STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045126	A. BUILDING: **01** B. WING _____	**06/20/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RESERVE OF LAUREL PARK	**1825 PISGAH DRIVE HENDERSONVILLE, NC 28791**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on June 20, 2024. This facility was first licensed on 05/01/1998 for 48 beds. Therefore, this facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Institutional Occupancy (Group I) Unrestrained. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

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C 101	Continued From page 1 1. Based on observation, the building does not meet the 1996 NC State Building Code Section 409.1.2.4 - Double egress corridor doors shall have vision panels. Not having the protection required for the openings through smoke barriers could affect all residents, staff and visitors during a fire emergency if there are no vision panels to check for smoke in the adjacent smoke compartment. Findings on June 20, 2024: a. 100 Hall, Smoke Barrier - the double-egress cross-corridor doors do not have vision panels. b. 200 Hall, Smoke Barrier - the double-egress cross-corridor doors do not have vision panels. c. 300 Hall, Smoke Barrier - the double-egress cross-corridor doors do not have vision panels.	C 101	1a. Quote from Vendor for door replacement has been secured; doors will then be scheduled to replace 1b. See 1a 1c. See 1a	3/1/25
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, the Building was not maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on June 20, 2024: a. 200 Hall, Emergency Oxygen Room -	C 166	1a. O2 room has been cleaned out, Medical Supply has been contacted for pick-up of empty cylinders. All are in metal racks. Clinical manager will check weekly to ensure all cylinders are in the racks.	2/7/25

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C 166	Continued From page 2 thirty-two portable oxygen cylinders were standing up on the floor in four plastic crates not properly chained or supported by the wall or in a stand or cart. b. 200 Hall, Emergency Oxygen Room - two portable medical oxygen cylinders with regulators that extend beyond their collar guards were standing up on the floor not properly chained or supported by the wall or in a stand or cart. 2. Based on Observation, the facility failed to provide an electrical system free of hazards. Findings on June 20, 2024: a. 300 Hall, Kitchen Office - many items were stored in front of the electrical panels, limiting the required 36-inches by 30-inches minimum clear working space to zero-inches. 3. Based on observation, the facility was not free of chronic odors. Findings on June 20, 2024: a. 200 Hall, Mop Room - it appears that the floor drain's p-trap water seal has evaporated. Without a water seal, sewer gases from the plumbing system will travel into the building. 4. Based on observation, the mechanical systems were not kept clean and in good repair. Findings on June 20, 2024: a. 300 Hall, Employee Lounge - the exhaust ventilation system was making a humming sound.	C 166	1b. All cylinders have been placed in racks. Clinical manager will monitor the O2 room to ensure all cylinders placed properly in the racks. 2a. All items have been removed. Area has been marked off with red tape. Staff has been instructed to keep area clear. Food Service Director & Maintenance Director will monitor during weekly rounds. 3a. Water seal will be replaced. Maintenance Director will check monthly during rounds to ensure the seal is intact. 4a. Exhaust fan has been replaced. Maintenance Director will continue to monitor during weekly rounds.	1/24/25 2/5/25 2/21/25 7/1/24
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	C 189		

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C 189	Continued From page 3 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, the building was not maintained in a safe and operating condition by not maintaining a clear unobstructed path of egress travel. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on June 20, 2024: a. 300 Hall, Dining Room - one of the marked exits, discharges into the adjacent Activities Room. The door to this room was blocked. In addition, the Activities Room did not maintain a clear and unobstructed path of egress travel to the exterior exit. 2. Based on observations, the fire-resistance-rated construction separations provide protection from hazardous areas were not being maintained in a safe and operating condition by not providing the fire-resistant-rated construction required. This could affect all if smoke/flames are not contained to the room of origin. Findings on June 20, 2024: a. 300 Hall, Kitchen Pantry (100+ SF) - the 45 min fire-rated door was cracked around the latch bolt area, was missing its latch bolt and part of the door was missing, exposing the door's core at the latch bolt. In addition, the door closer was not attached to the door, circumventing the requirement for the door to be self-closing. 3. Based on observations, the building fire	C 189	1a. Doorway is cleared and remains cleared of all objects. All managers will monitor and ensure that doorway stays clear. 2a. Door has been approved and ordered for replacement.	7-3-24 3-1-25

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C 189	Continued From page 4 safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on June 20, 2024: a. 100 Hall, Mech Room - a three-inch PVC pipe was not firestopped with a fire collar, or another approved method, as it penetrated the one-hour fire fire-resistance-rated ceiling assembly. b. 300 Hall, Dining Room - some of the taped joints in the one-hour fire-resistance-rated gypsum ceiling assembly have deteriorated and may not be capable of stopping a fire. c. 300 Hall, Exterior Water Heater Room - there was an eighteen-inch by twenty-four-inch hole through the fire-resistance-rated wall assembly. d. 300 Hall, Exterior Water Heater Room - there was a refrigerant line set, cable and a flue and all had moved, producing cracks and holes in the firestopping as they penetrated the fire-resistance-rated ceiling assembly. e. 300 Hall, Bulk Laundry - a flue with its firestopped sealant was pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 20, 2024: a. 100 Hall, Bedroom 115 - a multiplug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. b. 200 Hall, Bedroom 208 - a multiplug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. d. 300 Hall, Dining-Exterior Patio - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip when the test button was pushed and when tested with a ground fault	C 189	3a. Fire collar has been ordered for installation. Maintenance Director will monitor during monthly walk-thru to ensure it remains in place. 3b. Area will be sanded, re-taped, mudded and repainted. Maintenance Director will monitor during monthly walk-thru to ensure ceiling remains free of deterioration. 3c. Drywall will be repaired and inspected monthly by Maintenance Director. 3d. All lines & flue will be moved to proper location and secured with metal straps to prevent from shifting. Maintenance Director will monitor during monthly rounds. 3e. Flue will be replaced in its proper position and secured with metal strapping. Maintenance Director will inspect monthly. 4a. All multi-plug adapters have been removed, and families & residents have been notified that these are not permitted. MD & staff monitor during rounds and remove if applicable. 4b. See 4a 4d. GFCI receptacle will be replaced and tested.	2-28-25 2-28-25 2-28-25 2-28-25 2-28-25 7-12-24 7-12-24 2-28-25

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C 189	Continued From page 5 receptacle tester & circuit analyzer device. e. 300 Hall, Bulk Laundry - a multiplug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on June 20, 2024: a. 200 Hall, Cafe - the corridor door latches to its frame, but a very light touch of the door will cause the door latch to release. b. 300 Hall, Dining Room - the pair of doors to the corridor do not positively latch into their frame when closed. 6. Based on Observation, the corridor doors were not maintained in a safe and operating condition. Doors were blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on June 20, 2024: a. 200 Hall, Wellness Office - a wedge was holding the corridor door open. 7. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room or compartment of origin. Findings on June 20, 2024: a. 200 Hall, Bedroom 208 - the front fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. b. 200 Hall, Bedroom 208-Bathroom - a fire sprinkler escutcheon plate had dropped, exposing	C 189	5a. Self-closer will be tightened to ensure door closes properly. Maintenance Director & team will monitor during rounds 5b. See 5a 6a. All wedges have been removed and thrown away. Staff & residents have been instructed not to prop doors open. All team members will continue to monitor & remove if needed. 7a. Escutcheon plate has been replaced to its proper position. Maintenance Director will continue to monitor monthly. 7b. See 7a	2-10-25 2-10-25 7-10-24 7-15-24 7-15-24

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C 189	Continued From page 6 an opening through the fire-resistance-rated ceiling. c. 200 Hall, Corridor near Bedroom 223 - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. d. 300 Hall, Kitchen-Pantry - the fire sprinkler escutcheon plate did not cover the complete opening through the fire-resistance-rated ceiling.	C 189	7c. See 7a 7d. See 7a	2-28-25 2-28-25