

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 10/03/2017
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NAME OF PROVIDER OR SUPPLIER LELAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1935 LINCOLN ROAD LELAND, NC 28451
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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 Complaint Survey by Suzanna Fay conducted on October 3, 2017.</p> <p>The complaint alleged that the facility had issues with mold.</p> <p>Records indicate this facility was first licensed on June 25, 1996. The facility is currently licensed for 78 Beds including a 24 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 Edition of the North Carolina Building Code, Institutional Occupancy.</p> <p>The complaint was substantiated. Deficiencies were cited.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observations and interview with Staff, the walls, ceilings and floors or floor coverings were not maintained clean and in good repair.</p>	C 164		

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

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C 164	<p>Continued From page 1</p> <p>Findings on October 3, 2017: DSS visited the facility on September 12, 2017 and identified 8 rooms with problems. Apparent roof leaks and faulty air conditioning equipment have caused moisture damage which has caused microbial growth.</p> <p>Black and grey spots and stains were found on the closet ceilings and walls in rooms on the 100 (SCU) Hall and on the 300 Hall and on the walls of one bath. There is a greenish gray fungal growth on the carpets and furnishings in Rooms 107, 306 and 309.</p> <p>Staff met with the management company, the maintenance company and a remediation contractor to identify all rooms affected by the stains. An outside vendor tested the substances and found that none of the growths were hazardous. Remediation is currently underway. At the time of this survey, one room was sealed off and the contractor was working in the room. The Residents were moved to another room while the renovations take place. Rooms with the carpet fungus are not being used.</p> <p>The causes of the mildew or mold along the ceilings and walls was determined to be from roof leaks. The affected areas are not conditioned or ventilated with the exception of the one bath. Repairs for the roof are ongoing.</p> <p>The growth on the carpets which spread to the furniture was determined to come from condensation from the PTAC units which seeped into the flooring. The PTAC units have been replaced. Remediation is being conducted on one room at a time.</p>	C 164		