

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081-055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE LANDINGS OF LAKE LURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 BUFFALO CREEK RD LAKE LURE, NC 28746</b>
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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 Ryan Meyer conducted on January 29, 2025.</p> <p>This facility was licensed on October 18, 2023 and is currently licensed for 62 beds. Therefore, this facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2018 Edition of the North Carolina Building Code, 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 (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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Return grills should be free of dust due to having a radiant damper. Dust could cause a delay in the function of the damper in an fire.</p> <p>Findings on January 29, 2025: a. The return grills in the dining room that are out of reach a very dusty and need to be cleaned.</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>2. Based on observation the facility is not maintaining the electrical components in a safe manner.</p> <p>Findings on January 29, 2025: a. Left exit light in the SCU activity above the left door does not illuminate.</p> <p>3. Based on observation the facility is not maintaining its plumbing system as necessary.</p> <p>Findings on January 29, 2025: a. The ice machine cover has been removed due to the lines freezing up causing a safety hazard.</p>	C 189		