

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER EAST TOWNE		STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205		
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on October 2, 2024. This facility was first licensed on November 19, 1990, as a Home for the Aged for 120 beds. Based on this information, this facility must meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled, the 1978 NC State Building Code for Institutional Occupancy Unrestrained, with amendments through 1989 and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction.	C 000	"Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State"	
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:	C 101		

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

TITLE

(X6) DATE

Kwabena A. Bisiu

11/27/24

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C 101	Continued From page 1 1. Based on observation and interviews with Maintenance Director the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the components required to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the doors. Findings on October 2, 2024: a. Entry Hall, Nurse Station - the central emergency release switch did not unlock the doors. b. Entry Hall, Nurse Station - a wiring diagram, and a system components location map was not provided under glass, adjacent to the fire alarm control panel. 2. Based on observation and interview with Maintenance Director, the facility failed to meet the Code requirements in effect at the time of construction or modification by not maintaining an unobstructed exit discharge. Findings on October 2, 2024: a. 200 Hall, Courtyard - the exit gate from the courtyard was secured with a bike chain with a built-in combination lock. Per the Maintenance Director, most staff responsible for evacuation did not know the combination of the lock.	C 101	1. Facility Executive Director and Maintenance director will complete the following repairs a. Central emergency release switch to unlock the doors b. place a wiring diagram, and a system components location map under glass adjacent to the fire alarm panel 2. Facility will complete the following repairs to maintain an unobstructed exit discharge. a. Remove the bike chain from the courtyard	
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;	C 152		

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C 152	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide outside entrance, and ramps with handrails and guardrails. This would affect all residents, staff and visitors who would need handrail/guardrails to provide increasing safety, stability/balance, and maneuverability at these locations. Findings on October 2, 2024: a. Exterior 200 Hall, Back Porch - a new walkway was provided between the back porch to an existing walkway approximately twenty feet away. The new walkway was elevated four to twelve inches above the adjacent ground.	C 152	1. Facility Executive Director and Maintenance Manager will complete the following repairs to ensure requirements are met for outside entrances and exits a. install hand rails on the new walkway between the back porch.	
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents, with sounding devices that activate	C 154	1. Facility ED and Maintenance manager will complete the following repairs to ensure compliance for outside entrances and exits a. All exits doors accessible by residents will be installed with sounding devices that activate when the door opens.	

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C 154	Continued From page 3 when the door opens to prevent wanderers from exiting the building unnoticed. Findings on October 2, 2024: a. Entire Building, Exit Doors Accessible by Residents - none of the exit doors were equipped with notification devices that alert staff when the door was opened.	C 154		
C 159	Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (l) The requirements for laundry facilities are: (3) A minimum of one residential type washer and dryer each shall be provided in a separate room which is accessible by staff, residents and family, even if all laundry services are contracted. This Rule is not met as evidenced by: 1. Based on Observation, the facility did not provide an environment in accordance with this Rule. This would affect all residents, by limiting the resident's right to do their laundry. Findings on October 2, 2024: a. Building - there was no allotted space or washer & dryer for the residents to do their own laundry.	C 159	1. Facility Executive Director and Maintenance manager will complete the following requirements for laundry facilities: a. Provide a residential type washer and dryer	
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;	C 164		

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C 164	Continued From page 4 (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. Based on Observation, the facility plumbing system was not maintained in a safe and operating condition. Findings on October 2, 2024: a. 100 Hall, Bedroom 23 Bathroom - the commode was not secure to the floor.	C 164	1.The facility executive director and maintenance director will complete the following repairs: a. 100 hall bedroom 23 bathroom- the commode secured to the floor.	
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's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on October 2, 2024: a. Entry Hall, near Nurse Station Overhead Beam - the self-contained combination emergency light exit sign did not illuminate on backup power when the test button was pushed. b. 200 Hall, Gate near Smoker Porch - the	C 189	1.The facility executive director and maintenance director will complete the following repairs to the emergency equipment a. emergency light exit at the nurses station b. emergency light 200 hall, gate near smoker porch c. 110 and 200 hall emergency light d. exit sign at the 200 hall front smoke barrier on the back side.	

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C 189	<p>Continued From page 5</p> <p>self-contained emergency light did not illuminate on backup power when the test button was pushed.</p> <p>c. 110 Halls & 200 Halls - there was no emergency lighting provided.</p> <p>d. 200 Hall, Front Smoke Barrier Back Side - the exit sign had its right chevron directional indicator, punch-out removed. With this chevron punch-out removed, the exit sign was directing you to turn right to exit, but the correct way out was straight.</p> <p>2. Based on observation, the building was not maintained in a safe and operating condition, by failing to ensure egress can be accomplished from all areas without the use of special effort. This could affect all if doors cannot be opened, trapping someone inside Findings on October 2, 2024: a. 100 Hall, Corridor to Loading Dock - the exterior door was difficult to open taking extra force to open.</p> <p>3. 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 the room of origin. Findings on October 2, 2024: a. Entry Hall, Lobby Left Side Pair of Doors - there was a hole not firestopped as it penetrated the fire-resistance-rated ceiling assembly. b. Entry Hall, Nurse Station - above the FACP there was a hole not firestopped as it penetrated the fire-resistance-rated ceiling assembly. c. Entry Hall, Dining Back Exit - there was an opening between the fire-resistance-rated ceiling and the base of the exit sign not firestopped as it penetrated the fire-resistance-rated ceiling assembly. d. Entry Hall, Loading Dock Hall Exit - there was</p>	C 189	<p>2. Facility executive director and Maintenance Director will complete the following repairs to ensure the ability to egress from all areas without the use of special effort.</p> <p>a. 100 hall corridor door to loading dock</p> <p>3. The facility executive director and maintenance director will complete the following repairs to maintain fire safety and operating condition.</p> <p>a. Hole in entry hall, lobby left side pair of doors</p> <p>b. hole at the entry hall, nurse station above the fACP</p> <p>c. opening between the fire resistance rated ceiling and the base of the exit sign at the entry hall dining back exit</p> <p>d. opening between the fire resistance rated ceiling and the base of the exit sign at the entry hall of the loading dock hall exit</p> <p>e. 100 hall housekeeping office conduit firestopped</p> <p>f. nine inch by 12 inch hole in the closet of bedroom 28</p> <p>g. cable room 200 hall</p> <p>h. 200 hall corridor near cable room opening between the fire resistance rated ceiling and the base of the exit sign not firestopped</p> <p>i. 200 hall corridor near phone room.</p> <p>j. 16 inch by 16 inch hole in the closet of 200 hall housekeeping</p> <p>4. Facility ed and maintenance director will complete the following repairs on doors to ensure they are protected by fire.</p> <p>a. 100 hall bedroom 10</p> <p>b. 100 hall firewall.</p> <p>c. 200 hall front smoke barrier</p> <p>d. 200 hall firewall</p> <p>5. Facility ED and Maintenance director will complete the following repairs</p> <p>a. Entry Hall, Gathering space in corridor near dining and near 200 hall</p>	

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C 189	<p>Continued From page 6</p> <p>an opening between the fire-resistance-rated ceiling and the base of the exit sign not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>e. 100 Hall, Housekeeping Office- there was a conduit not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>f. 100 Hall, Bedroom 28 Corridor Side Closet - there was nine-inch by twelve-inch hole in the closet.</p> <p>g. 200 Hall, Cable Room - there was a cable not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>h. 200 Hall, Corridor near Cable Room - there was an opening between the fire-resistance-rated ceiling and the base of the exit sign not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>i. 200 Hall, Corridor near Phone Room - there was an opening between the fire-resistance-rated ceiling and the base of the exit sign not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>j. 200 Hall, Housekeeping Closet- there was sixteen-inch by sixteen-inch hole in the closet.</p> <p>4. Based on observation, the building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the fire wall and smoke barriers did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin.</p> <p>Findings on October 2, 2024:</p> <p>a. 100 Hall, Smoke Barrier near Bedroom 10 - the door coordinator, for the pair of doors, was not providing the proper sequence for the doors to close and latch into their frame.</p> <p>b. 100 Hall, Firewall - the door coordinator for</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>the pair of doors was missing its wheel. The doors were not latching and were missing their fire-rated labels.</p> <p>c. 200 Hall, Front Smoke Barrier - the doors were not latching and were missing their fire-rated labels.</p> <p>d. 200 Hall, Firewall - the coordinator for the pair of doors was missing. The doors were not latching and were missing their fire-rated labels.</p> <p>5. Based on observation the required smoke tight walls were compromised in several locations. Findings on October 2, 2024: a. Entry Hall, Gathering Space in Corridor near Dining and near 200 Hall - there were two twelve-inches by twenty-four-inches wood patches covering holes in the wall.</p> <p>6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on October 2, 2024: a. 7 of 14 Exit Doors - the alarmed protective cover over the Special Locking system's emergency release switch did not alarm when opened. b. Entry Hall, Nursing Office - the top of the electrical power receptacle was not secured to its junction box. c. Exterior, Ramp outside of Dining near Dining Door - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip when the test button was pushed and when tested with a ground fault receptacle tester & circuit analyzer device. d. Exterior, Ramp outside of Dining near Dining Door - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was missing its weather resistance cover.</p>	C 189	<p>6. Facility Executive Director and maintenance director will complete the following repairs to maintain the electrical system</p> <p>a. 7 exit doors emergency release switches</p> <p>b. entry hall, nursing office electrical power receptacle</p> <p>c. exterior ramp outside of dining near dining door ground fault circuit interrupter</p> <p>d. exterior ramp outside of dining near dining door GFCI weather resistance cover</p> <p>e. exterior, ramp outside of dining back window gfci test button</p> <p>f. 200 hall beauty shop gfci</p> <p>g. 200 hall front breakroom the GFCI</p> <p>h. 200 hall storage electrical junction box</p> <p>i. Exterior, smokers porch gfci test button</p> <p>j. 200 hall storage cover plate for the electrical junction box</p> <p>k. exterior 200 hall middle porch cover plate for electrical junction box</p> <p>7. Facility executive director and facility manager will complete the following repairs to doors to ensure they are smoke tight</p> <p>a. entry hall, library</p> <p>b. entry hall, activity office</p> <p>c. entry hall med room</p> <p>d. entry hall, dining</p> <p>e. 100 hall bedroom 21</p> <p>f. 100 hall bedroom 23</p> <p>g. 100 hall bedroom 30</p> <p>h. 100 hall bedroom 35</p> <p>i. 200 hall near bedroom b43</p> <p>j. 200 hall near bedroom 23</p> <p>k 200 hall bdroom 24</p> <p>8. Facility executive director and maintenance director will post the evacuation diagrams in the following locations</p> <p>a. entry hall, lobby</p> <p>9. the Facility Executive Director and maintenance director will fixthe following door needs</p> <p>a. remove door wedge from entry hall, boc office</p> <p>b.remove door wedge, entry hall work room</p> <p>c. entry hall, dining remove doorstops</p> <p>d. remove door wedge 200 hall laundry</p> <p>e. remove door wedge from 200 hall beauty shop</p>	

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C 189	Continued From page 8 e. Exterior, Ramp outside of Dining Back Window - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip when the test button was pushed and when tested with a ground fault receptacle tester & circuit analyzer device. f. 200 Hall, Beauty Shop - an electrical power receptacle and a ground-fault circuit-interrupter (GFCI) was hanging out of their junction box with exposed energized components. g. 200 Hall, Front Breakroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was burnt on its upper blade port. h. 200 Hall, Storage - an electrical junction box with energized components, was missing its cover plate. i. Exterior, Smokers Porch - four ground-fault circuit-interrupter (GFCI) electrical power receptacles did not trip when the test buttons were pushed and when tested with a ground fault receptacle tester & circuit analyzer device. j. 200 Hall, Storage - an electrical junction box with energized components, was missing its cover plate. k. Exterior 200 Hall, Middle Porch - an electrical junction box with energized components, was missing its cover plate. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on October 2, 2024: a. Entry Hall, Library - the corridor door did not close and latch without extra effort and force. b. Entry Hall, Activity Office - there was an opening through the corridor door around the door handle. c. Entry Hall, Med Room - there was an opening through the corridor door around the door handle. d. Entry Hall, Dining - the corridor pair of doors	C 189	1. The facility executive director and maintenance manager will repair the necessary exhaust ventilation in required spaces. a. 100 hall bedroom 16 b. 200 hall, bulk laundry c. 200 hall, front breakroom 1. Facility ED and Maintenance manager will repair the call bell system to safe and operating conditions a. all bedrooms	

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C 189	<p>Continued From page 9</p> <p>were not smoke tight. The gap between the meeting stiles was 1/4-inch.</p> <p>e. 100 Hall, Bedroom 21 - the corridor door had a hole through the door.</p> <p>f. 100 Hall, Bedroom 23- there were two 1/4-inch diameter holes through the corridor door around the door handle.</p> <p>g. 100 Hall, Bedroom 30 - the corridor door strike was filled with paper towels preventing the door from latching. Facility Staff corrected this deficiency before the Construction Surveyor left the site.</p> <p>h. 100 Hall, Bedroom 35 - the corridor door strike was filled with paper towels preventing the door from latching. Facility Staff corrected this deficiency before the Construction Surveyor left the site.</p> <p>i. 200 Hall, Housekeeping near Bedroom B43 - there was an opening through the corridor door around the door handle.</p> <p>j. 200 Hall, Bedroom 23- there were two 1/4-inch diameter holes through the corridor door around the door handle.</p> <p>k. 200 Hall, Bedroom 24 - the corridor door did not latch into its frame when closed.</p> <p>8. Based on Observation, the Facility failed to properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency. Findings on October 2, 2024:</p> <p>a. Entry Hall, Lobby - the mounted evacuation diagram was not oriented for where it was located. The diagram must be properly oriented. As you stand looking at the diagram, the evacuation route shown on the right shall be to your right etc.</p> <p>9. Based on Observation, the corridor doors were not maintained in a safe and operating</p>	C 189		

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C 189	Continued From page 10 condition. Doors were blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on October 2, 2024: a. Entry Hall, Business Office - a door wedge was holding the corridor door open. b. Entry Hall, Office Work Room - a door wedge was holding the corridor door open. c. Entry Hall, Dining - the corridor pair of doors were held open with a pair of mechanical kick down doorstops. d. 200 Hall, Laundry - a door wedge was holding the corridor door open. e. 200 Hall, Beauty Shop - a door wedge was holding the corridor door open.	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.	C 199		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER EAST TOWNE		STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205		
(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 11 This Rule is not met as evidenced by: 1. Based on observation and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on October 2, 2024: a. 100 Hall, Bedroom 16 - the exhaust ventilation system was not functioning. b. 200 Hall, Bulk Laundry - the exhaust ventilation system was not functioning. c. 200 Hall, Front Breakroom - the exhaust ventilation system was not functioning.	C 199		
C 202	Existing Fac. Housing Non-ambs-Hand Bells SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices. (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, and interview with Maintenance Director, the facility failed to maintain the call system in a safe and operating condition. Findings on October 2, 2024: a. All Bedrooms - the facility uses an electrically operated call system, and the call system was not working. Per the Maintenance Director, tropical storm Helene knocked out the Wi-Fi system that the call system uses.	C 202		Facility Expected Compliance: 12/31/24