Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
			A. BOILDING.									
		MHL0601461	B. WING		04/0	1/2025						
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SOLOMON PALACE 913 INTERURBAN AVENUE CHARLOTTE, NC 28208												
(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						
V 000	INITIAL COMMENTS		V 000									
	An annual survey w A deficiency was cit	vas completed on 04/01/2025. ted.										
	This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.											
		sed for 3 and currently has a urvey sample consisted of clients.										
V 114	√ 114 27G .0207 Emergency Plans and Supplies		V 114									
	AND SUPPLIES (a) Each facility sha and a disaster plan these plans availabt to the county emergrequest. The plans procedures and rou (b) The plans shall and evacuation proposted in the facility. (c) Fire and disaster shall be held at least repeated for each so Drills shall be condisimulate the facility emergencies.	gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be or drills in a 24-hour facility st quarterly and shall be shift.										

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		MHL0601461	B. WING		04/0	1/2025						
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SOLOMON PALACE 913 INTERURBAN AVENUE CHARLOTTE, NC 28208												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE						
V 114	Continued From page 1		V 114									
	facility failed to com	et as evidenced by: views and interviews, the plete fire and disaster drills at ach shift. The findings are:										
	Review on 03/28/2025 of the facility's fire and disaster drills from 01/01/2024-12/31/2024 revealed:											
		une 2024): 2 pm), 2nd shift (2 pm-11pm) n- 6 am) fire and disaster drills.										
		eptember 2024): 2 pm), 2nd shift (2 pm-11pm) n- 6 am) fire and disaster drills.										
		r-December 2024): 2 pm), 2nd shift (2 pm-11pm) n- 6 am) fire and disaster drills.										
	-"We do fire and dis while." -"Go the mailbox (f -"I don't think we pr	2025 with Client #1 revealed: saster drills every once in a or fire drills)." actice that (tornado drills). I e last time a fire drill was										
	-Practiced fire drills	nailbox for fire drills.										
	Professional reveal -"We do fire and dis (Chief Executive Of drills."	2025 with the Qualified ed: easter drills. I think the CEO ficer) did not send all the It (that all of the fire and										

Division of Health Service Regulation

STATE FORM 6899 OUKT11 If continuation sheet 2 of 3

Division of Health Service Regulation

MHL0601461 B. WING 04/01/202	25								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
SOLOMON PALACE 913 INTERURBAN AVENUE CHARLOTTE, NC 28208									
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	ULD BE COMPLÉTE								
V 114 Continued From page 2 disaster drills were not sent for review)." Interview on 04/01/2025 with the Residential Director revealed: -"I thought you (Division of Health Service Regulation Surveyor) wanted fire and disaster drills for the quarter." -"It was an oversight (that all of the fire and disaster drills were not sent for review)."									

6899

Division of Health Service Regulation STATE FORM

OUKT11 If continuation sheet 3 of 3