

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL060019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/19/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHADY HARBOUR ADULT LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>908 TOM HUNTER ROAD CHARLOTTE, NC 28213</b>
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(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 000}	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Follow-up Survey on September 19, 2019 from 8:30 AM to 9:30 AM at the above referenced facility.</p> <p>NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	{C 000}		
{C 144}	<p>Outside Entrances/Exits-Two Remote Exits</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition.</p> <p>This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the upper level of the home (office area) doesnt have a second means of egress from this level of the home; this is not compliant with the rule, take actions to correct the deficiency and provide to</p>	{C 144}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 144}	Continued From page 1  our office proof of compliance.  Note: Both Section 419.2.1 and this rule require two remote exuts from this upeer level of the home.  09/19/2019GH The above listed deficiency was still present at the time of the follow up survey.	{C 144}		
{C 146}	Outside Entrances/Exits-Ramp(s)  SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.  This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that at the right rear exit of the home has an existing concrete ramp; but it is not compliant with code requirements, the ramp is required to be constructed at a slope of 1:12 ; provide landings in accordance to code requirements (at the top & bottom of ramp); Provide handrails that run the full length of the ramp (on both sides) as well as guards in accordance with code requirements. Once completed provide to our office copies of all permits and approvals as well of photos of the	{C 146}		

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{C 146}	<p>Continued From page 2</p> <p>completed work for our records as verification of compliance.</p> <p>2.) At the time of survey it was observed that a partial ramp had been constructed in the recreation room; the ramp provided comes down to a landing but then there are two steps down to the floor, this is not complaint with the rule, take action to correct the deficiency once completed provide to our office proof of compliance</p> <p>09/19/2019GH The above listed deficiencies were still present at the time of the follow up survey.</p>	{C 146}		