

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2019
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CAROLINA RESERVE OF LAUREL PARK **1825 PISGAH DRIVE**
HENDERSONVILLE, NC 28791

(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 3-7-2019. Records indicate this facility was first licensed on 5-1-1998, for 48 beds. Therefore, this facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Institutional Occupancy (Group I) Unrestrained.	C 000	The following is a summary of the Plan of Correction for Carolina Reserve of Laurel Park. This Plan of Correction is in regards to the Corrective Action Report dated March 18, 2019. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, a building surface was not kept in good repair. Finding on 3-7-2019; Portions of the trim on a laminate countertop were broken or not firmly fastened in place.	C 164	10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. Designated laminate counter top was repaired by 3/8/19	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189	10A NCAC 13F .0311 Other Requirements <i>CONTINUE</i>	

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

Abernie Simmons

TITLE

ED

(X6) DATE

4/1/2019

Division of Health Service Regulation

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C 189	<p>Continued From page 1</p> <p>REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 3-7-2019:</p> <p>a. Unsealed conduit sleeves (2) through the ceiling in the main electrical room, b. Unsealed penetration in the ceiling of the 300 Hall mechanical room, c. Two ceiling penetrations sealed with unrated foam in the mechanical room off the laundry, d. Unsealed penetration in the ceiling of the other mechanical room off the laundry, e. Unsealed penetration in the ceiling of the kitchen at a gas line, f. A ceiling penetration sealed with unrated foam in the sprinkler riser room.</p> <p>2. . Based on observation, 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 on 3-7-2019;</p>	C 189	<p>10A NCAC 13F .0311 Other Requirements</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>Indicated conduit sleeves and ceiling penetrations will be sealed with approved fire seal material by 3/8/19 Designated smoke barrier door was repaired assuring proper closure by 3/8/19. Designated door wedge was removed on 3/8/19. Designated sprinkler escutcheon's were repaired on 3/8/19. Designated room with combustible storage that is not designated as a storage room per regulations will be cleared of noted items by 4/2/19.</p>	

Shervie Simmons, ED

4/1/2019

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C 189	<p>Continued From page 2</p> <p>a. The smoke barrier doors on the 100 Hall do not close completely when activated by the fire alarm system.</p> <p>b. A wedge was found at the 20 minute fire rated door to the mop sink room on the 200 Hall. The wedge indicates the door is sometimes wedged open. Note; This deficiency was corrected during the survey.</p> <p>3. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheons were found in:</p> <ul style="list-style-type: none"> a. Both closets in room 117, b. Dining room, c. Oxygen storage room. <p>4. Based on observation, the facility failed to be maintained in a safe manner by allowing large quantities of combustible storage to be kept in an area that is not designed and equipped as a storage room in accordance with the NC State Building Code. This situation could result in a fire growing larger than the construction's ability to contain it. Finding on 3-7-2019; Former bedroom 221 is now being used as the maintenance area. Combustible storage was found consisting of at least the following; 46 plastic storage containers, 30 upholstered chairs, 6 wood chests, 4 wood bed frames and 14 wood framed mirrors.</p> <p>5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler</p>	C 189		

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STATE FORM

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If continuation sheet 3 of 4

Sherie Simmons, ED 4/11/2019

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C 189	<p>Continued From page 3</p> <p>head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding on 3-7-2019; Items had been stacked to within 4 inches of the ceiling in the dry storage room. Note; This deficiency was corrected during the survey.</p> <p>6. Based on observation, there was no documentation of the required in house/owner's monthly inspections provided on the inspection tag at the range hood fire suppression system since October of last year. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.</p>	C 189		

Shervie Simmons, ED 4/1/2019