Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060097	A. BUILDING: 01 B. WING	R 10/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HEIGHTS SENIOR LIVING COMMUNI	11230 BALLANTYNE TRACE COURT 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 Follow-up Survey by Dennis Harrell on 10-5-2016. Some deficiencies were not corrected. Further action is required.	(C 000)		
(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: 2. Based on observations, the fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to smoke/fire if not contained in Room or compartment of origin Findings on June 22, 2016 and October 5, 2016: b. SCU "C" Hall Furnace Room - there were two large PVC vent not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. c. SCU "D" Hall Furnace Room - there were two large PVC vent not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.	(C 189)	Fire Collars are installed on 2 large PVC vents in SCU "C" Hall Furnace Room. Fire Collars are installed on 2 large PVC vents in SCU "D" Hall Furnace Room. All other vents that penetrate the ceiling were audited to assure compliance. The Maintenance Director and/or Designee will monitor the areas monthly to assure compliance and after any service or work is done to these same areas to assure continued compliance. The results of these audits will be reported to the QA committee quarterly.	11-2-16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director — 11-2-2016