STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		HAL075010	B. WING		05/	14/2015
NAME OF F	PROVIDER OR SUPPLIER	L	DDRESS, CITY, ST	TATE, ZIP CODE		14/2010
LAUREL	WOODS					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	BUS, NC 28722	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report of Biennial ( Harrell on 5-14-201	Construction Survey by Dennis 5.				
	licensed or submitted for 60 residents with Unit. Based on this the facility to meet the and Disabled - Mini Regulations", applic Rules for Adult Care Beds, and the 1996	is facility was either first ed for licensure on 3-12-1999, h 24 of those in a Special Care information we are requiring the 1996 "Homes for the Aged mum Standards and cable portions of the 2005 e Homes of Seven or More 5 w/ ' 98 rev Edition of the e Building Code; Section 409, ancy - Group I.	9			
C 111	Must Have Current	San. & Fire Safety Reports	C 111			
	fire and building sat	02 DESIGN AND				
	recent sprinkler sys 3-10-2015, listed a corrected. No docu indicate the deficier deficiency is listed b inspection report:	ew of documents, the most stem inspection report, dated deficiency that must be umentation was available to ncy had been corrected. The below as shown on the system was tested, the				
	recent Fire Safety I	ew of documents, the most nspection was more than a o have the building and safety				

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION           (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) A. BUILDING: <b>01</b>			X3) DATE SURVEY COMPLETED	
		HAL075010	B. WING		05/	14/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
LAUREL	WOODS		ST MILLS STR BUS, NC 2872			
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLET DATE
C 111	Continued From pa	ge 1	C 111			
		and approved as required ems not operating properly in al fire.				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me Based on observati	06 HOUSEKEEPING AND es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing				
	reach the sink basin breaker provided. I are long enough to fixture present the p	n and there was no vacuum Hoses on water fixtures that reach the flood rim of the possibility of siphoning r into the water system unless				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

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	-ROVIDER OR SUPPLIER		EST MILLS STRE			
AUREL	WOODS		BUS, NC 28722			
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C 189	Continued From pa	ge 2	C 189			
	This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe condition because of a delayed egress lock not opening when a force of 15 pounds was applied as required. Findings include: The delayed egress lock in the laundry area required a force of at least 100 pounds to begin the process to open the door.					
	maintained in a saft alarm system was in condition. The fire the facility was awa contacted a repair s system that is show	vation, the facility was not e condition because the fire ndicating a "Trouble" alarm system tested OK and re of this condition and had service. However, a fire alarm ving a trouble condition cannot ork properly in an actual fire.				
	fire rated walls and, in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings include: a. Unsealed cable	vation the required one-hour /or ceilings were compromised . Holes and penetrations that materials approved for use in construction present the e that begins in one space can ther areas of the facility. penetration in the smoke n the 100 and 200 Halls,				
	<ul> <li>b. Unsealed condutivall between the 10 c. Holes in the wall</li> <li>d. Holes in the wall</li> <li>e. Residential foan in the ceiling of Med foam is not approve Occupancies.</li> </ul>	it sleeve in the smoke barrier 00 and 200 Halls, I in Storage room 1A,				

STATE FORM

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C 189	Continued From pa	ige 3	C 189			
	g. Holes in the wal	I in Utility room 3.				
	closing well enough and smoke. Corrid completely and late fire that begins in o to the corridor and Findings include; The door to the ma	vation, a corridor door is not in to resist the passage of fire or doors that do not close th present the possibility that a ne space can quickly spread the remainder of the facility. in laundry is Special Care had pening at the top of the door.				
	maintained in a safi improper storage to head. Storage that below the sprinkler of the fire sprinkler Findings include;	vation, the facility was not e condition because of to close to a fire sprinkler is not kept at least 18 inches head could negate the ability system to extinguish a fire. tacked almost to the ceiling in 344.				
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191			
	<ul> <li>maintain 75 degree</li> <li>winter design condition</li> <li>following shall apply</li> <li>appliances.</li> <li>(2) Unvented fuel k</li> <li>portable electric he</li> <li>(k) This Rule shall</li> <li>facilities with the extension</li> </ul>					
	This Rule is not me	et as evidenced by:				

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	PROVIDER OR SUPPLIER		DDRESS, CITY, S		05/	14/2015
			ST MILLS STF			
LAUREL	WOODS	COLUME	BUS, NC 2872	2		
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C 191	Continued From pa	ige 4	C 191			
		ion, there was a portable e Dietician office.				
C 195	Hot Water System		C 195			
	electric heater in the Dietician office.		5			
sion of H	ealth Service Regulation					