



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor

**MANDY COHEN, MD, MPH** • Secretary

**MARK PAYNE** • Director, Division of Health Service Regulation

January 23, 2019

Paula Mason  
1935 Lincoln Rd  
Leland, NC 28451

RE: Leland House - HA Biennial Survey  
1935 Lincoln Road  
Leland Brunswick County  
FID #960422 Hal010007

Dear Ms. Mason :

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on January 9, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
CONSTRUCTION SECTION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705  
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by February 7, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section  
2705 Mail Service Center  
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

#### Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by February 7, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by February 7, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

***Frank Strickland***

Frank Strickland

Biennial Institutional Engineering Surveyor

DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment  
County Building Inspection Department - with attachment-(via e-mail only)  
Brunswick County DSS - with attachment-(via e-mail only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL010007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/09/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LELAND HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1935 LINCOLN ROAD LELAND, NC 28451</b>
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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
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C 000	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland on 01/09/2019:</p> <p>This facility was licensed on 10/10/1997 and is required to meet the 1996 "Homes for the Aged and Disabled Minimum Standards and Regulations". This facility must also meet the 1996 Edition of the North Carolina State Building Code : Section 409 Institutional Occupancy - Group I and the applicable portions of the 2005 Rules for Adult Care Homes of seven or more beds. (FACILITY LICENSED FOR SEVENTY-EIGHT BEDS W/24 ALZ UNIT)</p> <p>Deficiencies have been cited and a Plan of Correction is required.</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: (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>	C 101		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Paula Sholar-Mason

TITLE

Executive Director

(X6) DATE

02/05/2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL010007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/09/2019</b>	
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C 101	Continued From page 1  This Rule is not met as evidenced by: 1-Based on observation, this facility failed to meet the Code requirements in effect at the time of construction and/or renovation.  Findings on 01/09/2019: The special locking system is required to have a wiring diagram and a system components location map posted at the FACP.	C 101	.0300 - Physical Plant 10A NCAC 13F .0301 The wiring diagram and system component has been copies, enlarged and framed. It is located as soon as you enter into the foyer of the main lobby of the Facility.	01/15/19
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1-Based on observation, this facility has not been maintained in a clean and orderly manner.  Findings on 01/09/2019: The ceiling HVAC diffusers are moldy and dirty at the following locations: (a) Administrator's Offices (b) Employee Bathroom (Service Hall) (c) Service Hall (Outside Employee Bathroom)  2-Based on observation, this facility has not been maintained in a clean and orderly manner.  Findings on 01/09/2019: Items have been stored on the top shelves that	C 166	.0300. Physical Plant 10A NCAC 13F .0306 The HVAC diffusers were cleaned at the following locations: Administrator's Office Employee Bathroom (service hall) Service Hall (outside employee bathroom)	01/15/19

Division of Health Service Regulation

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C 166	Continued From page 2  are less than 18 " from the ceiling that are obstructing the sprinkler heads at the following locations: (a) Storage Room-200 HALL (b) Housekeeping Room-200 HALL	C 166	.0300 Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishings The storage and housekeeping rooms have been cleaned up and items are now 18" from the ceilings.	01/30/19
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, this facility has not maintained the fire safety components in safe and operating condition.  Findings on 01/09/2019: The Laundry Room door (one-hour fire rated) was wedged in the open position and containment of a fire and/or smoke from this space would not occur.	C 189	.0300 - Physical Plant 10A NCAC 13F .0311 Other Requirements The laundry room door now has a magnetic lock and it operates as a true fire door. It is not propped open and will automatically close if there is a fire.	02/07/19