Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED					
		FCL060019	B. WING		05/1	7/2018			
NAME OF PROVIDER OR SUPPLIER  SHADY HARBOUR ADULT LIVING  STREET ADDRESS, CITY, STATE, ZIP CODE  908 TOM HUNTER ROAD CHARLOTTE, NC 28213									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
C 000	Initial Comments		C 000						
	Complaint Survey of to 9:45 AM at the all records indicate the October 10, 1996 at (6) ambulatory Resevacuate without an assistance during a Based on this we all compliance with the for Family Care Host Standards Regulati the 2005 Rules 10.4 Homes, and the ap North Carolina Stat 419.2- Residential of The complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior to the complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior the complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior the complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior the complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior the control of the complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior the control of the complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior the control of the complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior the control of the complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior the control of the complaint was on March 05, 2018 confirmed on site, Now we were unable but based on exterior the control of the complaint was on the control of the complaint was on the control of the complaint was on the control of the control of the complaint was on the control of the con	a Section conducted a on May 17, 2018 from 9:15 AM bove referenced facility. DHSR is home was first licensed on a Family Care Home for six idents (able to respond and my physical or verbal if fire or other emergency). The requiring the home to be in a following: the 1996 - Rules mes Minimum, Desired ons, the applicable portions of a NCAC 13G for Family Care plicable portions of the 1996 e Building Code; Section							
	plan of correction is	·							
C 100	PHYSICAL PLANT The physical plant r care home shall be (1) New constructi proposed for use as comply with the req	THE BUILDING 101 APPLICATION OF REQUIREMENTS requirements for each family	C 100						

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

(X6) DATE TITLE

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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				
			B. WING						
		FCL060019	B. WING		05/17	7/2018			
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE					
SHADY HARBOUR ADULT LIVING 908 TOM HUNTER ROAD CHARLOTTE, NC 28213									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
C 100	'	nge 1 he requirements of this	C 100						
	The rule requires the	et as evidenced by: nat any " New additions, ations and repairs shall meet f this Section:.							
	email from County home on March 05 incident report from originated in the kit sounded and the st evacuating the facil evacuated success was reported to the	action Section was notified via DSS that a fire occurred at the , 2018. According to the a the local fire offical the fire chen the smoke alarms raff immediately began lity, all staff and residents fully with no injuries. The fire a Charlotte Fire Department by yed on site to extinguish the							
	residents at the fac relocated to East To	ncident there were five (5) ility, four of the residents were own Manor in Charlotte. The elocated to a private home							
	annual was done d power to the facility allow us entry. Miss us that the facility of its current condition four to five more m completed. Based of uncertainty of the e- we are requiring that	mage to the property. No uring our visit as there was no and no one arrived on site to a Osborne (provider) informed annot house any residents in a. It is estimated that it will be onths before repairs can be on these factors and the xtent of damage to the home at drawings be submitted to nal review, drawings should							

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AND DIAN OF CORRECTION INTERPRETATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>	(X3) DATE SURVEY COMPLETED							
FOLIOCODAD B	3. WING	05/47/0040							
1 02000010	- 03/1//2010								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
SHADY HARBOUR ADULT LIVING 908 TOM HUNTER ROAD CHARLOTTE, NC 28213									
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULT TAG CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE							
reflect all structural, electrical, mechanical and plumbing repairs needed as a result of the fire. The provider is informed to keep our office informed of the progress of the repairs and forward any documentation received from the local officials (Permits and approvals for all services rendered).  In addition we will require the following once all repairs/renovations are completed (a) new fire inspection, (b) new sanitation and (c) a certificate of compliance "or" occupancy from your local building official) after these documents are received, our office will conduct an onsite Inspection and verify compliance to Licensure rules, only then will any residents be allowed to return to the facility!	C 100								

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