

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 R 04/17/2025
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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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(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}	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}	"Responses to the cited 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: 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}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director

(X6) DATE

05/27/2025

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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}	a. Facility will repair the emergency release switch back to operation b. Facility will place a wiring diagram and a system component location map under glass, adjacent to the fire alarm control panel.	6/15/2025	
{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}	a. Facility will install a handrail or guardrails to the exterior 100 hall back porch	6/30/25	
{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}	a. Facility will install sounding alarms to all exit doors.	6/15/25
{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	{C 159}	3. 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

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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}	b. Facility will change out the batteries to the emergency lights found not illuminating when test button pushed		

if continuation sheet 5 of 8

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STREET ADDRESS, CITY, STATE, ZIP CODE

EAST TOWNE

4815 NORTH SHARON AMITY ROAD
CHARLOTTE, NC 28205

Division of Health Service Regulation
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{C 199}	Continued From page 7 (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. Based on observation and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. 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.	{C 199}	b. 200 hall bulk laundry- repair the exhaust ventilation system c. 200 hall front break room- repair the exhaust ventilation system d. Soiled Linen- repair the exhaust ventilation system	6/15/25