PRINTED: 03/02/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: 01 B. WING	C 02/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWYERS GLEN RETIREMENT LIVING CENTE	10830 LAWYERS ROAD CHARLOTTE, NC 28227

(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 Report of Complaint Survey by Frank Strickland on 02/05/2016: Data obtained from the DHSR database indicates that this facility was licensed on 12/23/1999 as a HA. This facility is currently licensed for 82 beds including an 18 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 1995 Rules for Licensing of Adult Care Homes of Seven or More Beds, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1995 w/the(1999 Revision) Edition of the North Carolina State Building Code(s), Institutional Occupancy. The Complaint has been substantiated and deficiencies have been cited. A new Plan of Correction is required.	C 000		
C 159	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the required one-hour fire rated roof/ceiling assembly and walls have been water damaged due to a frozen sprinkler head and piping failure in Resident Room 406.	C 159	All necessary repairs have been completed as of 3/2/16	3/2/16

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

3/12/16

STATE FORM 6899 5VNG21 If continuation sheet 1 of 2

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C 189	Continued From page 1 The damage has compromised the integrity of the facility fire reistance and protection. Findings on 02/05/2016: (a) Seventy-five percent of the ceiling construction has been damage. (b) Exterior wall sheet-rock and insulation were water damaged. (c) All of the fire detection devices were damaged. (d) All of the ceiling light fixtures were damaged	C 189	Ceiling repairs completed. Exterior Wall Sheet-rock and insulation replaced. Fire Detection Devices replaced Ceiling light fixtures replaced	3/2/16 3/2/16 3/2/16 3/2/16