

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2024
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NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 RANDOLPH ROAD CHARLOTTE, NC 28211
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Suzanna Fay conducted on December 12, 2024.</p> <p>Based on information gathered from our files, this facility was first licensed or submitted for licensure on or about January 23, 1997 for One-Hundred Four (104) Beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Institutional Occupancy Group I.</p> <p>Deficiencies were noted which require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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;</p>	C 101	<p>Signage will be placed according to requirements. Vendor was brought in to adjust doors for proper opening per regulation. Monthly door inspections to be completed by ED, ESD, or designee for compliance. Vendor maintenance will be provided as necessary to maintain compliance and safety. Items noted on the landing and under stairs were removed. Random checks by the management team throughout the day for the next 30 days and as needed thereafter.</p>	2-28-25

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

TITLE

(X6) DATE

Jean Robu

Executive Director

1-23-25

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Delayed egress doors shall have a sign provided on the door located above and within 12 inches of the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.</p> <p>Findings on December 12, 2024:</p> <p>a. There is a pattern of delayed egress exit doors in both the Assisted Living and Memory Care wings that do not have signage reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.</p> <p>2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For delayed egress locks, the initiation of an irreversible process which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.</p> <p>Findings on December 12, 2024:</p> <p>a. Bistro - the doors exiting to the courtyard are not releasing in 15 seconds when a force of more than 15 pounds is applied to the door for 3 seconds. The right hand door was not releasing</p>	C 101		

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C 101	<p>Continued From page 2</p> <p>with the keypad as well.</p> <p>b. Floor 2, Stair by the Sales Manager's Office - the exterior door was not releasing in 15 seconds when a force of more than 15 pounds was applied to the door for 3 seconds.</p> <p>c. SCU Stair by 117 - the interior exit door did not begin the initiation of releasing the latch when a force of 15 pounds was applied to the door for 3 seconds. The exterior door was stuck and required excessive force to initiate the release process.</p> <p>d. SCU Stair by 112 - the exterior exit door did not begin the initiation of releasing the latch when a force of 15 pounds was applied to the door for 3 seconds.</p> <p>e. SCU - the right hand door of the double doors to the courtyard required excessive force to initiate the latch release process. The left hand door did not begin the initiation of releasing the latch when a force of 15 pounds was applied to the door for 3 seconds.</p> <p>f. SCU North Stair - the doors did not begin the initiation of releasing the latch when a force of 15 pounds was applied to the doors for 3 seconds.</p> <p>3. Observations revealed that the facility does not meet the code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Stairs are not to be used for any purpose other than means of egress.</p> <p>Findings on December 12, 2024:</p> <p>a. South Hall Stair, 3rd Level - there are large boxes, a bed frame and miscellaneous items stored on the landing.</p> <p>b. Stair by 112 - there are paint buckets, a door and other miscellaneous building materials stored in the exit path on the first level.</p>	C 101		
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C 101	Continued From page 3 4. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Special locking arrangements may be used provided not more than one such system is located in any egress path. Findings on December 12, 2024: a. SCU - in every exit vestibule, both the door exiting the Special Care Unit into the stairwell and the exterior door in the stairwell are equipped with delayed egress placing two doors with special locking arrangements in each of the exit egress paths.	C 101		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, it was revealed that the facility did not keep closets containing cleaning agents, bleaches, pesticides and other substances locked. Findings on December 12, 2024: a. Janitor Closet by Room 221 - the door was not locked. This was corrected at the time of survey. b. Third Floor, South Hall Janitor Closet - the	C 143	Door latch alignment to be corrected Storage locks placed on chemical doors to assure doors will remain locked at all times. Monthly door inspections to be completed by ED, ESD, or designee to maintain compliance.	2-28-25

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C 143	Continued From page 4 door was not locked at the time of survey. Further investigation revealed that the latch was not aligned and the door does not latch in order to lock.	C 143		
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 and interview, the facility did not equip each exit with a sounding device on the door that activates when the door is opened when there is at least one resident who is disoriented or a wanderer. Findings on December 12, 2024: a. SCU - the alarm was not working on the exit door by Room 117.	C 154	Door alarm by room 117 repaired. Monthly door inspections to be completed by ED, ESD, or designee for compliance. Vendor maintenance will be provided as necessary to maintain compliance and safety.	2-28-25
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT	C 155		

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C 155	Continued From page 5 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that the facility had throw or scatter rugs in use. These could injure residents or staff if they tripped or stumbled on edges of the rug. Findings on December 12, 2024: a. Room 113 - there is a thin, loose throw rug on the floor that does not lay flat and moves easily on the floor.	C 155	The rug found in room 113 was removed. Charter Chatter notification sent out to all families regarding the use of throw rugs being a safety hazard and are not to be utilized. Random checks by the management team throughout the day for the next 30 days and as needed thereafter. ED, ESD, or designee to correct and educate as needed.	2-28-25
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on December 12, 2024: a. There are several shingles missing from the roof ridge above Room 315.	C 160	Outside vendor contracted to repair the following: replacement of shingles, replacement of missing siding, replacement of damaged shutters, repair and/or replacement of soffit and areas around soffit areas noted. Repair/ replacement of damaged/ missing handrails. Replacement of glass cover in SCU Courtyard. Random checks by the management team throughout the day for the next 30 days and as needed thereafter. ED, ESD, or designee to manage repairs as needed.	2-28-25

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C 160	Continued From page 6 b. The siding is missing between the windows for Room 317. c. Room 322 - one of the exterior decorative shutters is damaged. d. A piece of the exterior soffit is missing from the tower roof outside of Room 322. e. The boxing around the exterior soffit outside of Room 329, right of the windows, is heavily damaged. f. A section of the corner exterior soffit outside of Room 329 is missing. g. A section of the exterior soffit to the left of the front entry is loose and there are leaves in the opening indicating a nest. h. First Level Exit from SCU by Library - the handrail outside the exit is loose and several of the spindles are detached. i. SCU Courtyard - the emergency release for the gate is enclosed in a box with a glass cover one has to break to release the button. The glass was partially broken out.	C 160		
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.	C 164	A construction crew was hired to repair the following: water stain on ceiling, switching out stained ceiling tiles, glueing of loose vinyl floor tiles, multiple sheetrock repairs and painting, multiple cracks, holes, chipped and broken floor tiles repairs. Random checks by the management team throughtout the day for the next 30 days and as needed thereafter. ED, ESD, or designee to manage repairs as needed	2-28-25

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C 164	<p>Continued From page 7</p> <p>Findings on December 12, 2024:</p> <p>a. Room 212 Bath - there is a small pile of sheetrock, tape and debris on the floor in front of the toilet from the patch on the ceiling leak.</p> <p>b. South Hall Stairwell - there is a T-shaped orange water stain on the ceiling between the light and fan at the third floor landing.</p> <p>c. Second Floor Mail Room - three of the lay-in ceiling tiles had brown water stains at the back wall.</p> <p>d. South Hall Stair - the third floor landing is covered with insulation from the attic, twist ties and other debris.</p> <p>e. Room 335 - the vinyl floor tiles are popping up in front of the wardrobe unit creating a trip hazard.</p> <p>f. Third Floor Spa - there are several spots on the wall that have been patched and sanded but have not been painted. One of the floor base tiles by the tub has fallen off the wall.</p> <p>g. Third Floor - the corridor ceiling has a crack running across the width of the corridor outside of Room 325 and there are bubbled and flaking spots around the ceiling crack.</p> <p>h. Service Hall - there is a 6" hole in the wall outside of Chemical Storage.</p> <p>i. Service Hall - there is a 6" hole in the wall outside of the Kitchen.</p> <p>j. Staff Lounge - seven or more of the vinyl floor tiles are missing, chipped or broken in front of the sink. There are also several broken and missing tiles at the bathroom door.</p>	C 164		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p>	C 166		

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C 166	<p>Continued From page 8</p> <p>(a) Adult care homes 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 facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility.</p> <p>Findings on December 12, 2024: a. Room 205 - there are three unsecured oxygen bottles on the floor of the room. b. Room 114 - there was one unsecured bottle of oxygen on the floor of the room.</p> <p>2. Based on observation there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility.</p> <p>Findings on December 12, 2024: a. South Hall Stairwell - the door hardware on the second floor is damaged making the door difficult to open. b. SCU exit by Library - there is a TV, hay bales, a garbage barrel and boxes stored in the exit vestibule. c. SCU - a wheelchair was parked in front of the exit door near the Kitchen. The wheelchair was relocated at the time of survey.</p> <p>3. Based on observation the facility is not</p>	C 166	<p>Oxygen holders/ racks utilized to keep oxygen containers secure. All exit paths cleaned to maintain safe passage. Electrical panel cleared with floor marked to show proper storage spacing. Charter Chatter message sent to all staff with reminders regarding regulatory specifics and expectations. Random checks by the management team throughout the day for the next 30 days and as needed thereafter. ED, ESD, or designee to manage repairs/ corrections as needed.</p>	2-28-25

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C 166	Continued From page 9 maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on December 12, 2024: a. Third Floor, South Hall Janitor Closet - there is a cleaning cart parked in front of the electrical panel.	C 166		
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 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. Findings on December 12, 2024: a. Physical Therapy - the emergency light at the office did not illuminate on test. b. The left bulb is burned out on emergency light L2-10 by Room 212. c. South Hall Stair, 2nd Floor Landing - emergency light SWEL-7 did not illuminate on	C 189	The vendor was scheduled to audit and repair all emergency lighting. All holes/ gaps and openings noted corrected by construction vendor. Attic access panels closed. The ceiling that was stained and bubbled repaired by construction vendor. Door wedges and kick downs removed. Magnetic door holders are to be put in place to remove the need for door wedges. All door repairs are noted and will be repaired by maintenance. The light switch cover was repaired. The open junction box was repaired. The toilet in the spa was repaired. The vendor repaired the recirculation pump in the mechanical room. The lights and heat lamp in the spa were repaired. The missing globe will be replaced. The vendor came in to repair the door magnets. Random checks by the management team throughout the day for the next 30 days and as needed thereafter. ED, ESD, or designee to manage repairs/ corrections as needed.	2-28-25

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C 189	<p>Continued From page 10</p> <p>test.</p> <p>d. The left bulb of the emergency light by the Kitchen has burned out.</p> <p>e. First Floor - the emergency light outside of the Physical Plant Office did not illuminate on test.</p> <p>f. Laundry - the left bulb on the emergency light near the commercial dryer has burned out.</p> <p>g. Service Hall Electrical Room - the emergency light did not illuminate on test.</p> <p>h. SCU - the emergency light near the Kitchen area did not illuminate on test.</p> <p>i. SCU Electrical Closet - the emergency light was removed from its base.</p> <p>j. North Hall Stair, First Floor - the emergency light in the stairwell did not illuminate on test.</p> <p>2. 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 December 12, 2024:</p> <p>a. Storage/Data by Room 202 - there is a hole, approximately 6" x 14" cut into the ceiling to run data.</p> <p>b. Physical Therapy - there is a small hole at the base of the exit sign over the exterior door.</p> <p>c. There is a small gap in the ceiling at the base of the exit sign outside of Room 205.</p> <p>d. Room 212 Bath - there is a 16" square of stained and damaged ceiling caused by a water leak.</p> <p>e. Second Floor Med Room - there is an 8" x 8" opening in the ceiling.</p> <p>f. Stairwells - every attic access panel in the stairwells was open at the time of survey. No workers were present during the survey.</p> <p>g. Third Floor Residential Laundry - the ceiling is</p>	C 189		

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C 189	<p>Continued From page 11</p> <p>damaged from a water leak. The ceiling is stained and bubbled. The finish is peeling off and there is black microbial growth in the opening.</p> <p>h. Storage by Room 302 - there is a small hole in the ceiling at the base of the smoke detector.</p> <p>i. First Floor Service Hall Housekeeping - there is a 3" diameter unsealed penetration near the access panel on the right wall.</p> <p>j. SCU exit by Library - there is a hole around the sprinkler head.</p> <p>k. SCU Housekeeping Closet - the access panel door is open leaving a hole in the fire resistant rated ceiling.</p> <p>l. SCU Electrical Closet - there is a 6" diameter hole in the ceiling. There are five unsealed penetrations along the back wall.</p> <p>3. 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 affected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin.</p> <p>Findings on December 12, 2024:</p> <p>a. There is a pattern of wedges used throughout the facility to hold open the corridor doors.</p> <p>b. Room 328 - there is a kickdown attached to the door.</p> <p>c. Room 323, Wellness Center - there is a wedge holding the door open.</p> <p>d. Staff Lounge - a rag was stuffed in the door at the top hinge preventing the door from closing.</p> <p>4. 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</p>	C 189		

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NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 RANDOLPH ROAD CHARLOTTE, NC 28211
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C 189	<p>Continued From page 12</p> <p>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 December 12, 2024:</p> <ul style="list-style-type: none"> a. Room 203 - the hinge on the door is loose and the door does not close and latch. b. Room 207 - there is some damage at the top of the door frame that is preventing the door from closing and latching. c. Room 208 - the door does not close and latch. d. South Wing, Third Floor Janitor Closet - the door does not latch when closed. e. Room 305 - there is heavy weatherstripping around the door frame preventing the door from closing and latching. f. Staff Lounge - the door hits the frame and does not close and latch. g. Room 116 - the door rubs on the frame requiring excessive force to close. h. Room 117 - the door does not close and latch. i. SCU Residential Laundry - the door hits the frame and does not close. j. Room 104 - the latch is not extending so the door does not latch when closed. <p>5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops or holes through the face of the door.</p> <p>Findings on December 12, 2024:</p> <ul style="list-style-type: none"> a. Janitor Closet by 221 - there is a 1" diameter hole through the door above the door hardware. b. Room 224 - there is a 1/2" gap between the top of the door and the door frame. c. Room 112 - there is a 1/2" gap between the top of the door and the door frame. 	C 189		

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C 189	<p>Continued From page 13</p> <p>d. SCU Supply Closet - there is a 1/4" hole through the door below the key pad lockset.</p> <p>e. SCU Entry doors - there are three 1/2" holes through the top of the door.</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 the occupants of the facility if wiring is exposed.</p> <p>Findings on December 12, 2024:</p> <p>a. Janitor Closet by Room 221 - the cover plate for the light switch is broken.</p> <p>b. There is an open junction box in the ceiling outside of Room 312.</p> <p>7. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition.</p> <p>Findings on December 12, 2024:</p> <p>a. Third Floor Spa - the toilet is out of order and the tank lid is sitting upside down on top of the toilet.</p> <p>b. Main Mechanical Room - there is a steady leak at the hot water circulating pump near the control panels.</p> <p>8. Observations revealed that the electrical equipment is not maintained in a safe and operating condition.</p> <p>Findings on December 12, 2024:</p> <p>a. Third Floor Spa - the lights in the bathroom are not working.</p> <p>b. Third Floor Spa - the heat lamp does not have a bulb and the grille is missing.</p> <p>c. Laundry - the lights in the area with the commercial dryer are not working.</p>	C 189		
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C 189	Continued From page 14 d. Room 116 - the globe on the overhead light is missing. 8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on December 12 2024: a. First and Second Floor Elevator Lobbies - the door magnets did not release the doors when the fire alarm was activated. b. The cross corridor doors by Room 206 did not close and latch. c. Third Floor Elevator Lobby by Room 328 - the magnet on the left door sticks out too far and prevents the right door from closing when released by the fire alarm. d. Third Floor Elevator Lobby - the second pair of doors did not close and latch two out of four times tested. e. First Floor - the cross corridor doors by Room 106 did not close and latch.	C 189		
C 190	Heating System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (1) Built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings.	C 190	The Boiler and Chiller have been repaired. Heat remains stable. On-going daily checks completed by management team for the next 30 days and as needed thereafter. ED, ESD, or designee to manage repairs as needed.	2-28-25

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C 190	Continued From page 15 (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, it was revealed that the heating system was not working sufficiently to maintain 75 degrees F under winter design conditions. Findings on December 12, 2024: a. Staff revealed that the heating system was not working properly. The chiller was not working properly and the boiler was cutting off periodically so that some areas of the building were not maintaining a comfortable room temperature. Staff stated that the chiller was now repaired and they were waiting on a switch for the boiler.	C 190		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to adhere to the prohibition on the use of portable	C 191	The Boiler and Chiller have been repaired. Heat remains stable. Electric heaters have been removed from the rooms. Random checks by management team throughout the day for the next 30 days and as needed thereafter.	2-28-25

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C 191	Continued From page 16 unvented electrical heaters. Portable unvented electrical heaters are a potential fire hazard and as such could affect all occupants of the facility. Findings on December 12, 2024: a. Office Manager - a portable space heater was found in the office. b. Room 304 - there is a portable space heater in use. c. Mechanical Room - there were a dozen or more empty boxes of portable space heaters. Interview with staff revealed that they had purchased them to use in the rooms due to problems with the heating system. d. Room 116 - an unvented portable space heater was found in the room.	C 191		
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: 1. Observations revealed that the facility did not	C 199	Exhaust fans will be repaired. Random checks by the management team throughout the day for the next 30 days and as needed thereafter. ED, ESD, or designee to manage repairs as needed.	2-28-25

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C 199	<p>Continued From page 17</p> <p>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.</p> <p>Findings on December 12, 2024:</p> <p>a. There is a pattern of fans not working in the facility on all floors.</p> <p>b. Third Floor Spa - the exhaust fan is not working.</p> <p>c. SCU - the exhaust fans are not working.</p>	C 199		