

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216		
(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 Construction Section Biennial Survey by Suzanna Fay conducted on April 17, 2024. Records indicate this facility was first licensed on October 24, 2016 for 48 Special Care Beds. Based on this information, the facility was surveyed using the 2005 Rules for Adult Care Homes of Seven or More Beds and the 2012 edition of the NC State Building Code, section 407 I-2. Deficiencies were cited that require a Plan of Correction.	C 000		
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 furnishings were not kept in good repair. Loose handrails can cause injury from a slip or fall if the rail can no longer support the resident, staff or visitor. Findings on April 17, 2024: a. Exit near Room 206 - the handrail to the right of the door is loose. 2. Observations revealed that the ceilings and	C 164		

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: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216		
(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 164	Continued From page 1 floors were not kept clean. Findings on April 17, 2024: a. Laundry - the exhaust fan had an excessive amount of lint on the grille. b. Laundry - there was an excessive amount of lint built up on the floor and dryer ducts behind the dryers.	C 164		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the evacuation plans were not oriented to the direction of travel in order to direct residents, staff and visitors to the nearest exit. Findings on April 17, 2024: a. The Evacuation Plan by Room 210 was not oriented in the direction of travel. This was corrected at the time of survey.	C 184		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216		
(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 189	<p>Continued From page 2</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</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 the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on April 17, 2024:</p> <p>a. South Courtyard - the emergency light near the picnic table did not illuminate on test.</p> <p>b. Break Room - the emergency light did not illuminate on test.</p> <p>c. Soiled Linen - the emergency light did not illuminate on test.</p> <p>d. The exterior emergency light at the Service Hall exit did not illuminate on test.</p> <p>e. Kitchen - the emergency light over the dish washing area did not illuminate on test.</p> <p>f. North Courtyard - there was a pattern of emergency lights in this area not working.</p> <p>2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.</p> <p>Findings on April 17, 2024:</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216		
(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 189	<p>Continued From page 3</p> <p>a. The exit sign at the cross corridor doors by Room 210 did not illuminate on test.</p> <p>b. The exit sign at the cross corridor doors by the Data Closet did not illuminate on test.</p> <p>3. Based on observation and interview with staff, the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not operate during a fire.</p> <p>Findings on April 17, 2024:</p> <p>a. Riser Room - two of the gauges on the riser have gone bad. The parts are on order.</p> <p>4. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility.</p> <p>Findings on April 17, 2024:</p> <p>a. Room 202 Bath - the toilet is not secure to the floor.</p> <p>b. Room 208 Bath - the toilet is not secure to the floor.</p> <p>5. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner.</p> <p>Findings on April 17, 2024:</p> <p>a. Visitor Bath by Room 208 - the flapper appears broken and the toilet is not flushing.</p> <p>6. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216		
(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 189	<p>Continued From page 4</p> <p>the occupants of the facility if wiring is exposed.</p> <p>Findings on April 17, 2024:</p> <p>a. Room 208 - the cover plate for the light switch is missing.</p> <p>7. 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 could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on April 17, 2024:</p> <p>a. The escutcheon ring on the sprinkler head near the emergency light at the Nurses' Station has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>b. Bathroom at Nurses' Station - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>c. Riser Room - there is a 3" diameter hole in the ceiling along the back wall with a 1 1/2" pipe running through the opening.</p> <p>d. Service Hall - there is an unsealed WiFi cable penetration outside the Kitchen.</p> <p>8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on April 17, 2024:</p> <p>a. Soiled Linen - the latch was stuffed with paper so that the door could not latch when closed. This was corrected at the time of survey.</p> <p>b. The door latch between Soiled Linen and</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216		
(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 189	Continued From page 5 Laundry was stuffed with paper so that the door could not latch when closed. The paper was removed, but the door did not automatically close and latch when released. 9. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All the occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin. Findings on April 17, 2024: a. Living Room - the doors were propped open using a wedged device.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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:	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216		
(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	Continued From page 6 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on April 17, 2024: a. Room 202 Bath - the exhaust fan is not working. b. Break Room Toilet - the exhaust fan is not working. c. Soiled Linen Room - the exhaust fan is not working. d. Residential Laundry - the exhaust fan is not working.	C 199		