STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING _____	09/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD CHARLOTTE, NC 28226

(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 a Biennial Survey by Billy S. Bryant conducted on 09/15/2016. Records indicate this facility was first licensed on 06/19/1997. The facility is currently licensed for 125 Beds with a 25 Bed Special Care Unit in a separate stand alone facility. Therefore the facilities were surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revisions) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000	APPROVED POC DISCLAIMER "This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of (Name of Community) as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies."	
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 is not maintained free from hazards. The building code required clearance for electrical equipment must not be encroached upon. Obstructing access to electrical equipment could prevent quick operation if needed for an emergency or other situation. Findings on 09/15/2016:	C 166		

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C 166	Continued From page 1 a. Electrical Room Adjacent to Room #44 - Access to the electrical panels is obstructed by items stored in front of the panels. b. Mechanical Room Adjacent to Room #42 - Access to the electrical panels is obstructed by items stored in front of the panels. c. Kitchen - A portable self contained A/C unit was placed in front to a wall mounted electrical breaker panel. d. Special Care Unit - Access to the wall mounted electrical panels is obstructed by items stored in front of the panels. 2. Based on observation the storage of oxygen bottles was not maintained in a manner that kept the facility free from hazards. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility. Finding on 09/15/2016 a. Oxygen cylinders were stored in a rack manufactured to hold soft drinks/sodas.	C 166	**C 166** 1. a – d To ensure that the facility is maintained free from hazards, Maintenance Director will place a label on all electrical equipment stating "Building code requires clearance for all electrical equipment if needed for an emergency and at no time shall equipment access be obstructed". Maintenance Director will make weekly rounds to assure that all areas are free of any obstructions. 11/30/16 2 a. Personal Care Director will ensure that all residents receiving oxygen have the appropriate storage racks manufactured for oxygen. The vendor supplying the oxygen will be notified upon receipt of the order that racks manufactured to hold soft drinks are not allowed in the facility. 11/30/16	
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)	C 189		

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C 189	Continued From page 2 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Fire resistant rated cross corridor doors are required to close completely and latch in the event of a fire. The occupants in the facility could be effected if the doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Finding on 09/15/2016: a. When released from their magnetic hold open devices the fire resistant rated corridor doors adjacent to room #46 did not latch to remain closed. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Smoke resisting cross corridor doors are required to close completely and latch in the event of a fire. The occupants in the facility could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Finding on 09/15/2016: a. Adjacent to Room #39 - When released from their magnetic hold open devices the smoke resistant doors did not completely close creating a gap between the doors and did not latch closed. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Resident room doors are required to close completely and latch in the event of a fire. The occupants in the facility could	C 189	C.189 (1a – 2a) To ensure that the facility fire safety equipment is in safe operating condition, vendor (Eastway Lock & Key) adjusted cross corridor doors to close completely and latch in the event of a fire. Maintenance Director will ensure monthly that all cross corridor doors completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Fire drills are conducted monthly and cross corridor doors will be checked at that time. 11/30/16	

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C 189	Continued From page 3 be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Finding on 09/15/2016: a. Room #52 - The corridor door to the room contacts the door frame preventing it from closing and latching. 4. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Findings on 09/15/2016: a. Special Care Unit telephone Room - There is a gap in the fire resistant rated ceiling where it is penetrated the fire sprinkler piping. b. Telephone Room - The sleeve for the data cabling that penetrates the fire resistant rated ceiling is open on the bottom of the sleeve. 5. Based on observation the facility was not maintained in a safe manner by a failure to maintain electrical emergency/safety related equipment in operating condition. This could effect occupants of the facility if egress paths to exits were not illuminated during a power outage or if illuminated directional exit signs did not designate exit doors. Finding on 09/15/2016 a. Special Care Unit - The wall mounted emergency lights adjacent to rooms #60 and #64 did not operate when tested om battery power. b. Assisted Living - The illuminated directional	C 189	C 189 3 a. To maintain the facility's fire safety equipment is operating safely, Maintenance Director will ensure that resident room doors close completely and latch in the event of a fire. Resident room door #52 repaired and all doors will be checked monthly to make sure they close completely. 11/30/16 4. a – b To maintain the facility's fire safety systems in a safe manner, all holes/gaps in the fire resistant rated ceilings have been repaired. Maintenance Director will ensure that all like areas are maintained and checked monthly. 11/30/16 5. a - b Maintenance Director will ensure that all exit signs & mounted emergency lights are checked during daily walk thru and properly illuminated at all times. Vendor (Warden) scheduled to replace lightning at exit doors and at the main entrance. 11/30/16	

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C 189	Continued From page 4 light at the main entrance did not operate when tested on battery power. 5. Based on observation the maintenance of the facility's fire safety equipment inspections are not being recorded per standard practices. If inspections of fire safety equipment are not being performed the result could be that the equipment may not operate properly to provide fire extinguishing functions which could possibly effect all occupants of the facility. Finding on 09/15/2016: a. There is no record of the portable facility's fire extinguisher monthly inspections.	C 189	Maintenance Director will ensure monthly that all fire safety equipment inspections are being recorded monthly in an effort that the equipment is working properly to provide fire extinguishing functions. 11/30/16	

Charlotte Fire Department
Fire Inspection Report

Prepare for your next inspection at: http://FirePrevention.CharlotteFire.org

Inspector: Horton, Jessie **Inspection Date:** 11/2/2016 **Insp Phone Num:** 7049953657

BUSINESS INFORMATION

Contact Name: SAM

Business Name: CHARLOTTE SQUARE **Occ Use:** Institutional 1 **Inspection Type:** Complaint Inspection

Address: 5820 CARMEL RD, Charlotte NC, 28226 Unit: **Property Use:** 312, Care of the aged w/o nursing staff

Permit Due Date: **Inspection District:** IT -South Division Horton, Jes **Frequency Days:** 0

VIOLATIONS

(Office Use Only)

No Violations

ADDITIONAL NOTES

ANOTHER INSPECTION AGENCY WROTE THE FACILITY UP ON THE CORRIDOOR FIRE DOORS, STATING THAT THEY WERE NOT COMPLIANT. I VISITED FACILITY AND FOUND THAT THE CORRIDOOR FIRE DOORS CLOSED ON FIRE ALARM ACTIVATION AND THEY WORKED ACCORDING TO THE FIRE CODE.THEY LATCHED AND CLOSED COMPLETELY.

[illegible]	[illegible]	[illegible]
	24 HR CONTACT	7045444979
SAM	BRIGGS	7045343569
ALVERITA	PEEPLES	7044553951