

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2024
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NAME OF PROVIDER OR SUPPLIER TWIN LAKES MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3810 HERITAGE DRIVE BURL, NC 27215
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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 Ed Miller, conducted on April 19, 2024.</p> <p>Records indicate this facility was first licensed on October 21, 2021, for 32 beds including a Special Care Unit with 16 beds. The facility is required to meet the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 2006 North Carolina State Building Code Section 407.1-Institutional Group I-2 Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code</p>	C 101		

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

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C 101	Continued From page 1 requirements in effect at the time of construction or alterations by not having all the working components required to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the door(s). Findings on April 19, 2024: a. Sandpiper Cove, Front Exit near Bedroom 214 - the on/off emergency release switch at this exit did not interrupt the power to the electromagnetic locking device and unlock the door.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review and interviews with the Administrator, Director of Maintenance Services, and Building Maintenance Director, the facility failed to maintain current (completed within the last twelve months) building safety inspection reports in the home and available for review. Findings on April 19, 2024: a. There was no Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (NFPA 25) report available for review. Date of last inspection was 4-11-23.	C 111		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	Continued From page 2 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 (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier do not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on April 19, 2024: a. Sandpiper Cove, Smoke Barrier near FACP Room - the right leaf, of the double-egress cross-corridor doors, did not latch into its frame when the fire alarm system released the doors.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms;	C 199		

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C 199	<p>Continued From page 3</p> <p>(4) housekeeping closets; and (5) laundry area. (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: 1. Based on observation and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on April 19, 2024: a. Entire Building - the exhaust systems in the non-residential rooms were not exhausting air.</p>	C 199		
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