

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 R 10/18/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CHARLOTTE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 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 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, on 10-18-2019. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{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: 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 10-18-2019; Bedroom 213 is still over packed with combustible items. There should be no more than the normal furniture at a similar bedroom id outfitted with.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	{C 199}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 R 10/18/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CHARLOTTE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 1</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <ol style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 10-18-2019;</p> <ol style="list-style-type: none"> a. 3rd floor residents laundry -there is no exhaust in this room only return air c. The exhaust provided was not working in the main laundry. d. 1st floor resident laundry - there is no exhaust in this room only return air. e. The exhaust provided was not working in the 1st floor rest room. Motor is on back-order. f. 2nd floor resident laundry - there is no exhaust in this room only return air. 	{C 199}		