## PRINTED: 01/07/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING		(X3) DATE SURVEY COMPLETED 12/17/2024	
		HAL013046				
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE		
THE LAN	IDINGS CABARRUS		ESTONE AV			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
C 000	Initial Comments		C 000			
	Report of a Construction Section Biennial Survey by Tod Hancock conducted on December 17, 2024.			"Responses to the cited defi do not constitute an admissi agreement by the facility of t	an admission or facility of the truth	
	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.			of the facts alleged or concluset forth in the Statement of Deficiencies Corrective Action Report; the Plan of Correction prepared solely as a matter compliance with State"	on on is	
	Deficiencies have been cited and a Plan of Correction is required.					
C 189	Building Equipment Maintained Safe, Operating		C 189			
	10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	UIREMENTS The building and all fire safety, electrical, nanical, and plumbing equipment in an adult home shall be maintained in a safe and				
		ration, the building's ent was not maintained in a manner.				
	not emit a sound w b. SCU- Near Roor	e mag lock override box does hen opened. n 401- The mag lock override				
	ealth Service Regulation / DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE	
		Mariah Henry	6899	Executive Director	1/21/25	

STATE FORM

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING		(X3) DATE SURVEY COMPLETED <b>12/17/2024</b>	
		HAL013046				
		4968 MILE	DRESS, CITY, ESTONE AV DLIS, NC 28 ID PREFIX		-	(X5) COMPLETE
TAG C 189	Continued From pa box does not emit a 2. Based on observ maintain the facility safe operating cond smoke compartmen fire-resistant rated of and latch to help lim fire to the area of or Findings on Decem a. Resident Laundry operable. 3. Based on observ emergency equipm operating condition. could not promptly fan emergency. Findings on Decem a. 200 Hall exitT illuminate when test 4. Based on observ system is not maint Findings on Decem	a sound when opened. ation there is a failure to 's fire safety equipment in a dition. The occupants in the nt could be affected if the doors do not completely close nit the spread of smoke and/or rigin. ber 17, 2024: y AL- The door closer is not ation, the buildings' ent is not maintained in a safe . This could affect all if they find their way to the exit during ber 17, 2024: The Emergency lights did not ted. ation, the buildings plumbing ained in a safe manner. ber 17, 2024:	TAG C 189	<ul> <li>CROSS-REFERENCED TO THE APPROL DEFICIENCY)</li> <li>1. Facility will make the following to the emergency equipment in the community that was found to not maintained in a safe and operable a. 200 hall exit- The mag lock ow box</li> <li>b. SCU Near room 401- mag lock box</li> <li>2. Facility will make the following to the fire safety equipment to a soperating condition.</li> <li>a. Resident Laundry AL- door closed 3. Facility will make the following to the emergency equipment four maintained in a safe operating condition.</li> <li>a. 200 Hall Exit- Emergency Ligh</li> <li>4. Facility will make the following found not maintained in a safe maintai</li></ul>	repairs be e manner erride c overide repairs safe ser repairs nd not ondition. ts system anner g supply	Facility Expected Complian 1/31/25

W9X221