STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
					R		
		HAL080030	B. WING		01/1	1/2024	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S DRESVILLE I	STATE, ZIP CODE			
TERRAB	ELLA SALISBURY		RY, NC 2814				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
{C 000}	Initial Comments		{C 000}				
		l Follow Up Construction Fay conducted on January					
		ies cited in the Biennial y that remain to be corrected.					
{C 101}	Existing Licensed F	ac- No less than '71 Rules	{C 101}				
	PHYSICAL PLANT The physical plant is care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effection, or alterathe requirements for addition or renovation, or renovation or renovation or requirements from addition or requirements from addition or renovation or requirements. The requirements from addition or requirements from addition or requirements.	O1 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing reportions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less ments found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of relation at no cost;					
	1. Observations re compliance with co the time of construct Delayed egress do irreversible process within 15 seconds wit	et as evidenced by: vealed that the facility is not in de requirements in effect at ction, renovation or alteration. ors are required to initiate an s which will unlock the door whenever a force of not more applied to the door or					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			71. BOILDING.		F	,
		HAL080030	B. WING			1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TERRABELLA SALISBURY 1915 MOORE SALISBURY,						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 101}	Findings on Januar The AL portion of the delayed egress lock a. Dining - the dela exterior porch did napplied to the door The doors are currest between the hours They are on a time disable the timer in egress. b. The delayed egr (Time Clock Hall) dwas applied to the oseconds. The door stay open between pm. They are on a	y 11, 2024: ne facility had a system of king on the exit doors. nyed egress doors to the ot release when pressure was for more than 15 seconds. ently programmed to stay open of 7:00 am and 7:00 pm. or and staff were unable to order to test the delayed ress door by the Break Room id not release when pressure door for more than 15 ors are currently programmed to the hours of 7:00 am and 7:00 timer and staff were unable to order to test the delayed	{C 101}			
{C 116}	care home is plann Documents and spe by the applicant or the Division for revi preliminary step to final plan approval, and Design Develo submitted for appro- submission of Cons (b) Approval of Cons	PHYSICAL PLANT	{C 116}			

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation						
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
					F	,
HAL080030		B. WING			1/2024	
		TIALUGUOGO	<u> </u>		01/1	1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1915 MOC	DRESVILLE I	ROAD		
IERRAB	ELLA SALISBURY	SALISBUI	RY, NC 2814	47		
(VA) ID	QLIMMADV QTA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	DATE
				DEFICIENCY)		
{C 116}	Continued From pa	ge 2	{C 116}			
(0 110)	Continued i form pa	ge z	(0 110)			
		Approval of Construction				
	Documents shall ex	cpire after one year unless a				
		he construction has been				
	obtained.					
		xpires, renewed approval				
		he Division, provided revised				
		nents meeting all current				
		and standards are submitted				
	by the applicant or appointed representative and					
	reviewed by the Div					
		ade during construction shall				
		Il of the Division to assure that				
	licensing requireme					
	(e) Completed construction or remodeling shall					
		irements of this Section				
	including the operation of all building systems and					
		n writing by the Division prior				
		ppancy. Within 90 days				
		the owner or licensee shall				
		ion to the Division that "as				
	built" drawings have been received from the					
	builder.					
		designated agent shall notify ctual construction or				
		nd at points when construction				
	•	ercent and 90 percent				
	complete and upon					
	complete and upon	mai completion.				
	This Rule is not me	et as evidenced by:				
		I review, observation and				
		the facility did not submit]
		truction or remodeling was]
	performed at the fa]
	portornicu at tile la	omey.]
	Findings on Januar	v 11 2024·]
		s from the 2017 Construction]
		rvey indicated the Assisted]
		ortion of the facility was not]
		form of egress controls.				
	equipped with ally I	omi oi egress contios.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DA' A. BUILDING: 01 COI		(X3) DATE COMP	SURVEY LETED	
			A. BUILDING.	01		,	
		HAL080030	B. WING		01/1	1/2024	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
TERRAB	TERRABELLA SALISBURY 1915 MOORESVILLE ROAD SALISBURY, NC 28147						
(VA) ID	STIMMADV STA			PROVIDER'S PLAN OF CORRECTION	ON	(УБ)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
{C 116}	Continued From pa	ge 3	{C 116}				
	Observations on May 9, 2023 revealed that a system of Delayed Egress locking was added to the exterior doors on the AL side.						
	There is not a reconsubmitted to DHSR	rd of plans or specifications //Construction.					

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