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 \_ HAL060057 11/29/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5114 PROVIDENCE ROAD SUNRISE ON PROVIDENCE** CHARLOTTE, NC 28226 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 Construction Section Biennial Survey report by Frank Strickland and Ed Miller on 11/29/2017: Records indicate that this facility was first licensed on 8-20-1998. The facility is currently licensed for 95 residents total with 25 in a Special Care Unit. Therefore, we are requiring that this facility meet the 1996 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction -Section 409 Institutional Occupancy (Group I). Deficiencies have been cited and a Plan of Protection is required. C 133 Bathrooms-Hand Grips C 133 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents: This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the hand grips in good repair. Findings on 11/29/2017: The hand grip is not secured to the wall adjacent to the toilet in the bathroom for Room 21. C 164 Housekeeping and Furnishings-Clean, Repaired C 164

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL060057	B. WING		11/2	9/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DDRESS, CITY, STATE, ZIP CODE			
SUNRISE ON PROVIDENCE 5114 PROVIDENCE ROAD						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ITE, NC 282  ID  PREFIX  TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
	FURNISHINGS  (a) Adult care home  (1) have walls, ceil coverings kept clea  (2) have no chronic  (3) have furniture of  (e) This Rule shall facilities.  This Rule is not me  1-Based on observation and the seat.  2-Based on observation the seat.  2-Based on observation the seat.  2-Based on observation the seat.  3-Based on observation the bathroom at It in the bathroom at It in the following interior of prevent the pas  (a) The Electrical C Hall from Room 208 the door frame.  (b) The Laundry Roon thave a strike plant in the seat in the plant in the pas (a) The Laundry Roon thave a strike plant in the pas (b) The Laundry Roon thave a strike plant in the seat in the plant in	PHYSICAL PLANT 06 HOUSEKEEPING AND es shall: ings, and floors or floor in and in good repair; c unpleasant odors; elean and in good repair; apply to new and existing et as evidenced by: ation, this facility has failed to in good repair.  1017: the Room 202 has torn fabric etion, this facility has failed to and in good repair.  1017: repair due to water migration Room 221.  1017: 1017: 1018: 1019: 10	C 164	DEFICIENCY)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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C 164	Continued From page 2  4-Based on observation, this facility has failed to maintain the interior walls in good repair.  Findings on 11/29/2017: The following locations have openings in the walls that would allow the passage of smoke and/or fire:  (a) Mechanical Closet across the hall from Room 126 behind equipment. (b) Fire Pump Room/Level One has through wall electrical conduits with open ends.  (c) Electrical Room adjacent to Fire Pump Room has through wall electrical conduits with open ends.		C 164			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app  This Rule is not mean 1-Based on observe maintain paths of econdition.  Findings on 11/29/2 The exit corridors in are blocked with care	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) by to existing facilities.  et as evidenced by: ation, this facility has failed to gress in a safe and accessible	C 189			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY PLETED		
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	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  5114 PROVIDENCE ROAD  CHARLOTTE, NC 28226							
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C 189	2-Based on observation maintain the fire-rate operating condition.  Findings on 11/29/2 The fire-rated door Tower "A" does not frame to prevent the fire.  3-Based on observation maintain the fire sation operating condition.  Findings on 11/29/2	ation, this facility has failed to deed doors in a safe and 2017: located on Level One/Stair close all the way to the door door a passage of smoke and/or ation, this facility has failed to fety equipment in a safe and 2019.	C 189	DEFICIENCY)				
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