Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X8) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL060077 8. WING 04/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD **EAST TOWNE** CHARLOTTE, NC 28208 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initial Comments C 000 Construction Section Biennial Survey report by Frank Strickland and Suzanna Fay on 04/11/2018: This facility was first licensed on 11/19/1990 as a HA for 120 beds. Based on this information, this facility must meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled, the 1978 NC State Building Code for Hinstitutional Unrestrained occupancies, with amendments through 1989 and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds Deficiencies have been cited and a Plan of Correction is required. C 101 Existing Licensed Fac- No less than '71 Rules C 101 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 regulrements 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 at no cost; Division of Health Service Regulation

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

TITLE

(X8) DATE

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Division of Health Service Regulation 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 HAL060077 04/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD EAST TOWNE CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 101 C 101 Continued From page 1 This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to meet licensure and code requirements in effect at the time of construction or alteration. Findings on 04/11/2018: The facility is equipped with a Special Locking System on the exit doors. The facility does not Map has been placed have a "wiring diagram and system components 5/1/18 location map" mounted under glass, in a frame adjacent to the Fire Alarm Panel. 2-Based on observation, this facility has falled to meet the NC State Building Code requirements for storage of combustible materials in areas protected as hazardous/incidental use areas. Findings on 04/11/2018: Resident Room 28 that is located in the "A" HALL has been converted into a storage room full of Will be moved to storage combustible storage such as boxes, furniture and 05/25 building mattresses. C 160 Outside Premises-Clean, Safe C 160 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule Is not met as evidenced by: 1-Based on observation, this facility has falled to maintain outside of the facility in a safe condition. Findings on 04/11/2018:

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL060077 B. WING 04/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD **EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X8) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 160 Continued From page 2 C 160 Work orders placed The soffit is rotten located at the following 05/25 locations: (a) The wood fascia for "B" HALL adjacent to Smoking Area Patlon. (b) The wood fascia for the covered roof at the Smoking Area. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, cellings, 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. Outside housekeeping 5/25 company now on regular This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to schedule to clean floors keep the floor coverings clean, and carpet Findings on 04/11/2018: The flooring under and behind the cooking will be cleaned on monthly 5/25 applicances has excessive grease build-up. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION ,0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and

hazards:

orderly manner, free of all obstructions and

(e) This Rule shall apply to new and existing

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	HAL060077		B, WING		04/11/2018	
AME OF F	PROVIDER OR SUPPLIER	4815 NOI	OORESS, CITY, ST RTH SHARON TTE, NC 2820	AMITY ROAD		
(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 (X6) (EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		(X6) COMPLETE DATE
C 166	Continued From page 3		C 166			
	maintain an enviror obstruction and haz Findings on 04/11/2 An oxygen bottle w	ation, this facility has failed to nment that is free of all zards.			nd in future will stored on rack	4/11
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
		ation, this facility has failed to fety equipment in a safe and				
	located at the follow	pency wall lights that are ving locations did not ited in the emergency mode: nistrator's Office		Maintenance w	vill check month	y 05/0
	2-Based on observ	ation, this facility has falled to				

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FORM APPROVED Division of Health Service Regulation 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 HAL060077 04/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD **EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) C 189 Continued From page 4 C 189 maintain the fire safety equipment in a safe and operating condition. Findings on 04/11/2018; The Kitchen walk-In freezer's sprinkler heads have excessive corrosion build-up. work order placed and walk 5/25 thru by maintenance weekly 3-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operating condition. Findings on 04/11/2018: The following doors do not latch: (a) "A" HALL-Phone Room (Damaged door work order in and weekly walk 5/25 hardware) thru by maintenance (b) "B" HALL-Room 42 (Damage strike plate) (c) "B" HALL-Room 18 (Bathroom-Damage door hardware) (d) "B" HALL-Employee Locker Room 4-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operating condition. Findings on 04/11/2018: The following locations have doors that are wedged in the open position: (a) The corridor entry doors w/closures into the work order placed and walk 5/25 Living Room. thru by amintenance weekly. (b) The entry doors from the Dining Hall into the Kitchen. 5-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and

all:

operating condition.

Findings on 04/11/2018:

The following locations have ceiling penetrations that either have failed fire protection or none at

PRINTED: 05/01/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL060077 04/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4816 NORTH SHARON AMITY ROAD **EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X4) ID PREFIX (X8) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG C 189 Continued From page 5 C 189 (a) Sprinkler Riser Room (Ceiling penetrations above water-heater) work order placed and walk (b) "B" HALL-Employee Locker Room 5/25 thru by maintenance weekly 6-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operating condition. Findings on 04/11/2018: The door hardware is damaged preventing work order placed and walk latching action at the following locations: 5/25 (a) Kitchen door adjacent to hand sink. thru by maintenance weekly (b) "A" HALL-Phone Room 7-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operating condition. Findings on 04/11/2018: The door(s) located at the following locations do not prevent the passage of smoke due to sealing work order in and weekly walk 5/25 issues: thru by maintenance (a) Double door leading into the Dining Hall. (b) "B" HALL Resident Room 50, 8-Based on observation, this facility has falled to maintain the fire safety equipment in a safe and operating condition. Findings on 04/11/2018: The magnetic holding device for the work order in and weekly walk 5/25 smoke-barrier door adjacent to Room in the "A"

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HALL is not secure in the wall.

operating condition.

Findings on 04/11/2018:

9-Based on observation, this facility has failed to maintain the plumbing equipment in a safe and

The toilets are not secured to the floor at the

thru by maintenance .

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(a) Kitchen

(c) Living Room

(b) All resident bathrooms

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on regular monthly schedule to

5/25

