- - 1

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (ECONSTRUCTION D1	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING			२ । 7/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	MAINE	4815 NOF	RTH SHARON	AMITY ROAD		
EASTIC	AANE .	CHARLO	TTE, NC 2820)5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
{C 000}	Initial Comments		{C 000}	······································		
	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. Existing Licensed Fac- No less than '71 Rules			"Responses to the cit corrective action repo Correction is prepare	ort; the Plan of d solely as a	
{C 101}			{C 101}	matter of compliance	with State"	
	SECTION .0300 - P 10A NCAC 13F .030 PHYSICAL PLANT The physical plant r care home shall be (2) Except where o licensed facilities or facilities shall meet requirements in effe change in service of renovation, or altera the requirements for no addition or renov than those requirem "Minimum and Desir Regulations" for "Ho	HYSICAL PLANT D1 APPLICATION OF REQUIREMENTS equirements for each adult applied as follows: therwise specified, existing portions of existing licensed licensure and code ct at the time of construction, bed count, addition, tion; however in no case shall any licensed facility where atlon has been made, be less ents found in the 1971 red Standards and mes for the Aged and Infirm", available at the Division of		· ·		
	Maintenance Directo the Code requireme construction or alter components require operate doors equip	ation and interviews with or the facility failed to meet nts in effect at the time of ations by not having all the d to comply and properly ped with Special Locking. occupants who need to		• •		-
		R/SUPPLIER REPRESENTATIVE'S SIGN		reutive Direc		(X6) DATE

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		PLETED
		HAL060149	9 B. WING		R 04/17/2025	
NAME OF	PROVIDER OR SUPPLIER	4815 NOF		STATE, ZIP CODE N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
{C 101}	Continued From pa	ge 1	{C 101}	······································		-
· · · · · · · · · · · · · · · · · · ·	emergency release doors. b. Entry Hall, Nurse and a system comp	7, 2025: e Station - the central switch did not unlock the e Station - a wiring diagram, ponents location map was not as, adjacent to the fire alarm		a. Facility will repair the e release switch back to op b. Facility will place a wir diagram and a system co location map under glass to the fire alarm control p	peration ing pmponent s, adjacent	6/15/20
{C 152}	Entrances-Steps, P	orches with Handrails	{C 152}			
	exits are:	D5 PHYSICAL Its for outside entrances and es, stoops and ramps shall be		a. Facility will install a har guardrails to the exterior		
	provide outside entr handrails and guard residents, staff and handrail/guardrails to	at as evidenced by: vation, the facility failed to ance, and ramps with rails. This would affect all visitors who would need o provide increasing safety, d maneuverability at these		back porch		6/30/2
	was provided betwee existing walkway ap	, Back Porch - a new walkway en the back porch to an proximately twenty feet away. as elevated four to twelve				
{C 154}	Entrances/Exits-Wa	nderer Alarms	{C 154}			
	SECTION .0300 - PI	HYSICAL PLANT				

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If continuation sheet 2 of 8

STATEMENT OF DEPICIENCES AND PLAN OF CORRECTION (X) INVECTION (X) INVEC		Division of Health Service Regulation							
HAL060149 B.WMS 04/17/2025 NME OF PROVIDER OR SUPPLIER STREET ADDRESS, GTV, STATE, ZP CODE 4815 NORTH SHAROA MATTY ROAD CHARLOTTE, NC 28205 CHARLOTTE, NC 28205 PROVIDER OR SUMANY STATEMENT OF DEFICIENCES ID PREIN SUMANY STATEMENT OF DEFICIENCES ID PROVIDER OR SUMANY STATEMENT OF DEFICIENCES ID PREIN SUMANY STATEMENT OF DEFICIENCES ID PROVIDER OR SUMANY STATEMENT OF DEFICIENCES ID PREIN SUMANY STATEMENT OF DEFICIENCES ID PREIN CROSSENEE/URENCES TO THE APROPRIATE DO (C 154) Continued From page 2 (C 154) Caster Conservent State Conservent									
4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (00) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (0.0010 EFICENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS A REPERENCE TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS A REPERENCE TO THE APPROPRIATE DEFICIENCY) 0001 (Commerte CROSS A REPERENCE) 0001 (Commerter (Commerter) 0001 (Commerter) 0001 (Commerter) <t< td=""><td></td><td></td><td></td><td>HAL060149</td><td colspan="2">B. WING</td><td colspan="2"></td></t<>				HAL060149	B. WING				
Level in towne CHARLOTTE, INC 28205 Position Submarky stratement of Deficiencies (EVEND OF CONSECTION REGULTORY ON LSC DENTIFYING INFORMATION) ID RECENTION OF CONSECTION (EACH CONRECTIVE OF CONSECTION (EACH CONRECTIVE OF CONSECTION) Construct (EACH CONRECTIVE OF CONSECTION) Construct (Construct and the construct (Construct and the office of the administrator or in a location accessible only to staff autorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility facility of the office of the administrator or in a location accessible only to staff autorized by the administrator on pans to prevent wanderers from exiting the building unnoticed. Seactility will have a m		NAME OF	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY,	STATE, ZIP CODE			
CHARLOTTE, NC 22205 CM (D) (24) (D) (EACH OFFICIENCY MUST BE HISCIENCID BY FULL TAG Deprovidents PLAN OF CORRECTION (EACH OFFICIENCY MUST BE HISCIENCID BY FULL (C 154) Operation (EACH CONTECTIVE ACTIONS ANOTABLE DEFICIENCY MUST BE HISCIENCE BY FULL (C 154) Deprovidents PLAN OF CORRECTION (C 154) Operation (C 154) Deprovidents PLAN OF CORRECTION (C 154) Operation (C 154) Deprovidents PLAN OF CORRECTION (C 154) Operation (C 154)	ļ	FAST TO	WNE	4815 NO	RTH SHARO	N AMITY ROAD			
Préprix TAG (EACH DEFICIENCY MUST PE PRECIDE PY FULL REGULTIORY OR LISC DENTIFIYING INFORMATION) Préprix TAG (EACH CONTRUPT & APROPRIATE DEFICIENCY) Conditions for all set of the submetry DEFICIENCY) Conditions for all set of submetry DEFICIENCY Conditions for all set of submetry DEFICIENCY) Conditions for all set of submetry DEFICIENCY Condit set of su				CHARLO	TTE, NC 28	205			
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (a) 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 equipped with a sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible by to staff attributized by the administrator to operate the control panel. 6/15/25 This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents shall be located in the door opens to prevent wanderers from exiting the building unnoticed. 6/15/25 Findings on April 17, 2025: a. Entre Building, Exit Doors Accessible by Residents - none of the exit doors were equipped with notification devices that aler staff when the door was opened. 6/15/25 (c 159) Laundry-Minimum One Res. Washer & Dryer (C 159) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0300 - PHYSICAL ENVIRONMENT 1. Facility will have a minimum of 1 residential type washer and dryer each shall by provide axit door is accessible by staff, residents and family. (i) The requirements for laundry facilities are: (3) A minimum of one residential type washer and family.		PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	COMPLETE	
 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 president 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: Based on Observation, the facility failed to provide exit doors that are accessible by residents shall be provide exit doors were equipped with notification devices that alort staff when the door was opened. (C 159) Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT Antimum of one residential type washer and dryer each shall be portide in a separate room, accessible by staff, residents and family. 	1	{C 154}	Continued From pa	ge 2	{C 154}				
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 159} Laundry-Minimum One Res. Washer & Dryer {C 159} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F. 0305 PHYSICAL ENVIRONMENT 3. Facility will have a minimum of 1 residential type washer and dryer each shall be provided in a separate room, accessible by staff, residents and 6/30/25	-		ENVIRONMENT (h) The requirement exits are: (4) In homes with a determined by a phy to be disoriented or	nts for outside entrances and t least one resident who is vsician or is otherwise known a wanderer, each exit door			larms	6/15/25	
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. Image: Comparison of the sounding devices that activate when 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. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door was opened. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door was opened. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door was opened. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door was opened. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door was opened. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door was opened. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door was opened. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door opened. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door was opened. Image: Comparison of the exit doors were equipped with notification devices that alert staff when the door not			sounding device that opened. The sound that it can be heard of remote sounding control panel for the the office of the adm accessible only to st	It is activated when the door is I shall be of sufficient volume by staff. If a central system devices is provided, the system shall be located in hinistrator or in a location raff authorized by the					
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 159} Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (I) 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 Facility will have a minimum of 1 residential type washer and dryer each in a separate room, accessible by staff, residents and family. 6/30/25 			1. Based on Observ provide exit doors the residents, with sound when the door opens	vation, the facility failed to lat are accessible by ding devices that activate s to prevent wanderers from					
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (I) 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 dryer and family.			a. Entire Building, E Residents - none of with notification devi	xit Doors Accessible by the exit doors were equipped					
10A NCAC 13F .0305PHYSICAL3. Facility will have a minimum of 1 residential type washer and dryer each in a separate room, accessible by staff, residents and family.6/30/25(I) 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 and3. Facility will have a minimum of 1 residential type washer and dryer by staff, residents and family.6/30/25		{C 159}	Laundry-Minimum O	ne Res. Washer & Dryer	{C 159}		•		
			10A NCAC 13F .030 ENVIRONMENT (I) The requirements (3) A minimum of or and dryer each shali	5 PHYSICAL s for laundry facilities are: he residential type washer be provided in a separate		1 residential type washer and dr each in a separate room, access	yer	6/30/25	
					······	· · · · · · · · · · · · · · · · · · ·		·	

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SUF COMPLET	
		HAL060149	B. WING		R 04/17/2	025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TH SHAROI	N AMITY ROAD 205		
(X4) ID PREFiX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BEC	(X5) OMPLETI DATE
{C 159}	•	ge 3 undry services are contracted.	{C 159}			
	provide an environn	vation, the facility did not nent in accordance with this fect all residents, by limiting				
		, 2025: vas no allotted space or he residents to do their own				
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}			
	mechanical, and plu care home shall be i operating condition. (k) This Rule shall a	1 OTHER d all fire safety, electrical, mbing equipment in an adult maintained in a safe and apply to new and existing				
	which shall not apply This Rule is not me 1. Based on observe emergency equipme	t as evidenced by: ation, the building's nt was not maintained in a				
		2025:		b. Facility will change out the ba		
	self-contained emerg	gency lights illuminated on the test button was pushed.		to the emergency lights found n illuminating when test button pu	ot	

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING; 01		SURVEY LETED
		HAL060149	B. WING		R 04/17/2025	
				STATE, ZIP CODE N AMITY ROAD		1/2020
EAST TO	WNE		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLET DATE
{C 189}	Continued From pa	ge 4	{C 189}			
	provided on the mid emergency lighting. d. 200 Hall, Front S exit sign had its righ indicator, punch-out punch-out removed, you to turn right to e was straight.	s no emergency lighting idle hall but the back hall has moke Barrier Back Side - the it chevron directional removed. With this chevron , the exit sign was directing exit, but the correct way out		c. Facility will install emergen on the middle hall d. 200 hall front smoke barrie the exit sign to provide the co direction to a safe exit out the community in the event of a p outage.	r- fix rrect	6/15/2
	was not maintained condition. This could not contained in the Findings on April 17 c. Dining Back Exit between the fire-res base of the exit sign	, 2025: - there was an opening istance-rated ceiling and the not firestopped as it		c. Dining back exit- facility wi the opening found between t		
	assembly. d. Loading Dock Ha between the fire-resi base of the exit sign penetrated the fire-re assembly. e. 100 Hall, Housek	esistance-rated ceiling II Exit - there was an opening istance-rated ceiling and the not firestopped as it esistance-rated ceiling eeping Office- there was a ed as it penetrated the ceiling assembly.		resistance rated ceiling and t of the exit sign d. Loading dock hall exit- fac repair the opening between t resistance rated ceiling and t of the exit sign e. 100 hall Housekeeping off facility will repair the conduit	ility will he fire he base ce-	
	maintained in a safe because the door(s) fire wali and smoke t completely and latch This could affect all r	to restrict fire and smoke. residents, staff, and visitors smoke of the fire in the				6/15/25

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	PLE CONSTRUCTION 6: 01		TE SURVEY MPLETED	
		HAL060149				R 04/17/2025	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE	1 04/1	112025	
EAST TO	OWNE	4815 NOF		N AMITY ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) Comple Date	
{C 189}	Continued From pa	ge 5	{C 189}				
	missing their fire-rad. B Hall, Firewall -fire-rated labels.6. Based on observe	oke Barrier - the doors were		c. B Hall, Front smoke barrier will obtain fire rated labels to on missing doors d. B Hall Firewall- facility will rated labels	place		
	Door - the ground-fa electrical power rec and would not reset d. Exterior, Ramp of Door - the ground-fa electrical power rec weather resistance e. Exterior, Ramp of Window - the groun (GFCI) electrical pot tripped and would no f. 200 Hall, Beauty receptacle and a gro (GFCI) was hanging exposed energized g. 200 Hall, Front B circuit-interrupter (G	7, 2025: butside of Dining near Dining ault circuit-interrupter (GFCI) eptacle was already tripped at the outlet. butside of Dining near Dining ault circuit-interrupter (GFCI) eptacle was missing its cover. butside of Dining Back d-fault circuit-interrupter wer receptacle was already ot reset at the outlet. Shop - an electrical power bund-fault circuit-interrupter out of their junction box with	· · ·	 c. Exterior ramp outside near direplace GFCI receptacle d. Exterior, ramp outside of Din replace the weather resistance e. Exterior, ramp outside of dini Replace GFCI receptable f. 200 Hall, beauty Shop- Repai GFCI from hanging g. 200 Hall, front break room- rethe GFCI i. Exterior, smokers porch- repla GFCI l. Exterior Smokers Porch- replate the missing protective cover 	ing- cover ng- r the eplace ace the	6/15/2	
	i. Exterior, Smokers circuit-interrupter (G receptacles were alr reset at the outlet. New Deficiency: I. Exterior, Smokers	Porch - four ground-fault FCI) electrical power eady tripped and could not be Porch - one of the exterior e screened porch was				6/15/2	
	7 Based on observ	ation the smoke tight					

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING			२ <u>7/2025</u>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 282	I AMITY ROAD 05	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLE DATE
{C 189}	Continued From pa	ge 6	{C 189}			
	corridor doors are r operating condition	not maintained in a safe and				
Ĭ	completely close ar the door closer. c. Entry Hall, Med I through the corridor	ry - the corridor door did not ad latch when released with Room - there was an opening door around the door handle. om 21 - the corridor door had a		a. Entry Hall, Library- repain the release and latch as re c. entry hall, med room- Re opening around the door ha e. 100 Hall, Bedroom 210- opening found at the corrid	quired epair the andle repair the	
	were not maintained condition. Doors we by unapproved devi in the facility could to closed or closed rap	vation, the corridor doors d in a safe and operating re blocked open or held open ces or methods. All occupants be affected if doors cannot be bidly with a light push or pull of spread of smoke and fire to		· ·		6/15/2
	Findings on April 17 b. Entry Hall, Office was holding the corr	Work Room - a door wedge		b. Entry hall, Office Work ro remove door wedge from h corridor door open		6/15/2
{C 199}	Exhaust Ventilation		{C 199}			
	provided with exhau two cubic feet per m requirement does no	1 OTHER ed in this Paragraph shall be st ventilation at the rate of inute per square foot. This of apply to facilities licensed with natural ventilation in ces: age;				

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	of Health Service Re				1.	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 3: 01	(X3) DATE COMF	SURVEY LETED
		HAL.060149	B, WING	<u> </u>	F 04/1	₹ 7/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
EAST TO				N AMITY ROAD		
EAST TO		CHARLO	TTE, NC 28	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETI DATE
{C 199}	Continued From pa	ge 7	{C 199}			
	facilities with the ex which shall not appl This Rule is not me 1. Based on observ plastic sheet, the fa exhaust ventilation i Findings on April 17 b. 200 Hall, Bulk La ventilation system w c. 200 Hall, Front B ventilation system w New Deficiency:	apply to new and existing ception of Paragraph (e) y to existing facilities. et as evidenced by: vation and testing with a thin cility did not provide working n required spaces. , 2025: aundry - the exhaust vas not functioning. reak Room - the exhaust vas not functioning.		b. 200 hall bulk laundry- repair exhaust ventilation system c. 200 hall front break room- re exhaust ventilation system d. Soiled Linen- repair the exha ventilation system	pair the	6/15/2
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