AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: ((X3) DATE SURVEY COMPLETED	
				R		
		B. WING		08/	01/2023	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, S			
ГНЕ СНА	RLOTTE ASSISTED		LLOW RIDGE I			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Up Construction Su	uction Section Biennial Follow urvey by Ed Miller & Tod d on August 1, 2023.				
	Deficiencies were of Correction.	sited that require a new Plan of	F			
{C 101}	Existing Licensed F	Fac- No less than '71 Rules	{C 101}			
	PHYSICAL PLANT The physical plant care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effor change in service of renovation, or alter the requirements for no addition or renov than those requirer "Minimum and Des Regulations" for "H	APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing r portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shal or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm" available at the Division of	;			
	1. Observations re not meet code requ of construction, cha renovation or altera be smoke tight with	et as evidenced by: vealed that the facility does uirements in effect at the time ange in service or bed count, ation. Kitchens are required to a self-closing doors.				
		: 1, 2023: ors to Dining are missing their doors are being held open with				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: (E SURVEY PLETED	
HAL060158				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R	
		B. WING		08/	01/2023		
	ROVIDER OR SUPPLIER			DDRESS, CITY, S ⁻ LOW RIDGE I			
THE CHA	RLOTTE ASSISTED	LIVING		TTE, NC 2821			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC ^V REGULATORY OR L	Y MUST BE PR	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 101}	Continued From pa	ige 1		{C 101}			
	door wedges.						
{C 150}	Corridors-Free of e	quipment a	and Obstructions	{C 150}			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (g) The requirement (4) Corridors shall other obstructions.	05 PHYS	BICAL				
	This Rule is not ma 1. Observations re not free of all equip paths must not be of their required 6' wid could delay or hind from the facility in t	vealed that ment and c obstructed, dth encroac er evacuati	the corridors were obstructions. Exit blocked or have hed upon. This on of the occupants				
	Findings on August a. Corridor from Di that encroaches up	ining to SC					
	New Finding on Au bb. Level 1, Stairwa used to store 4 con trash can.	ay 1 - this s	pace was being				
{C 162}	Outside Premises-	Outdoor Lig	phting	{C 162}			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (m) The requireme (3) Outdoor walkw illuminated by no le light at ground leve	ents for outs ays and dri ss than five	SICAL side premises are: ves shall be				
	This Rule is not me	et as evide	nced by:				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060158			. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
			B. WING	,		R 08/01/2023
			DDRESS, CITY, ST		08/	01/2023
		9120 WI	LLOW RIDGE [
HE CHA	RLOTTE ASSISTED	LIVING CHARLO	OTTE, NC 2821	10		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE
{C 162}	Continued From pa	age 2	{C 162}			
	1. Observations re walkways were not	evealed that the outdoor illuminated.				
		- the wall mounted exterior airwell could not be tested to				
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of	HOUSEKEEPING AND				
	1. Observations rev	et as evidenced by: vealed that the walls, ceilings t kept clean and in good repair				
	ceiling around the I I. Room 305 Bath stain around the ex m. Staff Bath - the	re are water stains on the light fixture. - there is a large yellow water chaust vent. - ceiling is concave between nd the exhaust and it is				
{C 189}		t Maintained Safe, Operating	{C 189}			
	SECTION .0300 - F 10A NCAC 13F .03					

Division	of Health Service R	egulation			FURI	IAPPROVE	
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1		E SURVEY PLETED	
	HAL060158		B. WING			R 08/01/2023	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			01/2020	
		9120 WI	LLOW RIDGE E				
THE CHA	ARLOTTE ASSISTED	LIVING	OTTE, NC 2821				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
{C 189}	Continued From pa	age 3	{C 189}				
	REQUIREMENTS (a) The building ar mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	1. Based on obser maintain the buildir safe condition. Hole through fire resista	et as evidenced by: vation there is a failure to ng's fire safety systems in a es or gaps at penetrations nt rated ceilings or walls could te to spread beyond the area					
	mounted junction b out of the ceiling. b. Mechanical off of the pipe penetratio slipped down the p around the pipe. j. Second Floor, Au	t 1, 2023: of RCC Office - a ceiling ox by the riser pipe has fallen of RCC Office - the collar for n by the fallen junction box has ipe leaving a gap in the ceiling ctivity Room - there is a small, netration in the left wall.					
	equipment is not m operating condition	evealed that the electrical aintained in a safe and . Broken or missing cover equipment my cause injury if th exposed wires.					
vicion of L	outlet by the nights	cover plate on the electrical tand is missing. esidential Laundry - the dryer se from the wall.					

STATE FORM

R9H022

If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060158		(X2) MULTIPLE A. BUILDING: 0		(X3) DATE SURVEY COMPLETED		
		B. WING			R 08/01/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST			
THE CHA	ARLOTTE ASSISTED	IIVING	LOW RIDGE D TTE, NC 2821			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
{C 189}	Continued From pa	ge 4	{C 189}			
	New Finding on Au dd. Kitchen - the co beside the hood is	over plate for the switch				
		vealed that the plumbing maintained in a safe and				
	on the water pipes at the joints. b. Third Floor Resi	1, 2023: nical - there is heavy corrosion and two leaks were observed dential Laundry - one of the is leaking detergent and the				
	equipment is not m condition. Failure to the sprinkler heads	vation the facility's fire safety aintained in operating o maintain 18" clearance below creates an obstruction which he sprinkler system to				
	Finding on August ⁻ a. 3rd Fl, Activity Sf 18" of the sprinkler	orage - items are stored within				
{C 193}	Ovens, Ranges in A	Activity or Res. Rooms	{C 193}			
	resident activity or i used except under degree of staff supe facility's assessment					

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: ()1	COMPLETED		
HAL060158		B. WING			R 08/01/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S				
ПЕ СНА	ARLOTTE ASSISTED	LIVING	LLOW RIDGE I				
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	COMPLET DATE	
{C 193}	Continued From pa	age 5	{C 193}				
	controlled by staff. (5) Ovens, ranges resident rooms sha provided, controlled equipment by resid by the facility to be equipment in a safe (k) This Rule shall facilities with the ex- which shall not app This Rule is not m 1. Observations re- resident activity roo staff supervision ar feature provided th Findings on August a. Second Floor Ac- survey, the oven ha	apply to new and existing (ception of Paragraph (e))ly to existing facilities. et as evidenced by: evealed that the oven in the om was operational without nd did not have a locking at is controlled by staff. t 1, 2023: ctivity Room - at the time of ad power to the burners and no switch was not in the					