bath in the B HALL-First Level (b) Hall Bath in the B HALL-Second Level	C 189		