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 05/30/2018 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 (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) (C 000) Initial Comments {C 000} Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 30. 2018. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected. {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 failed to maintain outside of the facility in a safe condition. Findings on 05/30/2018: The soffit is rotten located at the following locations: (a) The wood fascia for "B" HALL adjacent to The wood fascia for "B: Hall adjacent to smoking 6/11/2018 Smoking Area Patio. The fascia was painted but area patio ahs been repaired. the wood is decaying and the paint is not adhering.

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REQUIREMENTS

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

(b) The wood fascia for the covered roof at the

replaced but has not been painted.

(C 189) Building Equipment Maintained Safe, Operating

SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER

Smoking Area. The damaged portion of trim was

Aministrator Abida & Ray

{C 189}

The damage portion has been repaired.

6/11/2018

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 COMPLETED HAL060077 B. WING 05/30/2018 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 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION: TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {C 189} Continued From page 2 {C 189} Findings on 05/30/2018: The door hardware is damaged preventing latching action at the following locations: (a) Kitchen door adjacent to dishwashing. The The kitchen door by the dishwashing has been deadbolt mechanism slides in the door and replaced. 6/13/2018 prevents the door from opening. The report stated that the door was by the hand wash sink but it is the door by dishwashing; so this item did not get corrected. 4-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operating condition. Findings on 05/30/2018: The door(s) located at the following locations do not prevent the passage of smoke due to sealing issues: (a) Double door leading into the Dining Hall. Weatherstripping for the double door leading into Weatherstripping for the door has been ordered the dining hall has been installed. 6/13/2018 and the item has not come in. Door will be repaired when the hardware arrives. 5-Based on observation, this facility has failed to maintain the plumbing equipment in a safe and operating condition. Findings on 05/30/2018: The toilets are not secured to the floor at the following locations: Toilet has been secured to the floor. 6/13/2018 (a) "B" HALL-Room 43/Bathroom. This toilet was missed when the repairs were being conducted. New Deficiency: 6-Based on observation, this facility has failed to maintain the mechanical equipment and components in a safe and operating condition.

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