

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EAST TOWNE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205</b>		
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{C 000}	Initial Comments  Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on April 17, 2025.  There are deficiencies from the Biennial Construction Survey that remain to be corrected and new deficiencies have been added.	{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. 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.	{C 101}		

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

TITLE

(X6) DATE

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{C 101}	Continued From page 1  Findings on April 17, 2025: 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.	{C 101}		
{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;  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 April 17, 2025: 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}		
{C 154}	Entrances/Exits-Wanderer Alarms  SECTION .0300 - PHYSICAL PLANT	{C 154}		

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{C 154}	Continued From page 2  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 when the door opens to prevent wanderers from exiting the building unnoticed.  Findings on April 17, 2025: 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	{C 159}		

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{C 159}	Continued From page 3  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 April 17, 2025: a. Building - there was no allotted space or washer & dryer for the residents to do their own laundry.	{C 159}		
{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 April 17, 2025: b. 200 Hall, Smoker Porch - none of the self-contained emergency lights illuminated on backup power when the test button was pushed.	{C 189}		

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{C 189}	<p>Continued From page 4</p> <p>This is a new deficiency.</p> <p>c. B Hall - there was no emergency lighting provided on the middle hall but the back hall has emergency lighting.</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>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.</p> <p>Findings on April 17, 2025:</p> <p>c. 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.</p> <p>d. Loading Dock Hall 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.</p> <p>e. 100 Hall, Housekeeping Office- there was a conduit not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</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>	{C 189}		

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{C 189}	<p>Continued From page 5</p> <p>Findings on April 17, 2025:</p> <p>c. B Hall, Front Smoke Barrier - the doors were missing their fire-rated labels.</p> <p>d. B Hall, Firewall - The doors were missing their fire-rated labels.</p> <p>6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.</p> <p>Findings on April 17, 2025:</p> <p>c. Exterior, Ramp outside of Dining near Dining Door - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was already tripped and would not reset at the outlet.</p> <p>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> <p>e. Exterior, Ramp outside of Dining Back Window - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was already tripped and would not reset at the outlet.</p> <p>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.</p> <p>g. 200 Hall, Front Break Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was burnt on its upper blade port.</p> <p>i. Exterior, Smokers Porch - four ground-fault circuit-interrupter (GFCI) electrical power receptacles were already tripped and could not be reset at the outlet.</p> <p>New Deficiency:</p> <p>l. Exterior, Smokers Porch - one of the exterior outlets outside of the screened porch was missing its protective cover.</p> <p>7. Based on observation, the smoke tight</p>	{C 189}		

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{C 189}	Continued From page 6  corridor doors are not maintained in a safe and operating condition.  Findings on April 17, 2025: a. Entry Hall, Library - the corridor door did not completely close and latch when released with the door closer. c. Entry Hall, Med Room - there was an opening through the corridor door around the door handle. e. 100 Hall, Bedroom 21 - the corridor door had a hole through the door.  9. Based on Observation, the corridor doors were not maintained in a safe and operating 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 April 17, 2025: b. Entry Hall, Office Work Room - 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;	{C 199}			

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{C 199}	<p>Continued From page 7</p> <p>(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.</p> <p>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.</p> <p>Findings on April 17, 2025: b. 200 Hall, Bulk Laundry - the exhaust ventilation system was not functioning. c. 200 Hall, Front Break Room - the exhaust ventilation system was not functioning. New Deficiency: d. Soiled Linen - the exhaust ventilation system was not functioning.</p>	{C 199}		