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
	HAL060161	A. BUILDING: 01 B. WING _____	R 08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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 a Construction Section Biennial Follow Up Survey by Tod Hancock and Ed Miller conducted on August 1, 2023. Deficiencies cited have not been corrected and a Plan of Correction is required.	{C 000}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on August 1, 2023: a. A copy of the current Fire Alarm Inspection report was not available for review.	{C 111}		
{C 160}	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;	{C 160}		

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{C 160}	Continued From page 1 This Rule is not met as evidenced by: 2. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Openings in the exterior soffit allows pests to enter the facility. Findings on August 1,2023: a. A section of the exterior soffit has fallen off at the peak of the gable outside of Room C109.	{C 160}		
{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. Observations revealed that the walls, ceilings, and floors were not kept clean and in good repair. Findings on August 1,2023: i. There is a pattern of door closers leaking oil which runs down the back of the door.	{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:	{C 166}		

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{C 166}	Continued From page 2 (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. Observations revealed that the the facility was not free of all hazards. Missing protective covers on hardware can cause injury if individuals were to insert their fingers into the mechanism. Findings on August 1,2023: a. There was a pattern of missing covers for the door latches at the top door hardware mechanisms. 2. Based on observation there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on August 1,2023: b. D Hall Exit - the push bar on the left exit door is damaged and not safe to use as an exit.	{C 166}		
{C 185}	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained	{C 185}		

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{C 185}	Continued From page 3 and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the quarterly fire rehearsals did not include a short description of what the rehearsal involved. Findings on August 1, 2023: a. The fire rehearsal records did not include a short description of what the rehearsal involved.	{C 185}		
{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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.	{C 189}		

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{C 189}	Continued From page 4 Findings on August 1,2023: a. Dining - the closer on the exterior door to the patio left is broken so that the door does not automatically close and latch. b. CATV/Phone Equipment Room - the door rubs hard on the frame and is difficult to open. c. Cafe - the hinge is loose causing the door to drop and hit the frame so that it does not close and latch. e. D Hall Laundry - the hinge is loose on the door and it no longer closes without excessive force. f. D213 - the doors are not aligned and hit when closed. Findings on August 1,2023: 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on August 1, 2023: a. The smoke barrier doors outside of the Activity Room hit at the top and do not close fully. b. Dining - the right door to Dining hits the handrail and did not close when released by the fire alarm. 7. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Findings on August 1,2023: a. Beauty Salon - both of the sinks are leaking at the controls and under the sink.	{C 189}		

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{C 189}	Continued From page 5 12. Observations revealed that the electrical equipment is not maintained in a safe and operating condition. Findings on August 1,2023: a. The globe for the wall sconce outside of Room C210 has a broken clip and is on the floor.	{C 189}		

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 29, 2023
Mashanda Patterson, Executive Director (via email only)
6101 Clarke Creek Parkway
Charlotte, NC 28269

RE: The Laurels in Highland Creek – ACH Follow-up Biennial Construction Survey
6101 Clarke Creek Parkway
Charlotte (Mecklenburg County)
FID #971364

Dear Ms. Patterson:

On **August 1, 2023**, a Biennial Follow-up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (POC)

A POC for the deficiencies must be submitted September 13, 2023.

Your POC for the deficiencies must contain the following:

- What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR – Construction Section.

    - Corrective action must begin immediately.

Your Signed Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Tod Hancock

Tod Hancock
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Mecklenburg County DSS – with attachment (via email only)