

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL055053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/09/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAUREL LANE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1250 GEORGETOWN ROAD LINCOLNTON, NC 28092</b>		
(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
V 000	INITIAL COMMENTS  An annual survey was completed on April 9, 2025. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility was not maintained in a safe manner. The findings are:  Observation on 4/7/25 at approximately 6:40pm-7:00pm and Interview with Staff #2 revealed: -Client #1 had one window in his bedroom. Staff #2 opened Client #1's only window and raised the lower sash. When Staff #2 let go of the lower sash once raised, it immediately slammed shut. Staff #2 stepped back away from the window and stated, "Oh! That was scary!" -Client #2 had one window in her bedroom. When the window was closed, the bottom sash and the top sash were not flush, and the sash lock could not be secured. Directly in front of the only window was a wooden nightstand	V 736		

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

TITLE

(X6) DATE

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V 736	<p>Continued From page 1</p> <p>approximately 24 inches wide by 30 inches high which blocked the window. On top of the wooden nightstand was Client #1's Continuous Positive Airway Pressure (CPAP) machine, mask, and hose. The CPAP machine was plugged into the wall outlet behind the nightstand. Alongside the nightstand was a cardboard box approximately 12 inches wide by 20 inches long filled with books, magazines, and notebooks. The cardboard box was on the right side of the nightstand between the nightstand and the bedroom door. The cardboard box also blocked the window.</p> <p>Review on 4/8/25 of the North Carolina Residential Building Code Section 310.2.1 revealed: -"Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a minimum dimension of 16")."</p> <p>Review on 4/7/25 of the Division of Health Service Regulation (DHSR) Construction Section's Statement of Deficiencies for the facility dated 9/17/24 revealed: -Client #1's bedroom window " ...dropped ..." when opened " ...which is a potential safety hazard in the event of a fire or other emergency ..." -Client #2's window " ...was not able to be locked</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>..."</p> <p>Attempted interview and observation on 4/7/25 at approximately 7:05pm with Client #1 revealed: -The attempted interview was unsuccessful. Client #1 did not verbally respond to questions. He stared toward the ceiling of the room.</p> <p>Interview on 4/7/25 with Client #2 revealed: -The cardboard box which contained books, magazines, and notebooks and the nightstand were "too heavy" for her to move. -Did not know that her window could not be locked but identified that was "not safe."</p> <p>Interview on 4/9/25 with the Direct Support Supervisor revealed: -Did not know Client #1's window slammed shut when opened or that Client #2's window did not lock. -Client #1 had a stroke approximately two years ago and suffered a significant loss of strength in both of his arms because of the stroke.</p> <p>Interview on 4/9/25 with the Qualified Professional (QP) revealed: -Did not know Client #1's window slammed shut when opened or that Client #2's window did not lock. -Client #1 had a stroke approximately two years ago and suffered a significant loss of strength in both his arms because of the stroke. -Had not checked the windows when she visited the facility but will start doing so immediately. -Will be "more aware" of furniture and personal items that blocked the windows in the future and will make sure that all windows were accessible to clients. -Client #2 would not have the strength to move a</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>box of books or a wooden nightstand independently in case of an emergency.</p> <p>Interview on 4/9/25 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-Was aware that the DHSR Construction Section cited the facility in September 2024 for Client #1's window which slammed shut when opened and Client #2's window which did not lock.</li> <li>-The maintenance man repaired the two windows after the DHSR Construction Section's survey in September 2024 but could not provide an exact date of when these repairs occurred.</li> <li>-Did not know there were additional needed repairs to the two windows.</li> <li>-The maintenance man went to the facility on 4/8/25 to assess the two windows but could not repair them.</li> <li>-A new window was ordered for Client #1's bedroom and a new window lock was ordered for Client #2's bedroom.</li> </ul> <p>Review on 4/8/25 of the Plan of Protection (POP) signed and dated 4/8/25 by the Administrator revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Maintenance Coordinator on his way to home (facility) to inspect window. Maintenance Coordinator ordered new window from [window supply company] in [local city]. (Please see attached). Window being built per measurements and could take up to 2.5 weeks. One window arrives Maint (Maintenance) Coordinator will replace. Window will be in no later than 4/25/25 (2.5 weeks). Once window is delivered RHA (Licensee) Maint Coordinator will replace window same day.</p> <p>Describe your plans to make sure the above happens.</p>	V 736		

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V 736	<p>Continued From page 4</p> <p>Administrator and QPs will retrain Direct Support Supervisors and Residential Team Leaders on how to complete Monthly Environmental Assessment correctly and thoroughly. *Once window replaced video will be forwarded (to DHSR)."</p> <p>Attached to the POP was a copy of the window specifications from the window supply company and a copy of the receipt for payment of the window. Both were dated 4/8/25.</p> <p>Review on 4/9/25 of the addendum to the POP signed and dated 4/9/25 by the Administrator revealed: "Laurel Lane (facility) is a 24-hour awake staffing facility; as well as the licensed home (facility) next door separated by a wall. Both homes have 1st, 2nd, 3rd shift staffing if extra assistance was required. Secondary egress is front door locations. Member (Client #1) also has 2-hour monitoring checks overnight. RHA will provide extra staffing overnight on 3rd shift; during the day from the hours of 8:30am to 2:30pm members attend the Day Activity Center and/or community, arriving home around 3pm. Maintenance Coordinator inspected window on 4/8/25 and was unable to make repair as a permanent fix, measurements were taken and new window was ordered on 4/8/25 from [window supply company in local city]. Could not place a rush order on window and could take up to 2.5 weeks to be delivered ..."</p> <p>Clients #1 and #2's diagnoses included, but were not limited to, Mild Intellectual Developmental Disability, Adjustment Disorder, Sleep Apnea, Ataxia, Seizure Disorder, Intracranial Lesion, History of Recurrent Falls, and Left Side Hemiparesis. Client #1's only bedroom window</p>	V 736		

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V 736	Continued From page 5  slammed shut immediately upon opening. Client #2's only bedroom window did not lock and was blocked by a wooden nightstand and a box of books which were too heavy for Client #2 to move to gain access to the window. The facility was made aware of the needed repairs to the two windows during a DHSR Construction Section survey in September 2024. The windows remained unrepaired 7 months after the initial notification to the facility. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 736		