

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2017
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NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
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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>Report of Construction Section Biennial Survey by Dennis Harrell on 6-15-2017.</p> <p>Records indicate this facility was first licensed on 3-12-1999, for 60 residents with 24 of those in a Special Care Unit. Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 w/ '98 rev Edition of the North Carolina State Building Code; Section 409, Institutional Occupancy - Group I.</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, some of the Delayed Egress exit doors failed to comply with of the</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 Building Code. The Code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Finding include the following Delayed Egress exits missing signs; a. The exit door near room 338 had no sign provided. b. The sign provided at the exit door from the time clock room was not located on the door as required by Code.	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 a review of documents, the most recent Fire Marshal building safety inspection report was dated 8-25-2015. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency.	C 111		
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.	C 150		

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C 150	Continued From page 2 This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Findings include: a. There was a bedframe, 2 mattresses, 2 tables and 2 lamps stored in the corridor reducing the clear width to about 3.25 feet. b. There was a chair stored in the corridor reducing the clear width to about 3.75 feet. c. There were 2 bedframes stored in the corridor reducing the clear width to about 4.25 feet. d. There was a bedframe, 2 mattresses and a table stored in the corridor reducing the clear width to about 4.75 feet.	C 150		
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 observation, the fire alarm system was showing a "Trouble" condition. Fire alarms in "Trouble" may fail to operate properly when needed. 2. Based on observation, the facility was not maintained in a safe and operating condition as relates to the Delayed Egress locking. Finding includes:	C 189		

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C 189	<p>Continued From page 3</p> <p>The Delayed Egress exit door in the time clock room failed to unlock on activation of the fire alarm system as required for required exits.</p> <p>3. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas:</p> <ul style="list-style-type: none"> a. Main electrical room, b. Laundry. <p>4. 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;</p> <ul style="list-style-type: none"> a. The double doors from the corridor to the Dining room had sagged against each other and would not close and latch. This condition was found in both sets of double doors to the Dining room. b. The double doors from the corridor to the Sun room had sagged against each other and would not close and latch. c. There was a gap of 5/16 to 5/8 inch between the double 45 minute fire rated doors to the main laundry. d. One of the doors to the Library would not latch when closed. 	C 189		