

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2019
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NAME OF PROVIDER OR SUPPLIER THE CHARLOTTE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9120 WILLOW RIDGE DRIVE CHARLOTTE, NC 28210
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Dennis Harrell and Ed Miller, on 9-5-2019.</p> <p>Records indicate this facility was first licensed on 5-28-1997 as a Home for the Age. The facility is currently licensed for 119 Beds with a 20 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>Deficiencies were cited which will require a plan of correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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 requirements 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;</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATE FORM

6899

EDX921

If continuation sheet 1 of 12

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors with Delayed Egress Locking. An audible signal is required to assure the Delayed Egress is working properly. Finding on 9-5-2019; There was no signal audible at the Delayed Egress exit into Special Care from the front hallway.</p> <p>2. Based on observation, the exit doors will fail to comply with the NC State Building Code as relates to Delayed Egress doors. The NC State Building Code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Finding on 9-5-2019; The right front exit door was missing the required sign.</p>	C 101	<p>C101. 1. Audible alarm enunciator will be purchased and added to outside of door facing towards front lobby.</p> <p>C101. 2. Sign has been added to exit door.</p>	<p>10/11/2019</p> <p>9/6/2019</p>

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C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on a review of documents, the most recent Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required to</p>	C 111		
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C 111	<p>Continued From page 2 ensure all systems can operate properly in an actual emergency.</p> <p>2. Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.</p> <p>3. Based on a review of documents, the required annual sprinkler system inspection report could not be located. Sprinkler systems that are not inspected and approved as required could result in the system not operating properly in the event of an actual fire.</p>	C 111	C111. All reports have been printed for immediately available at time of survey. All reports were emailed to surveyor at time of surveyor as directed and all had been done prior to survey on 9/5/2019.	9/5/2019

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<p>C 150</p>	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Finding on 9-5-2019: There were walkers and wheel chairs stored in the corridor at the Theater reducing the clear width to about 3 feet 7 inches.</p>	<p>C 150</p>	<p>C150. Items removed 9/5/2019 and staff educated on requirement.</p>	<p>9/5/2019</p>
<p>C 164</p>	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND</p>	<p>C 164</p>		

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<p>C 164</p>	<p>Continued From page 3</p> <p>FURNISHINGS (a) Adult care homes shall: (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> <p>This Rule is not met as evidenced by: Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on 9-5-2019: a. The HVAC return grills and radiation dampers in the kitchen had an excessive accumulation of dust/lint. b. Both of the clothes dryers in the 3rd floor laundry were not connected to the wall vents. c. One of the clothes dryers in the 2nd floor laundry was not connected to the wall vent.</p>	<p>C 164</p>	<p>C 164. A. HVAC return grill and radiation dampers have been cleaned.</p> <p>b. clothes dryers have been connected to wall vent and are properly operating.</p> <p>c. clothes dryer has been connected to wall vent and is operating properly.</p>	<p>9/17/2019</p> <p>9/10/2019</p> <p>9/10/2019</p>
<p>C 166</p>	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation, a gas wall heater had been removed in the kitchen storage room and the gas line left uncapped. Gas lines that are not</p>	<p>C 166</p>	<p>C166. Gas wall heater line has been capped.</p>	<p>9/6/2019</p>

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C 166	Continued From page 4 properly capped could allow flammable gas to enter and accumulate in the room.	C 166		
C 184	<p>Fire Safety-Evacuation plan</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the evacuation plans posted on the 2nd and 3rd floors were not oriented properly to the facility.</p>	C 184	C184. Evacuation postings on 2 nd and 3 rd floor have been corrected and reposted in proper orientation.	9/6/2019
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p>	C 185		

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C 185	<p>Continued From page 5</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. Based on a review of documents, the records available onsite did not include the time of the rehearsal. 	C 185	C185. Drill log has been updated for going forward to include more details on drill. Will be used on next drill in September.	9/25/2019
C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: Based on observation, electrical outlets in potentially wet locations were not provided with ground fault circuit protection. Findings on 9-5-2019:</p> <ol style="list-style-type: none"> The outlet near the sink for the microwave in the employee lounge was not GFCI protected. The outlet near the sink in "Wellness" was not GFCI protected. 	C 188	C188. GFI's have been installed in employee lounge and wellness areas.	9/9/2019
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the fire alarm system was showing a "Trouble" condition. Interview with staff indicated a dirty smoke detector had been removed from the system and was on order to be replaced. Fire alarms in "Trouble" may fail to operate properly when needed.</p> <p>2. Based on observation, the corridor smoke detector number 103 failed to activate when tested with smoke. Smoke detectors that do not work properly endanger all residents and staff.</p> <p>3. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in many locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings on 9-5-2019:</p> <p>a. Large sleeve (4 inch) through ceiling of the data room off the Marketing office sealed with unrated foam,</p> <p>b. Hole in the ceiling of the nurse station,</p> <p>c. Ceiling hatch left open in the 3rd floor electrical room. Note, This deficiency was corrected during the survey.</p> <p>d. Holes (2) in the wall in the 3rd floor electrical room,</p> <p>e. Unsealed sleeve in the adjacent 3rd floor electrical room,</p> <p>f. Unsealed penetration in the 3rd floor janitor closet,</p>	C 189	<p>C189. 1. New smoke detector was installed and "trouble" has been cleared from system. 2. Smoke detector in room 103 has been replaced. 3. All holes and wall penetrations have been sealed with fire rated caulking.</p>	<p>9/13/2019 9/24/2019 9/17/2019</p>

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C 189	<p>Continued From page 7</p> <p>g. Unsealed penetration in the 3rd floor smoke barrier wall near room 322. Note, This deficiency was corrected during the survey.</p> <p>h. Two electrical wall plates missing in the 3rd floor soiled utility,</p> <p>i. Holes (2) in the wall in the 3rd floor soiled utility,</p> <p>j. Electrical wall plate missing in the closet off the beauty salon,</p> <p>k. Large sleeve (4 inch) through ceiling of the 3rd floor rear electrical room sealed with unrated foam,</p> <p>l. Unsealed sleeve in the 3rd floor rear electrical room,</p> <p>m. Unsealed penetration in the 3rd floor rear electrical room,</p> <p>n. Unsealed penetrations (2) in the 2nd floor west electrical room,</p> <p>o. Unsealed sleeve in the 2nd floor west electrical room,</p> <p>p. Unsealed penetration in the 2nd floor smoke barrier wall near room 221.</p> <p>q. Ceiling hatch left open in the 2nd floor janitor closet. Note, This deficiency was corrected during the survey.</p> <p>r. Electrical wall plate missing in Activity storage,</p> <p>s. Unsealed sleeves (two 4 inch and two 2 inch) in the 2nd floor electrical room,</p> <p>t. Large hole in the wall at the plumbing outlet in the Special Care Laundry,</p> <p>u. Unsealed penetrations in the west side 1st floor electrical room,</p> <p>v. Unsealed penetration in the wall of the telephone room off the boiler room,</p> <p>w. Holes in the ceiling of the boiler room.</p> <p>4. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor</p>	C 189		

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C 189	Continued From page 8 doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 9-5-2019; a. The fire rated door to the 3rd floor "Stair 2" did not automatically latch when closed. b. Wedge found at the door to the 3rd floor electrical room. Note; This deficiency was corrected during the survey. c. The latching hardware was loosely mounted on a smoke barrier door near room 304. d. The door to room 321 dragged on the frame making it hard to close. e. Wedge found at the door to the 2nd floor janitor closet. Note; This deficiency was corrected during the survey. f. The door to the 2nd floor soiled linen was disabled from latching with tape across the strike. Note; This deficiency was corrected during the survey. g. The door to room 213 could not close and latch because of excessive storage in the room. h. The latchset was missing on the door to room 212. i. The closer was disabled on the 3/4 hour fire rated door to Activity Storage. j. There was a gap of 1/8 to 5/8 inch between the 1.5 hour fire rated doors into Special Care. k. There was a hole at the latchset through the 1.5 hour door to the dining room. l. There was a hole at the latchset through the door to the bathroom off the service corridor. m. The door to soiled utility on the service corridor will not latch when closed. n. The door to the chemical storage near the kitchen was disabled from latching with tape across the strike. Note; This deficiency was corrected during the survey. o. The door to the "Bar" dragged on the frame	C 189	C189. A. Door latch has been added and properly functions. B. all wedges have been removed from property. C. Latching hardware has been repaired on room 304. D. Room 321 door frame has been adjusted to allow door to move properly. E. All wedges have been removed from property. F. Tape has been removed from door frame to allow door to properly latch close. G. All items have been removed from room 213. H. Activity storage door has been repaired to close properly. J. Door "flashing" has been ordered to connect to doors and resolve gap issue. K. hole has been sealed. I hole has been sealed. M latch has been repaired. N tape has been removed and latch properly working. O door frame has been sanded down to properly move.	9/5/2019 9/5/2019 9/26/2019 9/6/2019 9/5/2019 9/5/2019 9/17/2019 9/17/2019 10/10/2019 9/17/2019 9/17/2019 9/17/2019 9/6/2019 9/6/2019

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C 189	<p>Continued From page 9</p> <p>making it hard to close.</p> <p>p. The double doors to the living room dragged on each other and would not close.</p> <p>5. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Findings on 9-5-2019: a. The escutcheon was missing in the janitor closet in Special Care. b. The escutcheon was improperly mounted in the closet off the Bar.</p> <p>6. Based on observation, the facility failed to be maintained in a safe manner by allowing large quantities of combustible storage to be kept in an area that is not designed and equipped as a storage room in accordance with the NC State Building Code. This situation could result in a fire growing larger than the construction's ability to contain it. Finding on 9-5-2019; Excess storage in room 213 included 8 wood cabinets, 70 large cardboard boxes containing wood cabinets and 65 gallons of latex paint. Additionally, the smoke detector had been removed in this room.</p> <p>7. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding on 9-5-2019;</p>	C 189	<p>P door frames have been sanded down to properly move. 9/17/2019</p> <p>5 a escutcheon has been replaced. 9/17/2019 B escutcheon has been replaced.</p> <p>6 combustible items have been removed and are stored properly. All additional items have been removed. 9/6/2019</p> <p>7 Items have been removed and all are in code for height and distance requirements. 9/6/2019</p>

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C 189	Continued From page 10 Storage had been stacked all the way to the ceiling in the maintenance room. 8. Based on observation, the toilet had been removed in room 233 and the drain sealed with only a plastic cup inserted. Improperly sealed drains allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 9. Based on observation, the sink in the 1st floor Central Bathing was clogged. Clogged sinks present a possible health hazard.	C 189	8 Toilet has been installed sealing drain. 9/9/2019 9 Sink has been snaked to remove clog and is properly functioning. 9/6/2019
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms;(4) housekeeping closets; and (5) laundry area. (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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 9-5-2019; a. The exhaust provided was not working in the 3rd floor laundry.	C 199	C199 a-e Exhaust testing was completed while fire alarm testing was underway. When fire alarm is activated, the exhaust and air handler units are shut down. All returned on line after alarm testing was complete and reset time. Confirmed properly working next day as well. 9/6/2019

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09/05/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE CHARLOTTE ASSISTED LIVING

9120 WILLOW RIDGE DRIVE

CHARLOTTE, NC 28210

(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
C 199	Continued From page 11 b. The exhaust provided was not working in the 3rd floor staff bathroom. c. The exhaust provided was not working in the main laundry. d. The exhaust provided was not working in the 1st floor resident laundry. e. The exhaust provided was not working in the 1st floor rest room.	C 199		

Laura Ashley Parish Executive Director 9-26-19
Laura Ashley Parish