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
	HAL049035	A. BUILDING: 01 B. WING _____	R 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRABELLA LAKE NORMAN	140 CARRIAGE CLUB DRIVE MOORESVILLE, NC 28117

(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 Biennial Follow Up Construction Survey by Ed Miller, conducted on September 18, 2024. Not all previously cited deficiencies have been corrected; therefore, a new plan of correction 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 the facility is not maintaining the electrical components located near a water source in a safe manner. Findings on September 18, 2024: b. Phase II-Laundry- The receptacles behind the washing machine did not trip on test indicating the lack of ground fault protection. Only one of the two receptacles was replaced.	{C 188}	In reference to rule area 10A NCAC 13F .0310 (b): Director of Facility Operations and/or designee will audit all communal laundry areas for electrical compliance. Installation of an additional Ground Fault Circuit Interrupter (GFCI) was completed and tested for proper function in Phase II laundry area. Ongoingly, the Director of Facility Operations and/or designee will conduct visual checks on a randomized basis to ensure proper compliance of electrical receptacles in communal laundry area(s).	09/19/24 09/19/24

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

Dee Mullin — Area Executive — 11/13/24

STATE FORM 6899 6VBY22 If continuation sheet 1 of 1

Dee Mullin — Director