Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL010004 11/18/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **520 MULBERRY STREET** SHALLOTTE ASSISTED LIVING SHALLOTTE, NC 28459 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a Biennial Construction Survey done by Bob Getchell and Ed Miller on 11-18-2015. This facility was first licensed as a Home for the Aged serving 80 residents on 7-26-1984. Therefore the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code-Section 409-Instutional Occupancies. Deficiencies were noted which will require a new plan of correction. C 101 C 101 Existing Licensed Fac- No less than '71 Rules 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

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1. Based on observation, the facility failed to LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Health Service Regulation at no cost;

This Rule is not met as evidenced by:

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

> TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL010004 11/18/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **520 MULBERRY STREET** SHALLOTTE ASSISTED LIVING SHALLOTTE, NC 28459 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 101 C 101 Continued From page 1 maintain the required number of bedrooms. Findings include: The use of the following rooms has been altered for the storage of combustible items: a) Room 101. b) Room 334 Ensure there are enough beds available equal to the licensed capacity of the facility. 2. Based on observation, the facility failed to maintain the required number of showers. Findings include: The Men's bathroom at room 104 has been taken out of service to be renovated. C 111 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 observation, the current reports were not available at the time of the survey. Findings include: The Fire Alarm Panel Annual Test Report was not available at the time of the survey. C 133 Bathrooms-Hand Grips C 133

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SECTION .0300 - PHYSICAL PLANT

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
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C 133	Continued From pa	ge 2	C 133				
	10A NCAC 13F .03 ENVIRONMENT (e) The requirement rooms are: (6) Hand grips shall commodes, tubs an accessible to reside This Rule is not me 1. Based on observing maintained in a safe grab bar at the toile Findings Include:	of PHYSICAL Its for bathrooms and toilet If be installed at all and showers used by or ents; et as evidenced by: vation, the facility was not e manner by not securing the t.					
C 162	(3) Outdoor walkwa illuminated by no le- light at ground level This Rule is not me	PHYSICAL PLANT 05 PHYSICAL ents for outside premises are: ays and drives shall be ss than five foot-candles of l. et as evidenced by: vation, the exterior grounds	C 162				
	Findings include: a) There are holes door	outside the Vending area Exit					

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C 164 Housekeeping and Furnishings-Clean, Repaired

SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND

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C 164

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL010004 11/18/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **520 MULBERRY STREET** SHALLOTTE ASSISTED LIVING SHALLOTTE, NC 28459 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 164 Continued From page 3 C 164 **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors: (3) have furniture clean and in good repair: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: a) Room 215 has furniture with handles loose/missing on the drawers. b) Room 217 has furniture with handles loose/missing on the drawers. c) Room 237 has furniture with handles loose/missing on the drawers. d) In the handicapped bathroom near room 104 the shower tile is filthy C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not

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maintained in a safe manner by improper storage

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL010004 11/18/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **520 MULBERRY STREET** SHALLOTTE ASSISTED LIVING SHALLOTTE, NC 28459 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 C 166 Continued From page 4 of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder. Findings include: The oxygen bottles are being stored loose, and in beverage crates that can not adequately prevent them from tipping over. C 183 Fire Extinguishers C 183 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include: The inspection tags on the fire extinguishers indicate that routine monthly inspections are not being performed per NFPA 10 C 189 Building Equipment Maintained Safe, Operating C 189 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

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY		
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				,		
C 189	Continued From pa	ge 5	C 189			
	care home shall be	maintained in a safe and				
	operating condition					
		apply to new and existing				
		ception of Paragraph (e)				
		ly to existing facilities.				
	Willow Grian Hot app	ly to oxioting radinates.				
	This Rule is not me	et as evidenced by:				
		ation, the building was not				
		e manner by not maintaining				
	the fire-resistance rating of building components. This would affect all residents by not containing					
	smoke and fire in the room or smoke					
	compartment of origin.					
	•					
	Findings include:					
		rs office ceiling has an				
	unprotected penetra					
		t the left Exit there is a gap in				
		ne Exit sign that reveals an				
	opening to the attic					
	c. The Activity Room has an unprotected					
		eiling by phone line.				
		gap at the heat detector				
	revealing an openir	<u> </u>				
		n ceiling in the employee				
		t the heat detector revealing				
	an opening to the a					
	,	nodems have been installed				
		ected ceiling penetrations by				
	cable next to them.	As a As all as Allia				
		tected ceiling penetrations in				
		ear the Fire Alarm Control				
	Panel	ro io o gon of the best data -t				
		re is a gap at the heat detector				
	revealing an opening					
		ere is an unprotected ceiling				
		luit on the left side of the				
	range hood	itana alaa at thare are				
	j) in the kitchen jar	itors closet there are				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL010004	B. WING		11/1	8/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
CHVIIO	TTE ACCICTED I IVIN	520 MULF	BERRY STRE	ET			
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C 189	Continued From pa	ige 6	C 189				
	unprotected ceiling k) Near attic hatch is damaged l) Near attic hatch is damaged m) Near attic hatch is damaged o) Near attic hatch is damaged o) Near attic hatch is damaged p) Near attic hatch is damaged q) Near attic hatch is damaged q) Near attic hatch is damaged r) Near attic hatch is damaged r) Near attic hatch is damaged s) There are unproin the firewall near l t) There are unproin the draft stop near u) There are unproin the draft stop near u) There are unproin the draft stop near u) There are unproin the firewall near l x) There are unproin the Jaundry mecha z) The Laundry mecha z) The Laundry root the wall behind the	penetrations at room 104 the 1-hour tunnel at room 110 the 1-hour tunnel at room 215 the 1-hour tunnel at room 220 the 1-hour tunnel at room 321 the 1-hour tunnel at room 325 the 1-hour tunnel at room 429 the 1-hour tunnel at room 435 the 1-hour tunnel at room 500 tected penetrations by cables ar hatch 215 of tected penetrations by cables are hatch 325 of tected penetrations by cables hatch 325 of tected wall penetrations by eater room in the Med Room of tected ceiling penetrations in anical room 500 m has gypsum missing from washers openings are not in the requirement to use a					
		n fire stop system that has ordance with ASTM E-814.					

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2. Based on observation, the facility components

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE			
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		HAL010004			11/1	0/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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C 189	Continued From pa	ae 7	C 189				
0 100		_	0 .00				
		d operable by having doors					
	that did not close co	ompletely and latch.					
		he following doors have					
	issues:	lease laste se fles desat					
		hasp lock on the closet					
		hasp lock on the closet,					
		hasp lock on the closet idors near room 213 the back					
	leaf will not close and latch because it is dragging the floor when released						
	e) At the Womens Bathroom near room 215 the						
	door is being held open with a wedge						
	f) At the kitchen door to the Dining Room the						
	Kitchen door is held open by a kickdown.						
	g) At the cross corridor doors at room 427 the						
	front leaf will not close and latch when released						
	h) Pantry door to o	utside has had closer					
	removed so it will n	ot close and latch when					
	released						
		bathroom door at room 104					
	has holes through it	t around the knob					
		vation, the building plumbing					
		maintained safe and					
	operating.						
	Eindings instude: Te	piloto are coming loose from					
		oilets are coming loose from					
	the floor in the followa: a) Womens Bathro						
	b) Bathroom near 3						
	b) Daniiooni near (<i>7</i> 27.					
	4 Based on observ	vation, the building plumbing					
		maintained in a safe manner					
		onnects. This would affect all					
		ally siphoning waste water					
	into the potable wat						
	and the second of the second o	,					
	Findings include:						
		the Beauty Shop sink has no					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL010004 11/18/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **520 MULBERRY STREET** SHALLOTTE ASSISTED LIVING SHALLOTTE, NC 28459 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 8 vacuum breaker. Install vacuum breaker on beauty shop sink spray hose. 5. Based on observation, the building electrical system was not maintained to keep the facility safe Findings include: In the Med Room Water Heater Room an electrical disconnect has an open space revealing live contacts C 199 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; (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. This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings include:

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a) The exhaust fan in the Mens/Womens

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL010004	B. WING		11/1	8/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
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C 199	bathroom is not wo		C 199	DEFICIENCY)			

Division of Health Service Regulation STATE FORM