

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2017
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NAME OF PROVIDER OR SUPPLIER CAROLINA RESERVE OF LAUREL PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791
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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	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland on 04/06/2017:</p> <p>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.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, this facility has failed to maintain the service and maintenance of the Fire Alarm Control in order to notify the occupants of this facility that an emergency event is occurring. This condition will bring harm to the residents, staff and guests.</p> <p>Findings on 04/06/2017:</p>	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 189	Continued From page 1 When the FACP test ocurred, the audio-visual devices did not activated in the Front Lobby, 100 Hall and 200 Hall.	C 189		