Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL075010	A. BUILDING: 01 B. WING	06/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOODS	1062 WEST MILLS STREET COLUMBUS, NC 28722

(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 Construction Section Biennial Survey by Dennis Harrell on 6-15-2017. 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.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (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; This Rule is not met as evidenced by: Based on observation, some of the Delayed Egress exit doors failed to comply with of the	C 101		

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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	Continued From page 3 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. 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: a. Main electrical room, b. Laundry. 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; 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		

LaurelHurst and LaurelWoods

DHSR Construction Section Biennial Survey
6/15/17
Plan of Correction

C101: 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.

- Corrective Action:
  - A. Sign was down due to paint, sign has been re-installed on door. B. Relocated existing signs to be mounted on the door, rather than beside it.
- Identify other areas and corrective action:
  - Maintenance Director has completed a door sign audit. Will ensure that signs are replaced immediately after painting.
- Preventive Measures/Future monitoring:
  - Maintenance Director has in-serviced Maintenance personnel to immediately reinstall signs after paint has dried.
- Date of completion:
  - 7/19/2017.

C111. Most recent Fire Marshall inspection report was dated 8/25/15. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency.

- Corrective Action:
  - Per attached email from local Fire Marshall, Polk County only requires Assisted Living to be inspected once every 2 years. State Surveyor was informed of this and facility was advised to submit email from Fire Marshall with POC.
- Identify other areas and corrective action: NA
- Preventive Measures/Future monitoring: NA
- Date of completion: NA

C150. 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 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.

- Corrective Action:
  - Removed all furniture from hallway.
- Identify other areas and corrective action:
  - When remodeling or moving residents, furniture will be stored in empty rooms rather than in hallway.
- Preventive Measures/Future monitoring:

- Maintenance Director will conduct daily rounds, especially during resident moves or transfers, to ensure that maintenance personnel stores furniture in empty rooms and that hallways have proper clearance.

- Date of completion:
  - 6/16/2017.

C189. 1. The fire alarm system was showing a "Trouble" condition. 2. The delayed egress exit door in time clock room failed to unlock on activation of fire alarm system as required. 3. Emergency lights would not work when tested in main electrical room and laundry room. 4.A. The double doors from corridor dining room had sagged against each other and would not close and latch. B. Double doors from corridor to 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.

- Corrective Action:
  - 1. Installed new smoke detector.
  - 2. Contacted door panel service (SouthMed) to come service door.
  - 3. Replaced lights in main electrical room and laundry room.
  - 4. A, B repaired doors to prevent sagging. C. Installed steel over door seam. D. Adjusted door catch.
- Identify other areas and corrective action:
  - 1. Maintenance Director will complete audit of fire panel weekly. This smoke alarm needs servicing, Simplex Grenell has been contacted to perform service.
  - 2. Maintenance will conduct audit to check all egress doors during monthly fire alarm check.
  - 3. Maintenance will conduct bi-monthly checks of emergency lights. Previously checks were monthly.
  - 4. Maintenance has performed visual check on all remaining doors and will add to monthly maintenance checklist.
- Preventive Measures/Future monitoring:
  - 1. Weekly fire panel audit.
  - 2. Add egress checks to monthly fire alarm audit.
  - 3. Bi-monthly checks of emergency lights.
  - 4. Visual inspection/door test added to monthly maintenance checklist.
- Date of completion:
  - 1. 6/20/17
  - 2. 7/17/17
  - 3. 7/19/17
  - 4. A. 6/21/17 B. 7/19/17. C 6/21/17

Allye Coleman

From: Kenny Walker
Sent: Thursday, July 20, 2017 12:08 PM
To: Allye Coleman
Subject: FW: Fire Inspection Schedule

Kenny walker

CSL Laurel Hurst

From: Bobby Arledge [barledge@polknc.org]
Sent: Friday, June 16, 2017 12:42 PM
To: Kenny Walker
Subject: Fire Inspection Schedule

Kenny,

Laurel Woods and Laurel Hurst are on a 2 year inspection cycle. The last inspection was performed in August of 2015. Your next inspection will be in August of this year. If you need any further information please let me know. Thank you.

Bobby Arledge
Emergency Management Director/Fire Marshal
Polk County Local Government
P.O. Box 308 (40 Courthouse Street)
Columbus, NC 28722
barledge@polknc.org
(828)894-6342

"This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of (Laurelhurst and Laurelwoods) as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies."