Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
			A. BOILDING.	• •	F	₹						
		HAL045126	B. WING			8/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
CAROLINA RESERVE OF LAUREL PARK 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791												
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)												
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE						
{C 000}	Initial Comments		{C 000}									
	Report of Biennial I by Dennis Harrell o	Follow Up Construction Survey on 5-28-2019.										
	Some deficiencies were not corrected. Further action is required.											
{C 164}	Housekeeping and Furnishings-Clean, Repaired		{C 164}									
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of	06 HOUSEKEEPING AND										
	Based on observat kept in good repair Finding on 5-28-20 Portions of the trim											
{C 189}	Building Equipmen	t Maintained Safe, Operating	{C 189}									
	mechanical, and pl care home shall be operating condition	of 11 OTHER and all fire safety, electrical, umbing equipment in an adult maintained in a safe and										

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED						
						२						
HAL045126			B. WING 05/28/2			28/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1825 PISGAH DRIVE												
CAROLINA RESERVE OF LAUREL PARK HENDERSONVILLE, NC 28791												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	(X5) COMPLETE DATE							
{C 189}	Continued From pa	age 1	{C 189}									
		cception of Paragraph (e) bly to existing facilities.										
	2. Based on obser prevented from cloresist the passage doors that do not copresent the possibility one space can quick the remainder of the Finding on 5-28-20	119; ated door from the dining room										

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Division of Health Service Regulation STATE FORM