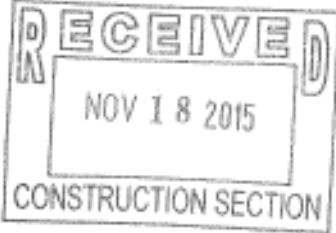


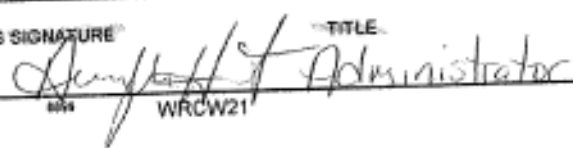
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/01/2015
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NAME OF PROVIDER OR SUPPLIER CROWN COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115
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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	Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates on October 1, 2015. Based on information gathered from our files, the Facility was first licensed on July 24, 1997 for Sixty (60) residents. Based on this information, we are requiring the original facility to meet the 1998 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1998 North Carolina State Building Code, Section 409- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds.	C 000		
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 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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain adequate clearance in front of the	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11/10/2015
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STATE FORM 8004 WRCW21 If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/01/2015
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NAME OF PROVIDER OR SUPPLIER CROWN COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115
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C 101	Continued From page 1 electrical panels. This may not allow easy access to the panels in the event of an emergency. a- There are desks in front of the panels with stacked items directly in front of the electric panels.	C 101	C101- Office has been rearranged. "Do not Block" signs have been placed. Management will assure a 3ft clearance at all times.	10/7/2015
C 189	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 (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings on include: a- In the Sprinkler Riser Room, there are gaps around the pipes that have been sealed with a foam product. b- The metal escutcheons for the pipes above the water heater in the Janitorial Room have fallen down, exposing the gaps in the rated ceiling. 2- Based on observations, the facility has failed to	C 189	Gaps have been resealed & will be checked periodically to ensure seal. Pictures attached	10/7/2015

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2015
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NAME OF PROVIDER OR SUPPLIER CROWN COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115
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C 189	<p>Continued From page 2</p> <p>maintain the building electrical system safe and operating.</p> <p>Findings include:</p> <p>a- The GFCI protected receptacle in the Bathroom of Room C-1 trips but will not re-set.</p> <p>3- Based on observations, the facility has not maintained the plumbing system safe and operating.</p> <p>Findings include:</p> <p>a- The sink in the Beauty Shop has a hose attachment that is not protected by a back-flow device.</p> <p>4- Based on observations, the facility has failed to ensure that the doors operate correctly to prevent the passage of fire or smoke.</p> <p>Findings include:</p> <p>a- The door leading to the Dining Room from the Kitchen is being held open with the use of a wedge device.</p> <p>5- Based on observations, the facility has failed to maintain the fire and smoke doors to prevent the passage of fire or smoke. This affects all occupants of the building in the event of a fire emergency.</p> <p>Findings include:</p> <p>a- The left smoke door leading to C-wing rubs the frame and will not close and latch.</p>	C 189	<p>Receptacle has been replaced. Work order attached</p> <p>Whole sink is being replaced within 30 days</p> <p>Wedge has been removed from building. No wedge devices will be used in building.</p> <p>Wedge door has fixed issue on C-Wing door. Work order attached</p>	<p>10/7/2015</p> <p>12/10/2015</p> <p>10/7/2015</p> <p>10/4/2015</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/01/2015
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NAME OF PROVIDER OR SUPPLIER CROWN COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115
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C 199	Continued From page 3	C 199		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(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 observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness.</p> <p>Findings include:</p> <p>a- The exhaust fan in the Soiled Linen Room is not working.</p>	C 199	<p><i>Exhaust fan has been installed in Soiled linen room. Work order attached.</i></p>	<p><i>10/7/2015</i></p>

BLU-SKY HVAC Services, Inc.

P.O. Box 4507
Mooresville, NC 28117
(704)799-8963
Nathan@bluskyhvac.com



INVOICE

BILL TO
Crown Colony
PO Box 598
Mooresville, NC 28115

INVOICE # 8733
DATE 10/07/2015
DUE DATE 10/22/2015
TERMS Net 15

ACTIVITY	QTY	RATE	AMOUNT
Services Job was to add a ceiling exhaust vent and duct work to an existing exhaust fan in the attic to serve the laundry room entrance. Also replaced and tested a GFI outlet in the bathroom of room C1.		375.00	375.00

BALANCE DUE **\$375.00**

BLU-SKY HVAC SERVICES INC

Date 10/7/2015
Type Bill
Reference

Original Amt.
USD 375.00

Balance Due
USD 375.00

10/15/2015
Discount
Check Amount

Payment
USD 375.00
USD 375.00

Wells Fargo - Operati Invoice 8733

USD 375.00

LMP100 MP CHECK

08327-28027 (4/14) 05/7632

Invoice Number: 00000263
Invoice Date: October 4, 2015

Crown Colony
PO Box 598
Mooresville, NC 28115
Phone: 704-663-7600
Fax: 704-663-2881
Email: ahart643@aol.com
Contact: Jenna Ralphs
Created in QB: Yes
QB Invoice Number:

Wade Door Services, LLC Tax ID
#56-2178301
100 Eagle View Dr.
Brevard, NC 28712
United States
Tel: 704-527-5379
Fax: 704-527-5570
E-mail: scheduler@wadedoor.com

Total Due: \$160.00

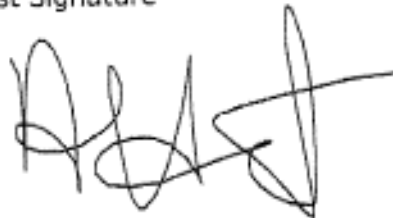
JOB: J850

Location: , 291 Commercial Dr, Mooresville, NC 28115
Job Lead: Aaron Cook

Contact: Jenna Ralphs
Completed: Fri 10/2/15 11:28 AM

Labor	Time	Rate	Tax	Total
Aaron Cook	2h 0m	A- Labor- Technician - \$80.00	--	\$160.00

Post Signature



Name of signee: Amy



None

Net Items: \$0.00
Net Labor: \$160.00
Tax: \$0.00
Invoice Total: \$160.00

Invoice Notes:

We adjusted the top hinge of the smoke door in C wing - the top of the door was rubbing the header and not closing properly. We tested the door for proper operation - job is complete - Amy signed off.

We appreciate your business very much!

Payment is **Due Upon Receipt** of invoice unless we have an established relationship.

If you have any questions regarding this invoice, please contact Cyndi Voss: 803.818.7676 or cyndi@wadedoor.com

JE DOOR SERVICES LLC

J/2015 Type Reference
Bill

Original Amt.
USD 160.00

Balance Due
USD 160.00

10/6/2015
Discount

Check Amount

Payment
USD 160.00
USD 160.00

Wells Fargo - Operati Job J850

USD 160.00

LMP100 M/P CHECK

28027-02887 (4/14) 05/2011