

## The Charlotte

9120 Willow Ridge Rd.  
Charlotte, NC 28210



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# FAX

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To: **19197336592@westfax.com**

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Date: **9/13/2023**

From: **Caressa Cannon**  
**7047074692**

Pages: **7** (Including Cover)

Subject: **Plan of correction from The Charlotte Assisted Living**

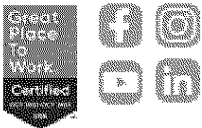
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Message:

Caressa Cannon | Resident Care Coordinator

Charlotte Assisted Living LLC | Senior Living Communities, LLC  
9120 Willow Ridge Rd | Charlotte, NC 28210  
Direct: 704.409.7905 | Call: 704.912.6141 | Fax: 704.707.4692

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/01/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE CHARLOTTE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9120 WILLOW RIDGE DRIVE CHARLOTTE, NC 28210</b>
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{C 000}	Initial Comments  Report of a Construction Section Biennial Follow Up Construction Survey by Ed Miller & Tod Hancock conducted on August 1, 2023.  Deficiencies were cited that require a new Plan of Correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules  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;  This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet code requirements in effect at the time of construction, change in service or bed count, renovation or alteration. Kitchens are required to be smoke tight with self-closing doors.  Findings on August 1, 2023: a. Kitchen - the doors to Dining are missing their latch bolts and the doors are being held open with	{C 101}	C 101. 9/12/2023 a. Kitchen Door to Dining area have latch bolts replaced and removal of door wedges. Completed on 8/17/2023. Weekly walk throughs will occur in area stated for the next 30 days starting 9/15/2023.	

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

TITLE

(X6) DATE

*Meghan Ruona*

*Executive Director*

*9/12/2023*

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{C 101}	Continued From page 1 door wedges.	{C 101}		
{C 150}	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of all equipment and obstructions. Exit paths must not be obstructed, blocked or have their required 6' width encroached upon. This could delay or hinder evacuation of the occupants from the facility in the event of an emergency.  Findings on August 1, 2023: a. Corridor from Dining to SCU - there is a piano that encroaches upon the required 6' width.  New Finding on August 1, 2023: bb. Level 1, Stairway 1 - this space was being used to store 4 combustible boxes and a small trash can.	{C 150}	C 150. 9/12/2023. a. Corridor from Dining to SCU, piano has been removed from corridor. Confirmed completion 8/17/2023.  bb. Combustible boxes and small trash can have been removed. It has been communicated with staff that the storage of such items is not permissible, along with providing a designated storage space that is suitable to use and regulations to prevent future occurrences. Confirmed complete on 8/17/2023.  Preventative: Weekly walk throughs will occur in area stated for the next 30 days starting 9/15/2023.	
{C 162}	Outside Premises-Outdoor Lighting  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.  This Rule is not met as evidenced by:	{C 162}	C 162. 9/12/2023. a. Level 1, Stairwell 1 location: Mounted Exterior Light tested on 8/17/2023, confirmed light is operating and in working condition.  Preventative: Weekly walk throughs will occur in area stated for the next 30 days starting 9/15/2023.	

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{C 162}	Continued From page 2  1. Observations revealed that the outdoor walkways were not illuminated.  Findings on August 1, 2023: a. Level 1, Stair 1 - the wall mounted exterior light outside the stairwell could not be tested to determine if they were working.	{C 162}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND 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.  This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair.  Findings on August 1, 2023: h. Room 416 - there are water stains on the ceiling around the light fixture. i. Room 305 Bath - there is a large yellow water stain around the exhaust vent. m. Staff Bath - the ceiling is concave between the access hatch and the exhaust and it is cracking at the corner of the vent.	{C 164}	C 164. 9/12/2023. h. Room 416 - cleaned and painted by 8/20/2023.  i. Room 305 - cleaned and painted by 8/20/2023.  m. Staff bath - repaired and painted by 8/20/2023.  Preventative: Weekly walk throughs will occur in area stated for the next 30 days starting 9/15/2023.	
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 189}		

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{C 189}	<p>Continued From page 3</p> <p><b>REQUIREMENTS</b></p> <p>(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.</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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on August 1, 2023:</p> <p>a. Mechanical off of RCC Office - a ceiling mounted junction box by the riser pipe has fallen out of the ceiling.</p> <p>b. Mechanical off of RCC Office - the collar for the pipe penetration by the fallen junction box has slipped down the pipe leaving a gap in the ceiling around the pipe.</p> <p>j. Second Floor, Activity Room - there is a small, unsealed cable penetration in the left wall.</p> <p>4. Observations revealed that the electrical equipment is not maintained in a safe and operating condition. Broken or missing cover plates for electrical equipment may cause injury if contact is made with exposed wires.</p> <p>Findings on August 1, 2023:</p> <p>b. Room 418 - the cover plate on the electrical outlet by the nightstand is missing.</p> <p>c. Second Floor Residential Laundry - the dryer outlet is pulling loose from the wall.</p>	{C 189}	<p>C 189. 9/12/2023.</p> <p>1.</p> <p>a. Mechanical Room off of RCC Office location for Junction Box - Mounted Junction Box has been secured. Confirmed on 8/17/2023.</p> <p>b. Mechanical Room off of RCC Office location - Pipe by Junction Box, the collar has been secured with (name material). Confirmed on 8/17/2023.</p> <p>j. Second Floor Activity Room location - cable penetration on left wall has been sealed. Confirmed on 8/17/2023.</p> <p>4.</p> <p>b. Room 418 - cover plate on electrical outlet by nightstand has been replaced.</p> <p>c. Second Floor Residential Laundry - dryer outlet that was pulling from wall has been repaired and secured. Confirmed on 8/17/2023.</p> <p>Preventative: Weekly walk throughs will occur in area stated for the next 30 days starting 9/15/2023.</p>	

PRINTED: 08/29/2023  
FORM APPROVED

## Division of Health Service Regulation

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{C 189}	Continued From page 4  New Finding on August 1, 2023: dd. Kitchen - the cover plate for the switch beside the hood is broken.  5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition.  Finding on August 1, 2023: a. Exterior Mechanical - there is heavy corrosion on the water pipes and two leaks were observed at the joints. b. Third Floor Residential Laundry - one of the washing machines is leaking detergent and the floor is stained.  6. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire.  Finding on August 1, 2023: a. 3rd Fl, Activity Storage - items are stored within 18" of the sprinkler heads.	{C 189}	C 189. 9/12/2023. 4. dd. Kitchen - the cover plate for the switch beside the hood has been repaired. Confirmed on 8/17/2023.  C 189. 9/12/2023. 5. a. Outside Plumber Contract/Vendor scheduled to repair leaking pipes and erosion on 9/13/2023. Anticipated completed repair is 9/14/2023.  b. Third Floor Resident Laundry - one washing machine was leaking detergent. New industrial washing machine has been ordered, delivered on 9/11/2023. Replaced in third floor residential laundry by 9/15/2023.  6. a. 2nd Floor Activity Storage - items are being stored within 18" below sprinkler heads. 18" measured sign(s) has been placed on the wall to indicate appropriate storage measurement from ceiling. Confirmed on 8/17/2023.  Preventative: Weekly walk throughs will occur in area stated for the next 30 days starting 9/15/2023.	
{C 193}	Ovens, Ranges in Activity or Res. Rooms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall	{C 193}		

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{C 193}	<p>Continued From page 5</p> <p>have a locking feature provided, that shall be controlled by staff.</p> <p>(5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner.</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. Observations revealed that the oven in the resident activity room was operational without staff supervision and did not have a locking feature provided that is controlled by staff.</p> <p>Findings on August 1, 2023:</p> <p>a. Second Floor Activity Room - at the time of survey, the oven had power to the burners and no staff present. The switch was not in the disconnect box in the cabinet.</p>	{C 193}	<p>C 193. 9/12/2023. a. Second floor Activity Room - the locking feature on the oven has been replaced with the control switch in the cabinet. Confirmed 8/17/2023.</p> <p>Preventative: Weekly walk throughs will occur in area stated for the next 30 days starting 9/15/2023.</p>	