

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2024
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NAME OF PROVIDER OR SUPPLIER THE LANDINGS CABARRUS	STREET ADDRESS, CITY, STATE, ZIP CODE 4968 MILESTONE AVE KANNAPOLIS, NC 28081
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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
C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Tod Hancock conducted on December 17, 2024.</p> <p>This facility was licensed on February 27, 2020 and is currently licensed for 67 Beds. Therefore, this facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 2012 Edition of the North Carolina Building Code(s), I-2 Institutional Occupancy.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 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>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building's emergency equipment was not maintained in a safe and operable manner.</p> <p>Findings on December 17, 2024:</p> <p>a. 200 Hall exit- The mag lock override box does not emit a sound when opened.</p> <p>b. SCU- Near Room 401- The mag lock override</p>	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 189	<p>Continued From page 1</p> <p>box does not emit a sound when opened.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire-resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on December 17, 2024:</p> <p>a. Resident Laundry AL- The door closer is not operable.</p> <p>3. Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings on December 17, 2024:</p> <p>a. 200 Hall exit- -The Emergency lights did not illuminate when tested.</p> <p>4. Based on observation, the buildings plumbing system is not maintained in a safe manner. Findings on December 17, 2024:</p> <p>a. Sprinkler Riser Room- The plumbing supply line into the building is leaking.</p>	C 189		