

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL010007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/27/2017
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NAME OF PROVIDER OR SUPPLIER LELAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1935 LINCOLN ROAD LELAND, NC 28461
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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 a Biennial Follow Up Construction Section Survey by Billy S. Bryant on 01/27/2017.	(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 review of documents, a current required reports was not available for review at the time of the survey. Findings on 1/27/2017: c. Annual fire sprinkler inspection report. Note: Inspection was in progress while surveyor was on site.	(C 111)	The annual sprinkler inspection report was submitted to DHR Construction on 2-13-2017.	2-13-2017

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *2-20-2017*

STATE FORM 6197 FSLQ22 If continuation sheet 1 of 1