

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 C 07/23/2025
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF CHARLOTTE		STREET ADDRESS, CITY, STATE, ZIP CODE 3610 RANDOLPH ROAD CHARLOTTE, NC 28211		
(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	<p>Initial Comments</p> <p>Report of a Construction Section Complaint Survey by Suzanna Fay conducted on July 23, 2025. A Construction Section Biennial Follow up Survey was conducted at the same time and findings from that survey are listed in a separate report.</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 2025 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>The complaint alleged that the air conditioning was not working and the water was off and residents could not take baths.</p> <p>The complaint was partially substantiated.</p> <p>Deficiencies were noted which require a Plan of Correction.</p>	C 000		
C 121	<p>10A NCAC 13F .0311(a) Building equipment maintained safe, operating</p> <p>10A NCAC 13F .0311 Other Requirements</p> <p>(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.</p>	C 121	<p>Findings: The facility has been experiencing on-going issues with heating and air conditioning due to a failing chiller unit, resulting in inconsistent temperature control throughout the building.</p>	10-31-25

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

Wendy Robinson

TITLE

Executive Director

(X6) DATE

8-27-25

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 C 07/23/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 RANDOLPH ROAD CHARLOTTE, NC 28211
---	--

(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 121	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the mechanical equipment was not maintained in an operating condition.</p> <p>Findings on July 23, 2025:</p> <p>a. The facility has had ongoing issues with the heating and cooling system. The boiler has been replaced and is working well. The chiller is in need of replacement as it does shut off periodically and has to be reset. A new chiller has been purchased, but they are waiting until the fall to replace it as the system will have to be shut down and the outside temperatures have been exceeding 90 degrees. The resident rooms are run off of this system and have never been down. The building was comfortable during the time of survey.</p> <p>b. Portable air conditioning units were observed in the lobby and common areas on the second floor. Staff revealed that the air handling units that serve these areas are in need of repair but are functioning. They had trouble adjusting the system because none of their vendors were able to operate the thermostat controls placed on the units. The current vendor has by-passed the system and has the units working. They are leaving the portable units in place until they are confident the system is working properly.</p>	C 121	<p>Immediate Corrective Action Taken:</p> <ol style="list-style-type: none"> 1. Portable fans and air conditioning units were placed in affected areas to help maintain safe and appropriate ambient temperatures for residents and staff. 2. The HVAC vendor bypassed the existing faulty thermostat control system to restore some control over temperature regulation. 3. A new thermostat control system is scheduled to be installed by the vendor. 4. The replacement of the facility's chiller is tentatively scheduled for the week of October 6, 2025. 5. Additional Water Source Heat Pumps (WSHP) have been ordered and will be installed as needed to support individual room climate control. <p>Systemic Prevention Measures:</p> <ol style="list-style-type: none"> 1. Following the installation of the new chiller, the facility will implement a comprehensive preventative maintenance program to extend the operational life of the HVAC system and reduce risk of future failures. 2. An inventory spreadsheet is being developed and maintained, documenting each active WSHP, its location, and performance metrics to monitor lifespan and schedule timely replacements. <p>Monitoring and On-Going Compliance:</p> <ol style="list-style-type: none"> 1. The maintenance Director, Executive Director, designee will conduct weekly temperature checks throughout resident areas and common spaces until full system functionality is verified. 2. After system stability is confirmed, monthly temperature checks will be conducted on an on-going basis. 3. All findings from these checks will be documented, and immediate corrective action will be taken if any temperature-related deficiencies are observed. 	