

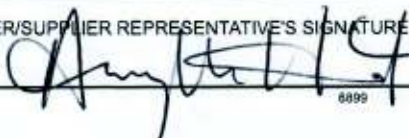
Division of Health Service Regulation

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 08/23/2017
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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
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on August 23, 2017.</p> <p>Records indicate this facility was first licensed on July 24, 1997. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy.</p> <p>Deficiencies were cited which require a plan of corrections.</p>	C 000	<p>monthly housekeeping forms to be completed by Supervisor and/or maintenance and reviewed by Administrator to assure compliance. Documentation will be kept on file at the facility.</p>	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Observations revealed that the facility was not maintained free of unpleasant odors. <p>Findings on August 23, 2017:</p> <ol style="list-style-type: none"> a. Room D2 - the bath had a strong smell of urine. Moisture was observed on the floor around the toilet. The vinyl floor had dark moisture stains around the base of the toilet. 	C 164	<p>Please see attached forms.</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: Administrator (X6) DATE: 9/26/17

STATE FORM 6899 K4HW21 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 08/23/2017
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C 164	Continued From page 1 2. Observations revealed that the facility did not maintain walls in good repair. Findings on August 23, 2017: a. Room D7 - a section of the wall behind the door had been removed to make repairs. The repairs to the wall had not been completed.	C 164	Equipment was repaired see attached invoice. Maintenance staff will maintain a monthly log of the panel indicating any trouble in Zone 6	8/29/17
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 observation and testing there is failure to maintain the facility's emergency equipment in a safe operating condition. Failure to maintain fire alarm system devices and equipment in an operable condition could potentially harm all occupants of the facility if there was a delay in the detection and notification of a fire. Findings on August 23, 2017: a. At the time of this survey, the panel indicated trouble in Zone 6. Interview with Staff revealed that the lawn equipment had hit a pole and they alarm company had been notified for repairs. b. When tested with canned smoke two of three	C 189	Reinspection completed by Simplex and Grinnell 5 smoke detectors replaced. See attached invoice. Smoke detectors will be checked with canned smoke annually. Documentation will be kept on file at the facility.	9/12/17

Division of Health Service Regulation

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C 189	<p>Continued From page 2</p> <p>fire alarm heads did not set off the alarm. The two heads that did not trigger the alarm were located at the nurses' station near the fire alarm panel and at the cross corridor doors to Hall A.</p> <p>2. Based on observation there is a failure to maintain the building's fire safety equipment systems in a safe condition. Holes or gaps at penetrations in the fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on August 23, 2017:</p> <p>a. Mechanical Room by A Hall - there is gap in the fire resistant rated ceiling where the fire sprinkler head is missing its escutcheon.</p> <p>b. There is a hole at the sprinkler head in the corridor outside of the activity room.</p> <p>c. Room B-4 - there is a hole at the sprinkler head in the closet.</p> <p>3. Based on observation electrical equipment is not being maintained in safe operating condition. Failure to maintain electrical emergency safety equipment in safe and operable condition could effect occupants of the facility if the equipment did not function when and as required.</p> <p>Findings on August 23, 2017:</p> <p>a. The exterior outlet at the A Hall exit door is missing its protective cover.</p> <p>4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on August 23, 2017:</p>	C 189	<p>Monthly Maintenance 10/6/17 forms to be completed by maintenance staff and reviewed by Administrator to assure compliance. Documentation will be kept on file at the facility. Please see attached forms.</p> <p>Monthly housekeeping 10/6/17 forms to be completed by Supervisor and/or Maintenance and reviewed by Administrator to assure compliance. Documentation will be kept on file at the facility.</p>	
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Division of Health Service Regulation

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C 189	<p>Continued From page 3</p> <p>a. B Hall Activity Room left - the door is sticking making it difficult to close and open.</p> <p>b. B Hall Activity Room right - the corridor door did not close and latch.</p> <p>5. Based on observation, there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be effected if the rated doors are not maintained to the fire resistance specified.</p> <p>Findings on August 23, 2017:</p> <p>a. Soiled Linen - the corridor door is damaged at the closer. The veneer has separated from the panel.</p> <p>6. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not operate properly to provide the required protection function.</p> <p>Findings on August 23, 2017:</p> <p>a. The emergency light by Room C6 was not working.</p> <p>b. The emergency light in the kitchen was not working.</p> <p>c. Room C4 closet - diapers were stacked to within 18" of the sprinkler head.</p>	C 189	<p>New doors are ^{were} ordered on 9/15/17 4-5 week leadtime See attached invoice monthly. Housekeeping form to be completed by supervisor and/or maintenance and reviewed by Administrator to assure compliance Documentation will be kept on file at the facility. monthly maintenance 10/4/17 forms to be completed by maintenance staff and reviewed by Administrator to assure compliance Documentation to be kept on file at the facility</p>	10/27/17
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	Bed	Head Board	Chair	Lamp	Dresser	Night Stand	Lights	Floor	Walls	Mattress	Closet 18" Ceiling	Vents	Sprink. Escut	Outlets	Clean	Doors (Latch)
A-1																
A-3																
A-5																
A-7																
A-9																
A-10																
A-8																
A-6																
A-4																
A-2																
B-1																
B-3																
B-5																
B-7																
B-8																
B-6																
B-4																
B-2																

▶ If in good condition - mark box with ✓
 ▶ If needs attention - mark box with X
 ▶ Use back for comments

Signed: _____

Date: _____

Admin/Sup: _____

Date: _____

	Bed	Head Board	Chair	Lamp	Dresser	Night Stand	Lights	Floor	Walls	Mattress	Closet 18" Ceiling	Vents	Sprink. Escut	Outlets	Clean	Doors (Latch)
C-1																
C-3																
C-5																
C-7																
C-8																
C-6																
C-4																
C-2																
D-1																
D-3																
D-5																
D-7																
D-9																
D-10																
D-8																
D-6																
D-4																
D-2																

- ▶ If in good condition - mark box with ✓
- ▶ If needs attention - mark box with X
- ▶ Use back for comments

Signed: _____

Date: _____

HK3

Admin/Sup: _____

Date: _____

Monthly Maintenance Form

Nurses Station

Date _____ Time _____

Action to be taken in attic			
AC Units (2)	Unit 1	Unit 2	
Debris			
Filters			
Sump Pump			
Receptacles			
Light Switches			
Light Bulbs (3)	Bulb 1	Bulb 2	Bulb 3
Return Duct			
Drain Pipes			
Drain Tray			
Smoke Dampers			

Action to be taken on ground level	
Vents	
Extinguishers (2)	Phone Room Across from Desk

Fire Rehearsal	
Date and Time	
Shift (Circle One)	1st - 2nd - 3rd
Person in Charge	
Staff Present	
Time for Evacuation	
Brief Description of What Was Involved	
Are Smoke Dampers Closed? (Circle One)	Yes No

Signed _____

Supervisor Sig. _____ Date _____

MONTHLY MAINTENANCE FORM

A Hall

Date _____ Time _____

Action to be taken in attic			
Debris			
Light Switches			
Light Bulbs (3)	Bulb1	Bulb2	Bulb3
Return Duct			
Smoke Dampers			
Compressor Oil			

Action to be taken on ground level			
Vents			
Extinguishers			
Emergency Lights (2)	1		2
Exit Lights (2)	1		2

Bedroom Filters				
	Filter Clean? Y/N	Grate Clean? Y/N	Vent Clean? Y/N	Unit in Good Repair? Y/N
A-1				
A-2				
A-3				
A-4				
A-5				
A-6				
A-7				
A-8				
A-9				
A-10				

Signed _____

Supervisors Signature _____

Date _____

MONTHLY MAINTENANCE FORM

B Hall

Date _____ Time _____

Action to be taken in attic			
Debris			
Light Switches			
Smoke Dampers			
Light Bulbs (3)	Bulb1	Bulb2	Bulb3

Action to be taken on ground level			
Vents			
Extinguishers			
Emergency Lights (2)	1		2
Exit Lights (2)	1		2

Bedroom Filters				
	Filter Clean? Y/N	Grate Clean? Y/N	Vent Clean? Y/N	Unit in Good Repair? Y/N
B-1				
B-2				
B-3				
B-4				
B-5				
B-6				
B-7				
B-8				

B-Hall Bathroom Cabinet				
Cabinet clean/in good condition?	Yes	No	Cabinet locked?	Yes No
Key attached to cabinet?	Yes	No	Comments:	

Signed _____

Supervisors Signature _____

Date _____

MONTHLY MAINTENANCE FORM

C Hall

Date _____ Time _____

Action to be taken in attic				
AC Unit				
Debris				
Filters				
Sump Pump				
Recepticles				
Light Switches				
Light Bulbs (4)	Bulb1	2	3	4
Return Duct				
Drain Pipes				
Smoke Dampers				
Drain Tray				

Action to be taken on ground level		
Vents		
Extinguishers		
Emergency Lights (2)	1	2
Exit Lights (2)	1	2

Bedroom Filters				
	Filter Clean? Y/N	Grate Clean? Y/N	Vent Clean? Y/N	Unit in Good Repair? Y/N
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				
C-7				
C-8				

C-Hall Bathroom Cabinet					
Cabinet clean/in good condition?	Yes	No	Cabinet locked?	Yes	No
Key attached to cabinet?	Yes	No	Comments:		

Signed _____

Supervisors Signature _____

Date _____

MONTHLY MAINTENANCE FORM

D Hall

Date _____ Time _____

Action to be taken in attic			
AC Unit			
Debris			
Filters			
Sump Pump			
Recepticles			
Light Switches			
Light Bulbs (3)	Bulb1	Bulb2	Bulb3
Return Duct			
Drain Pipes			
Drain Tray			
Smoke Dampers			

Action to be taken on ground level		
Vents		
Extinguishers		
Emergency Lights (2)	1	2
Exit Lights (2)	1	2

Bedroom Filters				
	Filter Clean? Y/N	Grate Clean? Y/N	Vent Clean? Y/N	Unit in Good Repair? Y/N
D-1				
D-2				
D-3				
D-4				
D-5				
D-6				
D-7				
D-8				
D-9				
D-10				

Signed _____

Supervisors Signature _____

Date _____



D-U-N-S 09-4738007
FED. ID 58-2608861

District # 298
1248 26TH ST SE
HICKORY, NC 28602-7317
828-327-4990

Billing Questions, Contact =

INVOICE NO.
84066756

INVOICE DATE
09-12-17

PO NUMBER

SERVICE REQUEST #
39960480

SERVICE REQ. CREATED
09-12-17

NATIONAL ACCOUNT NUMBER

PAYMENT TERMS
Due upon receipt

Bill To: 286-15256605
Crown Colony At Mooresville
291 Commercial Dr.
PO Box 598
MOORESVILLE NC 28115-7870

Ship To: 286-15256605
Crown Colony At Mooresville
291 Commercial Dr.
PO Box 598
MOORESVILLE NC 28115-7870

Service Requested By:

Requestors Phone Number:

.....
Scope of work for service performed on your Multi-Vendor Other Programmable is not covered by your service agreement

Description of work
Service Call

Tech arrived onsite and 5 Smoke detectors failed inspection. Replaced detector at D8, B1, C at laundry and Laundry over washing machine. Tested all and all worked properly. 2) Ground fault came in while testing. Found that it was on 24v for AHU shutdown relays. Started tracing in attic but the fault cleared. Customer will call if fault returns. System is normal.
Service is complete
Thank you for your business!

Labor	\$832.00
Material	\$152.55
Other	\$0.00
Invoice Amount	\$984.55
Taxes	\$10.30
Total Invoice Amount	\$994.85
Payment Received	\$0.00

Total Amount Due  **\$994.85**



REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK.

TOTAL AMOUNT DUE

\$994.85

BILL TO Crown Colony At Mooresvil
286-15256605
SHIP TO Crown Colony At Mooresville
286-15256605

INVOICE NUMBER 84066756

INVOICE DATE 09-12-17

CUSTOMER P.O.

REMIT TO SimplexGrinnell
Dept. CH 10320
Palatine

IL 60055-0320

5000099485084066756



District # 298
1248 26TH ST SE
HICKORY, NC 28602-7317
828-327-4990

Billing Questions:

INVOICE NO.
84066756
DATE OF INVOICE
09-12-17

INVOICE SERVICE DETAIL

SERVICE REQ #	TASK #	DATE OF SERVICE	ITEMIZATION OF CHARGES	PRODUCT ID	UOM	AMOUNT
39960480	57979636	12-SEP-17	ALARM AND DETECTION REGULAR LABOR	SFTW TSPW RG	4 HR	\$832.00
39960480	57979636	12-SEP-17	TRUCK CHARGE	TRUCK CHARGE	1 EA	\$0.00
39960480	57979636	12-SEP-17	2-WIRE 12/24 VDC WITH BASE	2W-B	5 EA	\$152.55



D-U-N-S 09-4738007
FED. ID 58-2608861

District # 260
9826 Southern Pine Blvd
CHARLOTTE, NC 28273-3418
704-501-0500

Billing Questions, Contact = Janice E McLilly

INVOICE NO.
84022740

INVOICE DATE
08-29-17

PO NUMBER

SERVICE REQUEST #
39771172

SERVICE REQ. CREATED
08-23-17

NATIONAL ACCOUNT NUMBER

PAYMENT TERMS
Due upon receipt

Bill To: 286-15256605
Crown Colony At Mooresville
291 Commercial Dr.
PO Box 598
MOORESVILLE NC 28115-7870

Ship To: 286-15256605
Crown Colony At Mooresville
291 Commercial Dr.
PO Box 598
MOORESVILLE NC 28115-7870

"Let us know how we are doing"
www.simplexgrinnell.com

Service Requested By: Ronnie Kidd

Requestors Phone Number: 704-663-7600

Scope of work for service performed on your Multi-Vendor Other Programmable is not covered by your service agreement

Description of work
Service Call

Tech arrived onsite and assisted the sprinkler tech by supplying a 4.7k resistor to use on the new PIV switch. Tech tested four existing smoke detectors and three failed to alarm. However, tech does not have the Solo testing equipment to provide an accurate test. Tech will order a supply of replacement smoke detectors and SimplexGrinnell will schedule someone to test all smoke detectors this afternoon. Service is complete
Thank you for your business!

Labor	\$1,352.00
Material	\$29.81
Other	\$105.00
Invoice Amount	\$1,486.81
Taxes	\$2.01
Total Invoice Amount	\$1,488.82
Payment Received	\$0.00

Total Amount Due  **\$1,488.82**



REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK.

TOTAL AMOUNT DUE
\$1,488.82

BILL TO Crown Colony At Mooresvil
286-15256605
SHIP TO Crown Colony At Mooresville
286-15256605

INVOICE NUMBER 84022740
INVOICE DATE 08-29-17
CUSTOMER P.O.

REMIT TO SimplexGrinnell
Dept. CH 10320
Palatine

IL 60055-0320

9000148882584022740



District # 260
9826 Southern Pine Blvd
CHARLOTTE, NC 28273-3418
704-501-0500

Billing Questions:
Janice E McIlilly

INVOICE NO.
84022740
DATE OF INVOICE
08-29-17

INVOICE SERVICE DETAIL

SERVICE REQ #	TASK #	DATE OF SERVICE	ITEMIZATION OF CHARGES	PRODUCT ID	UOM	AMOUNT
39771172	57709683	29-AUG-17	ALARM AND DETECTION REGULAR LABOR	SFTW TSPW RG	3.5 HR	\$728.00
39771172	57788616	29-AUG-17	ALARM AND DETECTION REGULAR LABOR	SFTW TSPW RG	3 HR	\$624.00
39771172	57709683	29-AUG-17	2-WIRE 12/24 VDC WITH BASE	2W-B	1 EA	\$29.81
39771172	57709683	29-AUG-17	TRUCK CHARGE	TRUCK CHARGE	1 EA	\$105.00
39771172	57788616	29-AUG-17	TRUCK CHARGE	TRUCK CHARGE	1 EA	\$0.00



HOKE LUMBER CO., INC.
 P.O. BOX 729 • 347 JETTON ST.
 DAVIDSON, NC 28036
 PHONE: 704-892-4841 • FAX: 704-892-5231
 www.hokelumber.com

HOKE LUMBER COMPANY INC.
 347 JETTON STREET
 P. O. BOX 729
 DAVIDSON, NC 28036
 PHONE: (704) 892-4841

Quality Building Materials Since 1943

CUST NO: 801 JOB NO: 000 PURCHASE ORDER: REFERENCE: TERMS: CASH/CHECK/BANKCARD CLERK: SANDI DATE / TIME: 9/15/17 12:05
 SOLD TO: CROWN COLONY ASSISTED LIVING PO BOX 598 SHIP TO: EXP. DATE: 12/14/17 TERMINAL: 554
 MOORESVILLE NC 28115 SALESPEOPLE: 01 HOUSE ACCOUNT TAX: 060 MECK.CO.TAX
 704-663-7600

ESTIMATE: 400782

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1		2	EA	SPBBMISC	3/0X6/8 1 3/4"SC BIRCH 45 MINUTE DOOR SLAB ONLY	623.00	2	623.00 /EA	1,246.00
2									
3									
4					4-5 WEEKS LEAD TIME				
5					CALL RONNIE ON ARRIVAL				
6					704-902-0995				

TTB LLC dba CROWN COLONY

15994

Hoke Lumber 9/15/17
Rated
2 Fire DOORS
Acct # 801
\$ 1,336.³⁴
[Signature]

PRODUCT DLT108 USE WITH 91663 ENVELOPE RAPIDFORMS 1-800-257-8354 or www.rapidforms.com

PRINTED IN USA

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(RONNIE KIDD)

TAXABLE 1246.00
 NON-TAXABLE 0.00
 SUBTOTAL 1246.00

TAX AMOUNT 90.34

TOTAL 1336.34



TOT WT: 0.00

X _____
 Received By

By signing this you are also agreeing to the terms on the reverse side. Non-Stock items are not returnable. HLC does not accept responsibility for code compliance of any type. All projects should be reviewed by your building inspector. HLC does not guarantee quantities for projects quotes or estimates. Deliveries are made to curb-side. Any off-street delivery will be made only at the property owner's specific request and ALL LIABILITY FOR PERSONAL PROPERTY INCLUDING BUT NOT LIMITED TO CURBS, DRIVEWAYS, SIDEWALKS, AND LAWNS IS ASSUMED BY THE PROPERTY OWNER.