STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060082	A. BUILDING: **01** B. WING _____	R **12/30/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF LITTLE AVENUE	**7745 LITTLE AVENUE 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 Follow Up Construction Survey Ed Miller, conducted on December 30, 2016. The following deficiencies cited during the previous Construction Section Biennial Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{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 at no cost; This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components to properly operate doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through	{C 101}		

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{C 101}	Continued From page 1 the door(s). Findings on December 30, 2016: a. Courtyard Gate - the "special Locking" emergency release switch is not alarmed.. b. 1st Floor Fire Alarm Control Panel - the special locking system does not have a system components location map posted at the FACP. c. 1st Floor SCU Nurse Station- the special locking system emergency release switch was not labeled. d. 1st Floor Fire Alarm Control Panel - there was an emergency release switch for the exit doors inside the locked FACP. Staff now have keys to the FACP. The switch does not release any exit doors. If this switch is obsolete then remove the switch and labeling. If switch is active and releases exit door then provide all staff responsible for evacuation keys to the Office where panel is located. Staff responsible for evacuation must carry those keys at all times. 2. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensing by not having all the required components of a properly operational delayed egress locking system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on December 30, 2016: a. Front Door - the door's new delayed egress sign have 1/2 inch high lettering. b. 1st Floor Front Left Exit from 1st Floor - the door's new delayed egress sign have 1/2 inch high lettering	{C 101}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	{C 189}		

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{C 189}	Continued From page 2 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, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on December 30, 2016: i. 2nd Floor Corridor across from Nurse Station - the new exit sign did not have a test button. j. 1st Floor Front Left Exit from upstairs - the exit sign did not illuminate on backup power when tested. 6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on October 13, 2016: b. 2nd Floor Healthy Life Styles Director Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. 1st Floor Back Left Exit from Upstairs - there was a hole not firestopped in the-resistance-rated ceiling assembly above the exterior door. h. 1st Floor Mech Room in Lobby - there were 6 holes in the walls that are not smoke tight.	{C 189}		

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{C 189}	Continued From page 3 i. 1st Floor Kitchen - at the intersection of the hood, ceiling and wall where was a hole not firestopped as it penetrates these assemblies. j. 1st Floor SCU Housekeeping - there was a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. k. 1st Floor SCU Laundry - there was a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 8. Based on observation, the electrical system was not being maintained safe. Findings on October 13, 2016: b. 1st Floor SCU Housekeeping - many items are being stored directly in front of the electric panel, preventing quick access in any emergency.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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:	{C 199}		

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{C 199}	Continued From page 4 1. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on October 13, 2016: d. 1st Floor SCU Housekeeping - there was no exhaust system provided in this room. There was an unpleasant odor in the room.	{C 199}		