Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL049010	B. WING		10/0	3/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CROWN	COLONY		MERCIAL DF VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	by Ed Miller, conductive Records indicate the July 24, 1997. The 60 Beds. Therefore conformance with the Adult Care Homes effect at the time of portions of the 2008 Care Homes of Seven 1996 Edition of the Code(s), Institutions	iction Section Biennial Survey cted on October 3, 2019. is facility was first licensed on facility is currently licensed for the facility was surveyed for the facility was surveyed for 1996 Rules for Licensing of Seven or More Beds in initial licensure, applicable Rules for Licensing of Adult ven or More Beds and the North Carolina Building al Occupancy.				
C 111	SECTION .0300 - F 10A NCAC 13F .03 CONSTRUCTION(f) The facility shall fire and building sat shall be maintained review. This Rule is not me 1. Based on recor	have current sanitation and fety inspection reports which in the home and available for et as evidenced by: d review, and interview with	C 111			
	Executive Director of facility has unresolved current (completed annual inspection refindings on Octobera. The last annual Inspection, Testing, accordance with NF performed in Decer	and Maintenance Director the red deficiencies cited on their within the last twelve months) eport(s) required by this Rule.				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY					
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01	COMPLETED					
	HAL049010	B. WING	10/03/2019					
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE						
	291 COMMERCIAL DRIVE							

CROWN COLONY

291 COMMERCIAL DRIVE MOORESVILLE, NC 28115

on on the	MOORESVILLE, NC 28115				
(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 111	Continued From page 1	C 111			
	required deficiencies corrected.				
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 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.				
	This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if compress gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on October 3, 2019: a. Bedroom A-8 - eight portable medical oxygen cylinders are standing up on the floor plastic crate not physically secured in racks, stands or chained to the structure. Deficiency corrected before Construction Surveyors departed site.				
	 Based on Observation, and interview with Manager, the facility failed to keep plumbing system devices clean and in good repair. Findings on October 3, 2019: Bedroom D-10 - the connection of the commode to the floor is loose. 				
C 183	Fire Extinguishers	C 183			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge)				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL049010	B. WING		10/0	3/2019
NAME OF				STATE, ZIP CODE	1010	0.20.0
CROWN	COLONY		MERCIAL DE VILLE, NC 2			
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C 183	A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger. Findings on October 3, 2019: a. Nurse Station - large trash can is blocking access to the portable fire extinguisher, mounted on the wall around 36 AFF. Deficiency corrected before Construction Surveyors departed site.		C 183			
C 189	C 189 Building Equipment Maintained Safe, Operating 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 operating condition. (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: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could		C 189			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3)			X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
		HAL049010	B. WING		10/0	3/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CROWN	COLONY	291 COM	MERCIAL DE	RIVE		
OKOWK		MOORES'	VILLE, NC 2	28115		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	commercial kitchen fails to operate proprintings on Octobe a. Kitchen -since to maintenance was publichen hood's fire sinchouse/owner inspired.	er 3, 2019: the last semi-annual performed on the commercial suppression system, there has ation of the monthly pections.				
	 Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on October 3, 2019: B Hall Janitor room - two three-inch PVC pipe are not properly firestopped with a fire collars, or another approved method, as they penetrate the one-hour fire fire-resistance-rated ceiling assembly. Pantry - two three-inch PVC pipe are not properly firestopped with a fire collars, or another approved method, as they penetrate the one-hour fire fire-resistance-rated ceiling assembly. Laundry Water Heater Room - two three-inch PVC pipe are not properly firestopped with a fire collars, or another approved method, as they penetrate the one-hour fire fire-resistance-rated ceiling assembly. A Hall attic - the smoke damper's motors are not holding the dampers open. 					
	maintain the electric operating condition. Findings on Octobe a. Bedroom A-7 - without integral ove attached to an electric operation.					

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AND DLAN OF CORRECTION TO IDENTIFICATION NUMBERS		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
0001401	001 0111/	291 COM	MERCIAL DE	RIVE			
CROWN	COLONY	MOORES	VILLE, NC 2	28115			
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C 189	Continued From pa		C 189				
	Surveyors departed b. Beauty Shop - a used to power clipp cords cannot substit Deficiency correcte Surveyors departed c. Exterior near B ground-fault circuit-power receptacle do button is pushed or fault receptacle test. 4. Based on obsecorridor doors are roperating condition Findings on Octobea. B Hall Snack R latches to its frame cause the door to result of the facility could be closed or closed rathe door to limit the the area of origin. Findings on Octobea. Nurse Station heavy metal object Construction Surve.	I site. an extension cord is being ers and hair driers. Extension itute for permanent wiring. I before Construction I site. edroom D-10 - the interrupter (GFCI) electrical oes not trip when its test when tested with a ground ter & circuit analyzer. I vation, the smoke tight not maintained in a safe and er 3, 2019: oom - the corridor door, but a very light touch will elease. I ervation, corridor doors are not er and operating condition. Open or held open by sor methods. All occupants in affected if doors cannot be pidly with a light push or pull of spread of smoke and fire to er 3, 2019: - the corridor door has a Deficiency corrected before yors departed site.					
	maintained in a safe some building comporiginally intended. Findings on Octobe	e and operating, because conents fail to function as er 3, 2019:					
a. Exit near Bedroom B-8 - the panic hardware is missing its end cover, exposing sharp edges							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
HAL049010		B. WING		10/0	3/2019		
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CROWN	COLONY		MERCIAL DE VILLE, NC 2				
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C 189	that could injure oc b. B Hall Lobby E missing its end cov could injure occupa c. B Hall Snack R	cupants. xit - the panic hardware is er, exposing sharp edges that ants. coom - the panic hardware is er, exposing sharp edges that	C 189				

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