

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 R 07/23/2025
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NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 RANDOLPH ROAD CHARLOTTE, NC 28211
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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on July 23, 2025. A Construction Section Complaint Survey was conducted at the same time and findings from that survey are listed in a separate report. 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: 2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, renovation or alteration. For delayed egress locks, the initiation of an irreversible process which will release the latch in	{C 101}		

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

Jerri Robin

TITLE

Executive Director

(X6) DATE

8-28-25

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{C 101}	<p>Continued From page 1</p> <p>not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.</p> <p>Findings on July 23, 2025:</p> <p>a. Bistro - the right hand door exiting to the courtyard is not releasing in 15 seconds when a force of more than 15 pounds is applied to the door for 3 seconds.</p> <p>b. Floor 2, Stair by the Sales Manager's Office - the exterior door was not releasing in 15 seconds when a force of more than 15 pounds was applied to the door for 3 seconds.</p> <p>c. SCU Stair by 117 - the interior exit door did not begin the initiation of releasing the latch when a force of 15 pounds was applied to the door for 3 seconds. The exterior door was stuck and required excessive force to initiate the release process.</p> <p>e. SCU - the right hand door of the double doors to the courtyard required excessive force to initiate the latch release process. The left hand door did not begin the initiation of releasing the latch when a force of 15 pounds was applied to the door for 3 seconds.</p> <p>f. SCU North Stair - the doors did not begin the initiation of releasing the latch when a force of 15 pounds was applied to the doors for 3 seconds.</p> <p>New Deficiency:</p> <p>5. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, renovation or alteration. The building code permits a special</p>	{C 101}	<p>The circuit board was replaced on door (e) which resolved all issues. Vendor suggested replacing all circuit boards with the other doors to repair those as well. Vendor has ordered the circuit boards and maintenance will schedule repairs as soon as they are available. Monthly door inspections to be completed by ED, ESD, or designee for compliance. Vendor maintenance will be provided as necessary to maintain compliance and safety.</p>	10-31-25

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{C 101}	Continued From page 2 locking system of magnetic locks provided not more than one such system is located in any egress path. Findings on July 23, 2025: a. SCU - in every exit vestibule, both the door exiting the Special Care Unit into the stairwell and the exterior door in the stairwell are equipped with magnetic locking. The locking system on the interior door is a delayed egress locking system. The locking system on the exterior door has been changed to magnetic locks that release with a push button type device. This creates two different locking systems in the egress path which is not acceptable.	{C 101}	Fire Marshall has been contacted to review regulation to determine proper requirement needs with systems in place.	10-31-25
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised	C 116		

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C 116	Continued From page 3 Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: New Deficiency: 1. Based on interview and review of documents, construction or remodeling was not submitted to the DHSR/Construction for review and approval. Findings on July 23, 2025: a. Modifications were made to the locking system. Modifications to locking systems require a construction section project.	C 116		
{C 160}	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT	{C 160}	It was our understanding that the push buttons that were put in place were to correct the deficiency originally stated. JCI came out, reviewed, and ordered those locks. JCI also installed the push button locks once they arrived. We did not realize that a project was required to switch out locking mechanisms that were not changing the structure or use of the door. At this time we are working with the Fire Marshall to determine proper next steps to meet requirements.	10-31-25

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{C 160}	Continued From page 4 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on July 23, 2025: h. First Level Exit from SCU by Library - the handrail outside the exit has several spindles detached. i. SCU Courtyard - the emergency release for the gate is enclosed in a box with a glass cover one has to break to release the button. The glass is partially broken out.	{C 160}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	{C 164}	The handrail spindles outside the SCU library have been repaired with support. If any further issues occur, those will be corrected. Maintenance is researching to find a glass cover to replace the one that is broken. The ESD, ED, or designee to manage repairs as needed.	8-28-25 10-31-25

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{C 164}	Continued From page 5 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on July 23, 2025: d. South Hall Stair - the third floor landing is covered with insulation from the attic where contractors are going in and out to conduct repairs.	{C 164}		
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on July 23, 2025: a. Room 205 - there are oxygen bottles in a shallow plastic tray without any means of restraint to prevent them from falling over.	{C 166}	The landing will be cleaned. This is a constant issue with the vendors going into the attic. ESD to make sure the floor is cleaned after Vendors exit. Random checks to be completed by the management team throughout the day for the next 30 days and as needed thereafter.	8-28-25
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	{C 189}	Sometimes the oxygen vendors bring shallow holders. We have been contacting the vendors to switch out the racks to deeper ones as needed. If we run into an issue getting the deeper racks, we will use bungee cords to secure. ESD, ED, or designee will request deeper racks as needed.	8-28-25

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{C 189}	<p>Continued From page 6</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> <p>(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:</p> <p>1. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on July 23, 2025:</p> <p>h. SCU - the emergency light near the Kitchen area did not illuminate on test.</p> <p>j. North Hall Stair, First Floor - the emergency light in the stairwell did not illuminate on test.</p> <p>2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on July 23, 2025:</p> <p>a. Storage/Data by Room 202 - there is a hole, approximately 6" x 14" cut into the ceiling to run data. The hole was sealed with an orange foam product that does not meet the fire resistant rating of the opening.</p> <p>f. Stairwells - some of the attic access panels in the stairwells are still open at the time of survey.</p>	{C 189}	<p>Emergency light replaced near the SCU kitchen. Emergency light in first floor stairwell has been scheduled for repair. 9-5-25 Scheduled checks are in the TELS system for preventative maintenance. ESD completes those checks weekly.</p> <p>Old foam was removed. The hole was sealed with approved fire caulking.</p> <p>Vendors keep leaving the attic access panels open. ESD will make sure they are closed after vendors leave. Random checks by the management team throughout the day for the next 30 days and as needed thereafter. ED, ESD, or designee to manage repairs/ corrections as needed.</p>	<p>8-28-25</p> <p>8-28-25</p> <p>8-28-25</p>

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{C 189}	<p>Continued From page 7</p> <p>Staff revealed that they left the panels open as there is ongoing work in the attic. No workers were present during the survey.</p> <p>g. Third Floor Residential Laundry - the ceiling is damaged from a water leak. The ceiling is stained and bubbled. The ceiling was cleaned and painted but the finish is still bubbling.</p> <p>h. Storage by Room 302 - there is a small hole in the ceiling at the base of the smoke detector.</p> <p>i. First Floor Service Hall Housekeeping - there is a 3" diameter unsealed penetration near the access panel on the right wall.</p> <p>4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on July 23, 2025:</p> <p>j. Room 104 - the latch is not extending so the door does not latch when closed.</p> <p>6. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed.</p> <p>Findings on July 23, 2025:</p> <p>b. There is an open junction box in the ceiling outside of Room 312. A cover plate was applied but there is still a gap around the plate.</p> <p>8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do</p>	{C 189}	<p>ESD to open hole in ceiling to determine where the leak is coming from. Leak will then be repaired. Once repair is complete, ESD will repair hole in ceiling.</p> <p>The small hole at base of smoke detector has been repaired. ESD mudded around the detector. He is then sanding and repainting that small area.</p> <p>ESD has repaired the hole in housekeeping area with fire caulking.</p> <p>ESD will adjust door so latch works appropriately.</p> <p>Gap around junction box is repaired. ESD mudded, sanded, and painted the repair.</p>	<p>10-31-25</p> <p>8-28-25</p> <p>8-28-25</p> <p>8-28-25</p> <p>8-28-25</p>

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{C 189}	Continued From page 8 not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on July 23, 2025: c. Third Floor Elevator Lobby by Room 328 - the magnet on the left door sticks out too far and prevents the right door from closing when released by the fire alarm. e. First Floor - the cross corridor doors by Room 106 did not close and latch when both doors are released at the same time.	{C 189}	The vendor came and assessed/ quoted for the repairs of both door areas. Vendor to replace/ repair both mag door lock closures and components to assure proper closure. Immediate Corrective Action Taken: 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. Systemic Prevention Measures: 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. Monitoring and On-Going Compliance: 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.	10-31-25 10-31-25
{C 190}	Heating System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (1) Built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings. (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 interview, it was revealed that the heating system was not working sufficiently to maintain 75 degrees F under winter design conditions. Findings on July 23, 2025: a. The deficiency cannot be corrected as all	{C 190}		

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{C 190}	Continued From page 9 repairs have not been conducted and we are currently under heat conditions. Staff revealed that they are having some issues with the chiller cutting off but are maintaining comfortable temperatures in the building. They have replaced the boiler and have purchased a new chiller. The chiller is in storage until the temperatures get cooler outside because it will require shutting down the system for several days. The resident rooms are run off of this system.	{C 190}		
{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 (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors.	{C 199}		

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{C 199}	Continued From page 10 Findings on July 23, 2025: c. SCU - the exhaust fans are not working.	{C 199}	ESD to audit exhaust fans in SCU. Any repairs needed will be completed.	10-31-25