

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(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	<p>Initial Comments</p> <p>Report by Kelly Myers</p> <p>DHSR Construction Section conducted a Biennial Survey on November 7, 2024, from 11:45 AM to 12:55 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 10, 1996 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 1996 - Rules for Family Care Homes Minimum, Desired Standards Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the applicable portions of the 1996 North Carolina State Building Code; Section 419.2- Residential Care Homes</p> <p>NOTES:</p> <p>1,) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	C 000		
C 144	<p>Outside Entrances/Exits-Two Remote Exits</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (a) In family care homes, all floor levels shall have at least two exits. If there are only two, the</p>	C 144		

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

TITLE

(X6) DATE

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C 144	Continued From page 1 exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that that the upper level of the home was being used as a living quarters for the provider. There was a queen size bed, dressers, clothing and other stored items. There is not a second exit from the upper level. This is not compliant with NCSBC 419.2.1 and this rule. Take the necessary steps to provide a second exit for the upper level. * This deficiency was previously cited during our May 28, 2019, and May 4, 2022, biennial surveys, take action to correct this deficiency.	C 144		
C 155	Housekeeping-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the stairwell leading to the upper level and the enclosed front porch were cluttered with stored items and did not have a 36 inch path of travel. This is not compliant with the rule. Take the necessary steps to remove the items so that there is a clear path to navigate the stairs and the	C 155		

Division of Health Service Regulation

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C 155	Continued From page 2 front door without a delay of exiting the building in the event of a fire or other emergency.	C 155		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were three missing smoke detectors on the first floor and one on the upper level. The smoke detectors that were present, did not respond to spray can smoke and activate the alarm. This is not compliant with the rule. Take the necessary steps to repair, replace and install working smoke detectors. Note: The provider called the service company and scheduled an appointment for November 8, 2024 at 8:30 am. This surveyor spoke with Jonathan (Alarm South service technician) on November 8, 2024, and he informed this surveyor that he is replacing all combination CO2 and smoke detectors with new ones. A copy of the service report was requested	C 169		

Division of Health Service Regulation

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C 169	Continued From page 3 at this time. Note: The provider was made aware that the home was being placed under a plan of protection and that there will need to be two staff members present at all times until the fire system was operating as intended. A log sheet was explained and provided to document that the building was being monitored every hour.	C 169		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the left hall bath exhaust fan cover was dusty. This is not compliant with the rule. Take the necessary steps to clean the exhaust fans routinely to allow for proper operation. 2. At the time of the survey it was observed that there was an extension cord present in the front left bedroom that was vacant. This is not compliant with the rule. Take the necessary steps to remove the extension cord and use a UL Listed surge protector 3. At the time of the survey it was observed that there was an electrical junction box at the front right corner of the home that was not secured to	C 174		

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C 174	Continued From page 4 the building and exposing the electrical wiring. This is not compliant with the rule. Take the necessary steps to secure the junction box to the house.	C 174		