

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060130	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2015
NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT STEELE CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 13600 S TRYON ST CHARLOTTE, NC 28278		
(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 Follow-up Survey by Dennis Harrell on 8-5-2015. Not all deficiencies were corrected. Further action is required.	(C 000)	SCANNED	
(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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: I. Based on observation the facility did not meet the current building code requirements for special locking systems due to items required by code were not supplied. A. Findings on 06/02/2015: 1. The facility did not have a wiring diagram and system components location plan under glass and adjacent to the fire alarm panel.	(C 101)		

See attached - We misunderstood how it was to be displayed

Division of Health Service Regulation

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

TITLE

(X6) DATE

Patti Beech IED

9/8/15

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{C 101}	Continued From page 1 Finding on 8-5-2015: There was still no wiring diagram under glass adjacent to the fire alarm panel. 2. The locking system manual override switches were installed with locked protective covers and each care giver did not have keys to unlock the covers to enable access to the override switches Finding on 8-5-2015: Some staff that are responsible to help in an evacuation still did not carry keys to unlock the cover over the emergency release switch.	{C 101}	See attached - Pic of alarm We thought only Supervisors were to carry keys. There are keys available to each employee who will evaluate residents.		



