STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060149	A. BUILDING: **01** B. WING _____	R **07/24/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST TOWNE	**4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205**

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on July 24, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected and a new deficiency has been added.	{C 000}	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts in the statement of 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	{C 101}	Facility will ensure that a fire evacuation diagram is displayed in the community to show escape routes in the event of an emergency The fire evacuation diagram will be updated to the current layout of the community Staff will be trained on where the diagram is within the community and how to use it to locate exit/escape routes in the community during an emergency.	Facility expected compliance 09/15/25

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kwabena Antwi Biswi | TITLE: Executive Director | (X6) DATE: 8/22/25

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{C 101}	Continued From page 1 evacuate through the doors. Findings on July 24, 2025: 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 July 24, 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. The vendor has come and measured for the handrails but the work has not been done.	{C 152}	a. Facility will install a handrail or guardrails to the exterior 100 hall back porch	Facility expected compliance 09/15/25
{C 154}	Entrances/Exits-Wanderer Alarms	{C 154}		

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{C 154}	Continued From page 2 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, 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 July 24, 2025: a. Entire Building, Exit Doors Accessible by Residents - the exit doors are now equipped with notification devices that alert staff when the door was opened. However, at the follow up survey, approximately half of the alarms had been turned off.	{C 154}	Facility will ensure during daily walk through that all sounding devices are turned on and staff are educated not to turn off	Facility expected compliance: 09/15/25
{C 159}	Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	{C 159}		

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{C 159}	Continued From page 3 (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 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 July 24, 2025: a. Building - there was no allotted space or washer & dryer for the residents to do their own laundry.	{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.	Facility expected compliance: 09/15/25
{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	{C 189}		

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{C 189}	Continued From page 4 during an emergency. Findings on July 24, 2025: b. 200 Hall, Smoker Porch - none of the self-contained emergency lights illuminated on backup power when the test button was pushed. The electrical issues have not been resolved. 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. Findings on July 24, 2025: d. B Hall, Firewall - The doors were missing their fire-rated labels and the frame labels have been painted over. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on July 24, 2025: 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. The electrical issues have not been resolved. d. Exterior, Ramp outside of Dining near Dining Door - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was missing its weather resistance cover. The electrical issues have not been resolved. e. Exterior, Ramp outside of Dining Back Window - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was already	{C 189}	1b. Facility will complete repairs to ensure that self contained emergency lights are functioning and able to illuminate during back up power and when the test button is pushed 4d. Facility will replace fire rated labels and clean paint off the frame labels 6. c. Exterior ramp outside near dining- replace GFCI receptacle d. Exterior, ramp outside of Dining- replace the weather resistance cover e. Exterior, ramp outside of dining- Replace GFCI receptable f. 200 Hall, beauty Shop- Repair the GFCI from hanging g. 200 Hall, front break room- replace the GFCI i. Exterior, smokers porch- replace the GFCI l. Exterior Smokers Porch- replace the missing protective cover	Facility expected compliance: 09/15/25 Facility expected compliance: 09/15/25 Facility expected compliance: 09/15/25

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{C 189}	Continued From page 5 tripped and would not reset at the outlet. The electrical issues have not been resolved. 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. The electrical issues have not been resolved. g. 200 Hall, Front Break Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was burnt on its upper blade port. The electrical issues have not been resolved. i. Exterior, Smokers Porch - four ground-fault circuit-interrupter (GFCI) electrical power receptacles were already tripped and could not be reset at the outlet. The electrical issues have not been resolved. New Deficiency: l. Exterior, Smokers Porch - one of the exterior outlets outside of the screened porch was missing its protective cover. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on July 24, 2025: a. Entry Hall, Library - the corridor door did not completely close and latch when released with the door closer. The latch is taped over because there is an issue with the hardware. The door will not open if latched. 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.	{C 189}	7a. Facility will repair the entry hall, library corridor door to ensure it can close and latch completely when released with the door closer.	Facility expected compliance: 09/15/25

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{C 189}	Continued From page 6 Findings on July 24, 2025: b. Entry Hall, Office Work Room - a door wedge was holding the corridor door open. At the time of the follow up survey, multiple doors were propped open to try and get air circulating due to air conditioning units being down. New Deficiency: 10. Based on observations and interview, it was revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on July 24, 2025: a. B Hall - the air conditioning system is not working. b. Activity - the air conditioning system is not working. Activities are being conducted in the Dining Room. c. The air conditioning unit in the Administrative area is not working. The temperature in the Executive Director's office was 84 degrees at the time of the exit interview, 12:45 PM.	{C 189}	9b. Facility will remove all door wedges holding corridor door opens 10. Facility will repair the following air conditioning systems a. B hall b. Activity c. Administration offices	Facility expected compliance: 09/15/25 Facility expected compliance: 09/15/25
{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	{C 199}		

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{C 199}	Continued From page 7 (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 July 24, 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. d. Soiled Linen - the exhaust ventilation system was not functioning.	{C 199}	1. Facility will make the following repairs to the exhaust ventilation system 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	Facility expected compliance: 09/15/25