

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 R 02/25/2016
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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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(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 Follow-up Survey by Dennis Harrell on 2-25-201. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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: 2. Based on observation, many corridor doors are prevented from closing quickly and latching to 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. Findings include; a. One of the smoke barrier doors near room C201 was dragging the floor and would not automatically close. i. One of the smoke barrier doors near D201 would not latch when closed.	{C 189}	<i>See attached POC - 1 page.</i>	

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

James E. ...

TITLE:

Administrator

(X6) DATE

3/24/16

Facility: The Laurels at Carolina Place

License Number: HAL-060-104 FID #971517

Follow-Up Survey Conducted: February 25, 2016

Statement of Deficiencies Report (Dated 3/9/16. Postmarked 3/15/16. Received via USPS 3/21/16.)

Plan of Correction

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

ID PREFIX TAG C189: Section .0300 – PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS

1) 2-a, i

- A. With respect to the corrective action accomplished in those areas of the facility found to have been affected by the deficient practice.** No residents were injured nor had any adverse effects as a result of this deficiency. The fire and smoke resistant doors, to include latches, latch bolts, closures, dragging, penetrations, gaps and hardware have been fixed accordingly.
- B. With respect to how to identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken for the same deficient practice.** The Environmental Services Director/Designee will conduct an in-service with staff to insure everyone understands the importance to maintain the integrity and purpose of a fire/smoke rated door. Staff is to report affected doors accordingly.
- C. With respect to what measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not reoccur.** The Environmental Services Director/Designee will make routine rounds to insure all fire and smoke resistant door standards are maintained and repaired accordingly.
- D. With respect to how the corrective action will be monitored to ensure the deficient practice will not reoccur.** Environmental Service Director/Designee will make random inspections to insure all fire and smoke resistant door standards are maintained and repaired accordingly.
- E. Date when corrective action will be completed.** Corrective action was completed on February 29, 2016.

THE LAURELS & THE HAVEN
IN THE
VILLAGE AT CAROLINA PLACE

FIVE STAR SENIOR LIVING™

The Laurels
13180 Dorman Road
Pineville, NC 28134
Phone: 704.540.8007
Fax: 704.540.8088

The Haven
13150 Dorman Road
Pineville, NC 28134
Phone: 704.540.0155
Fax: 704.540.7769

Date:

To: Dennis Howell / Construction	From: Jason Fisher
Fax: 919-733-6592	Pages (Including Cover): 4
Subject: POC HAL-020-104 / 971517	
Comments: See enclosed POC for follow-up survey JF 3/24/14	

RELS
INA PLACE

LLIVING™

Road
8134



Dennis Harrell
NC Department of Health and Human Services
Architect, Construction Section
Division of Health Service Regulation
2705 Mail Service Center
Raleigh, NC 27699-2705

TRANSACTION REPORT

MAR/24/2016/THU 02:54 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPR/NOTE	FILE
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 Pineville, NC 28134
 Phone: 704.540.8007
 Fax: 704.540.8088

The Haven
 13150 Dorman Road
 Pineville, NC 28134
 Phone: 704.540.0195
 Fax: 704.540.7789

Date:

To: *David Spivey / Construction* From: *Jason Fisher*

Fax: *919-753-6592* Pages (including covers): *4*

Subject: *PRC HALL 200-104 / 9/15/17*

Comments: *See enclosed PRC*

for follow-up survey
PRC 2/2/16

