

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL019020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER CAROLINA MEADOWS FAIRWAYS		STREET ADDRESS, CITY, STATE, ZIP CODE 700 A CAROLINA MEADOWS CHAPEL HILL, NC 37517		
(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 Survey by Tod Hancock conducted on January 8, 2025. Records indicate that this facility was first submitted on March 23, 2014, for a new 3 story I-2 Occupancy building at 700A, an existing 2 story Group R Occupancy constructed in 1991 to undergo a change of Occupancy to I-2 at 700 and a 1 story Assembly Occupancy at 300 to be sprinkled and used for the required dining area. The facility is currently licensed for 95 beds including a 15-bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 1996 Rules for Licensing of Adult Care Homes, the 2002 NC State Building Code and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes. Deficiencies were cited that require a Plan of Correction.	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. Based on an interview with the Executive Director and Maintenance Director, the facility failed to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings on January 8, 2025:	C 111		

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

TITLE

(X6) DATE

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C 111	Continued From page 1 a. A copy of the current fire alarm system inspection report was not available for review. c. A copy of the current fire sprinkler system inspection report was not available for review.	C 111		
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. The occupants in the smoke compartment could be affected if the fire-resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on January 8, 2025: a. Stairwell 3- Ground Level-Interior Door- There is a gap at the top of the door.	C 189		