

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 02/07/2018
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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}	Initial Comments Report of a Complaint Follow Up Construction Survey by Ed Miller and Dennis Harrell, conducted on February 7, 2018. Although the deficiencies cited on the original complaint were found to be corrected, new deficiencies were cited that will require a new Plan of Correction.	{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: 1. Based on observation, the Building Sprinkler System failed to meet the Code requirements in effect at the time of construction by not having all required areas protected with sprinklers. New Findings on February 7, 2018: a. Bedroom 112 Closet A - there is no automatic fire sprinkler protection in this space.	C 101	10A NCAC 13F.301 C101 - Odessey Fire Protection came and conducted thier inspection on 02/27/18. Per Eric with Odessey the sprinklers will be ordered to replace the missing ones in room #112-A and in conference area outside of Executive Director's office. It takes approximately 3-4 weeks to recieve them. As soon as they come in Eric will have his technician come and install them. The Executive Director will ensure all inspections and audits are completed before the due date. The Executive Director will also conduct monthly building audits to ensure all equipment is in place and functioning properly.	This will be completed by 04/06/18.

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Paula Sholar-Mason	TITLE Executive Director	(X6) DATE 03/13/18
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C 101	Continued From page 1 b. Office near Conference Table - there is no automatic fire sprinkler protection in this area.	C 101	Continuation - please see the previous page	