

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2016
NAME OF PROVIDER OR SUPPLIER THE TERRACE AT BRIGHTMORE OF SOUTH C		STREET ADDRESS, CITY, STATE, ZIP CODE 10225 OLD ARDREY KELL ROAD CHARLOTTE, NC 28277		
(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 Biennial Construction Survey by Frank Strickland 02/04/2016: Information obtained from the DHSR database indicates that this facility was first licensed for licensure on 10/27/2015. Based on this information, this facility is required to meet the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds, and the 2012 North Carolina State Building Code for Institutional Unrestrained Occupancy. LICENSED FOR THIRTY BEDS. Deficiencies cited and a Plan of Correction is required.	C 000		
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 observations, this facility has not maintained in a safe manner secured grab bars at bathing locations. Findings on 02/05/2016: There are loose grab bars in the walk-in shower for Room 2106.	C 166		

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: HAL060144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2016
NAME OF PROVIDER OR SUPPLIER THE TERRACE AT BRIGHTMORE OF SOUTH C		STREET ADDRESS, CITY, STATE, ZIP CODE 10225 OLD ARDREY KELL ROAD CHARLOTTE, NC 28277		
(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 189	Continued From page 1	C 189		
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, this facility has not maintained in a safe manner the smoke barrier door that did not close completely in order to contain smoke and/or fire. This could affect all residents, staff and visitors by not containing smoke and/or fire in the fire compartment or room of origin. Findings on 02/05/2016: The smoke barrier door located on the second floor did not close all the way to prevent the passage of smoke and/or fire. 2-Based on observation, this facility neglected to post a layout floor plan of all electro-magnetic devices to assist in the exiting of this facility. Findings on 02/05/2016: There was not a Code required wiring diagram and system components location map under glass adjacent to the fire alarm panel.	C 189		