

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
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NAME OF PROVIDER OR SUPPLIER THE LAURELS IN THE VILLAGE AT CAROLINA	STREET ADDRESS, CITY, STATE, ZIP CODE 13180 DORMAN ROAD PINEVILLE, NC 28134
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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell and Ed Miller on 11-5-2015.</p> <p>Records indicate this facility was first licensed on 12-17-1997, for 104 beds. Based on this information, we are requiring the facility to 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.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows:</p> <p>(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;</p> <p>This Rule is not met as evidenced by: Based on observation the facility did not meet the 1996 NC State Building Code as relates to</p>	C 101		

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

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C 101	Continued From page 1 storage and fire separations. Improper storage could allow a fire to grow beyond the sprinkler system's capacity to extinguish it. Findings include: The C up Parlor, which is much larger than 100 sq. feet, is now being used for combustible storage. The room is sprinkler protected but is separated from the corridor by only an unrated door. Section 409.1.6.1 of the 1991 NC State Building Code requires storage rooms larger than 100 sq. feet to be protected by sprinklers and to be separated from the remainder of the facility with one-hour fire rated construction and a ¾ hour fire rated self-closing or automatic closing door.	C 101		
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: Based on review of documents, the most recent Fire Marshal inspection report, dated 7-22-2015, listed deficiencies. There was no supporting documentation to indicate the deficiencies had been corrected. Findings include: a. Fire extinguishers need required service/inspection. b. Fire door blocked/inoperable/improperly modified.	C 111		

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C 150	Continued From page 2	C 150		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, there are 2 exits from "Rehab," both of which are designated with lighted exit signs. One exit was completely obstructed with chairs and equipment. An obstructed exit could delay evacuation in an emergency.	C 150		
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 facility failed to be maintained free of hazards because of exits signs directing exiting in the wrong directions. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Findings include: a. The required exit sign near room A201 has the exit arrows pointing in the wrong directions for exiting.	C 166		

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C 166	<p>Continued From page 3</p> <p>b. The required exit sign near room 201 has the exit arrows pointing in the wrong directions for exiting.</p> <p>c. The required exit sign near room D201 has the exit arrows pointing in the wrong directions for exiting.</p> <p>2. Based on observation, a waste trap had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Findings include: The hopper trap was dry in the soiled utility room.</p> <p>3. Based on observation, the vacuum breakers had been removed from the plumbing fixtures at mop sinks. Removing vacuum breakers from water fixtures that are designed for hose connections present the possibility of siphoning contaminated water into the water system. Findings include: There was hose bib above the mop sink in the D up laundry and at the mop sink near the hair salon with no vacuum breaker provided.</p>	C 166		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(c) Records of rehearsals shall be maintained 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</p>	C 185		

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C 185	Continued From page 4 description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on review of documents, the records of fire drill rehearsals did not include any 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 review of documents, the most recent sprinkler inspection report, dated 1-28-2015, listed deficiencies. There was no supporting documentation to indicate the deficiencies had been corrected. A deficient fire sprinkler system could endanger all occupants of the building. Findings include: a. The OS&Y tamper switch did not activate on closing of the valve to the dry sprinkler system. b. The OS&Y tamper switch did not activate on closing of the valve to the wet sprinkler system. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to	C 189		

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C 189	<p>Continued From page 5</p> <p>resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>Findings include;</p> <ul style="list-style-type: none"> a. One of the smoke barrier doors near room C201 was dragging the floor and would not automatically close. b. The receptionist office door was wedged open. c. The door to the laundry near 201 would not latch. d. The door to the soiled utility room in B up would not latch. e. The ¾ hour door to the storage room in B/E up would not latch. f. The latch bolt was missing on the door to the Spa. g. The ¾ hour door to the storage room in E/C up was severely damaged and the closer was disconnected. h. The ¾ hour door to the storage room in C up would not automatically latch. i. One of the smoke barrier doors near D201 would not latch when closed. j. The rated door to the elevator equipment room would not automatically latch. k. The pair of doors from the kitchen to the dining room would not close or latch. l. The ¾ hour door from the kitchen to the service corridor would not automatically latch. m. The smoke barrier doors near the staff rest room on the service corridor are not closing well. n. There is a 3/8 inch gap between the smoke barrier doors near the staff rest room on the service corridor. o. The door to the soiled linen room in the service corridor would not latch. p. One pair of doors to the dining room would not close and latch. 	C 189		

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C 189	<p>Continued From page 6</p> <p>q. The door to room A107 is hard to close.</p> <p>r. One of the smoke barrier doors near B101 would not latch when closed.</p> <p>s. The 1½ hour door to the stair tower near room B110 would not close and latch.</p> <p>t. The door to the D up laundry, which is larger than 100 sq. feet, was held open by a permanent magnet. Doors on laundries larger than 100 sq. feet must be self-closing or automatic closing on activation of the fire alarm system.</p> <p>u. The door to the clean linen room across from the hopper room had holes through it.</p> <p>3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <p>a. The exit sign near the laundry was not tightly mounted to the ceiling.</p> <p>b. Hole in ceiling at a patch in the storage room at B/E up.</p> <p>c. Holes (2) in the ceiling in "Rehab."</p> <p>d. Conduit sleeve (3 inch) from floor through ceiling, not fire protected at the floor or the ceiling.</p> <p>e. Hole in wall in C up pantry.</p> <p>f. Plastic unrated washing machine connection boxes (2) in smoke barrier wall in D up laundry.</p> <p>g. Holes in walls and ceiling in the communication room.</p> <p>h. Hole through the smoke barrier wall at the smoke barrier doors near the staff rest room on the service corridor.</p> <p>i. Unprotected 3 inch PVC penetrations (3) in the maintenance office.</p> <p>j. Hole in ceiling at refrigerant lines in the</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>maintenance office.</p> <p>k. Ceiling damaged at refrigerant lines in the maintenance office.</p> <p>l. Holes in wall in soiled linen room on service corridor.</p> <p>m. Holes in ceiling in sprinkler riser room.</p> <p>n. Hole above electric box for magnetic hold open at the left dining room doors.</p> <p>4. Based on observation, the facility was not maintained in a safe manner because of exit signs not working. Malfunctioning exit signs could delay an evacuation in an emergency. Findings include: Both of the lighted exit signs in "Rehab" were not illuminated.</p> <p>5. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: a. Several (7) portable medical oxygen cylinders were stored in no container in room B108. b. One portable medical oxygen cylinder was stored leaning against the wall in room B202. c. One portable medical oxygen cylinder was stored in no container in room D112. d. Several (3) portable medical oxygen cylinders were stored in no container in room A109. Deficiency d. was corrected onsite.</p> <p>6. Based on observation, the GFCI type receptacles (2) in the Clinic would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk.</p>	C 189		

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C 189	<p>Continued From page 8</p> <p>7. Based on observation, there were component covers missing on the panic hardware latches on one pair of dining room doors. The missing covers exposed sharp edges.</p> <p>8. Based on observation, there were many items stored directly in front of the electrical panels in the main electrical room. Storage in front of electrical panels is a Building Code violation and could delay access to the electrical disconnects in an emergency. Finding includes; The electric panel in the C up Parlor was obstructed with a sofa.</p> <p>9. Based on observation, the ice machine drain line was laying directly on the floor. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing</p>	C 199		

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C 199	Continued From page 9 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; a. The exhaust fan was not working in the laundry near the hair salon. b. There was no exhaust provided in the laundry near room 201.	C 199		