| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | (X3) DATE SURVEY COMPLETED |
|---|--|---|-------------------------------|
| | HAL075010 | B. WING | R 08/22/2023 |

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAURELWOODS

1062 WEST MILLS STREET COLUMBUS, NC 28722

| | COLUMBI | US, NC 2872 | 22 | |
|--------------------------|--|---------------------|--|--------------------------|
| (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 | {C 000} | | |
| | Report of Construction Section Biennial Survey Follow Up by Tod Hancock and Suzanna Fay conducted on August 22, 2023. | | | |
| | Deficiencies cited were still in need of remediation and a Plan of Corrections is required. | | | |
| {C 160} | Outside Premises-Clean, Safe | {C 160} | | |
| | SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; | | | |
| | This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on August 22, 2023: a. The siding and trim around the door at both the 100 and 200 Halls front exits has been | | | |
| | removed to work on the sprinkler heads. | | | |
| {C 164} | | {C 164} | | |
| | 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; | | | |

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

TITLE (X6) DATE

| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION 01 | (X3) DATE COMP | SURVEY LETED |
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| | | HAL075010 | B. WING | | 08/2 | 2/2023 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | |
| LAUREL | WOODS | | T MILLS ST | | | |
| 040.15 | CUIMMA DV CTA | | JS, NC 2872 | | N. | 0(5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY) | D BE | (X5) COMPLETE DATE |
| {C 164} | Continued From pa | ge 1 | {C 164} | | | |
| | (e) This Rule shall facilities. | apply to new and existing | | | | |
| | | et as evidenced by: vealed that the walls, ceilings kept clean and in good repair. | | | | |
| | there are large yellomechanical leak on finish is beginning to d. Kitchen - the ceivent over the dishwe. Kitchen Pantry-brown water stains are yellow water stains are yellow water stafixture from a mechand ceiling have ye same leak and the bubbled. f. Physical Therapy water stains on the leak. g. Spa - there was | of the Employee Bathrooms - ow water stains from a the ceiling and the popcorn of lake off within the stains. ling finish around the supply ashing area is damaged. one of the light fixtures has in the lens cover and there ains on the ceiling around the anical leak. The back wall llow water stains from the paint finish on the wall is Office - there are yellow ceiling from a mechanical a leak and patching has oleted and the patch is | | | | |
| {C 189} | SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition | 11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and | {C 189} | | | |

Division of Health Service Regulation STATE FORM

| Division of Health Service Regulation | | | | T | | |
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| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
| 741D 1 D 114 | J. JOINEDHON | .SERVIII IO. WI TOWN DETA. | A. BUILDING: | U1 | | |
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| | | HAL075010 | B. WING | | 08/2 | 2/2023 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
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| LAUREL | WOODS | | US, NC 2872 | | | |
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| TAG | REGULATORY OR L | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROF DEFICIENCY) | PRIATE | DATE |
| | | | | DEI IGIENGT) | | |
| {C 189} | Continued From pa | ge 2 | {C 189} | | | |
| | facilities with the ex | ception of Paragraph (e) | | | | |
| | | ly to existing facilities. | | | | |
| | Willow Orlan Hot app | y to oxioting radinates. | | | | |
| | | | | | | |
| | This Rule is not me | et as evidenced by: | | | | |
| | | vation there is a failure to | | | | |
| | | g's fire safety systems in a | | | | |
| | | es or gaps at penetrations | | | | |
| | | nt rated ceilings or walls could e to spread beyond the area | | | | |
| | of origin. | e to spread beyond the area | | | | |
| | or origin. | | | | | |
| | Findings on August | 22, 2023: | | | | |
| | a. Men's Toilet - the grille on the exhaust fan is | | | | | |
| | | in the fire resistant rated | | | | |
| | ceiling. | | | | | |
| | | inkler head over the | | | | |
| | | s missing its escutcheon ring. | | | | |
| | | s an unsealed conduit e emergency hood shut off | | | | |
| | switch. | e emergency nood snat on | | | | |
| | | Closet - the escutcheon ring | | | | |
| | has fallen off the sp | • | | | | |
| | | the escutcheon ring has fallen | | | | |
| | off one of the sprink | | | | | |
| | | Office - there is a large 24" | | | | |
| | | e ceiling at the exhaust where | | | | |
| | a vendor stepped o | n the sheetrock in the attic. | | | | |
| | 2. Based on observ | vation the facility's fire safety | | | | |
| | | aintained in operating | | | | |
| | | maintain fire safety | | | | |
| | | ting condition could effect | | | | |
| | | cility if the equipment could | | | | |
| | not operate properly | y to suppress a fire. | | | | |
| | Findings as August | 22 2022 | | | | |
| | Findings on August | | | | | |
| | | vealed that the facility was in acing sprinkler heads at the | | | | |
| | | ing due to damage during the | | | | |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | |
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| | | HAL075010 | B. WING | | 08/2 | 2/2023 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | |
| LAUREL | WOODS | | ST MILLS ST US, NC 2872 | | | |
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| {C 189} | Continued From pa | ge 3 | {C 189} | | | |
| | freezing temperatur approximately 75% | res in December. The work is complete. | | | | |
| | has not been maint is a potential shock | vation the electrical equipment ained in a safe manner. This hazard if receptacles near ot function to provide shock | | | | |
| | Findings on August a. Room 111 Bath when tested. | 22, 2023: - the GFCI outlet does not trip | | | | |
| | maintain electrical e equipment in safe of effect occupants of | vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage. | | | | |
| | Courtyard door did c. The emergency illuminate on test. d. The exterior emoleum Laundry exit did not | or emergency light outside the not illuminate on test. light in Laundry did not ergency light outside of the illuminate on test. If of the Spa - the emergency | | | | |
| | has not been maint | vation the electrical equipment ained in a safe manner. This hazard if receptacle covers res exposed. | | | | |
| | Findings on August a. Kitchen - the cov from the reach-in co | er plate for the outlet across | | | | |
| | | vation the facility's fire safety aintained in operating | | | | |

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Division of Health Service Regulation STATE FORM

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE SUR COMPLETE | |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAURELWOODS

1062 WEST MILLS STREET COLUMBUS. NC 28722

| | COLUM | BUS, NC 2872 | 22 | |
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| {C 189} | Continued From page 4 condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function during a fire. Findings on August 22, 2023: a. Room 342 - the smoke detector is missing from its base. This is a hard wired device. | {C 189} | | |
| (C 199) | | | | |

Division of Health Service Regulation STATE FORM

SYA522 If continuation sheet 5 of 6

| STATEMENT OF DEFICIENCIES (X1) PROVIDE AND PLAN OF CORRECTION IDENTIFY | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION 01 | (X3) DATE COMPI | SURVEY LETED |
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| | | HAL075010 | B. WING | | 08/2 | 2/2023 |
| NAME OF I | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | |
| LAUREL | WOODS | | ST MILLS ST US, NC 2872 | | | |
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| {C 199} | Continued From pa | ge 5 | {C 199} | | | |
| | working. | | | | | |
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