STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060130	A. BUILDING: 01 B. WING _____	01/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CROSSINGS AT STEELE CREEK	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 Construction Section Biennial Survey by Billy S. Bryant conducted on 01/13/2017. Records indicate this facility was first licensed on 07/03/2014. The facility is currently licensed for 90 Beds including a 48 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 2009. Edition of the North Carolina Building Code(s), Institutional Occupancy.	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: A. Based on observation the facility did not meet building code requirements for special locking systems. The manual override switches were	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060130	A. BUILDING: 01 B. WING _____	01/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CROSSINGS AT STEELE CREEK	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 101	Continued From page 1 covered by clear plastic covers that were secured with a lock requiring a key to open the cover in order to provide access to the manual override switch. Findings on 06/02/2015: a. The care givers responsible for assisting with emergency evacuation did not have keys to unlock the covers to provide access to the manual override switches.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. The facility failed to have current (within the calendar year) required inspection reports maintained on site a for review by the surveyor. Findings on 01/2017: a. A current (within the calendar year) building and kitchen sanitation report was not available for review at the time of the survey. b. A current inspection report by fire marshal's or the local authority having jurisdiction was not available for review at the facility at the time of the survey.	C 111		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060130	A. BUILDING: 01 B. WING _____	01/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CROSSINGS AT STEELE CREEK	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 166	Continued From page 2 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 designated required clearance for electrical equipment must not be encroached upon. Obstructing access to electrical equipment could delay timely operation in an emergency situation. Finding on 01/13/2017: a. Memory Care, 400 Hall, Electrical Room - Access to the electrical panels is obstructed by items stored in front of the panels.	C 166		
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 there is a failure to maintain the facility's fire safety equipment in a	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060130	A. BUILDING: 01 B. WING _____	01/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CROSSINGS AT STEELE CREEK	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 189	Continued From page 3 safe operating condition. Cross corridor doors held open by magnetic hold open devices must completely close and latch when released from the magnets. The occupants of 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 01/13/2017: a, Clean Linen Room - The cross corridor doors adjacent to the clean linen room did not completely close and latch when released from their magnetic hold open device. 2. Based on observation the facility was not maintained in a safe manner by a failure to maintain safety lighting equipment in operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during an emergency evacuation at night. Finding on)1/13/2017: a. Exit Door Adjacent to Sprinkler Riser Room -The exterior light at the required exit door did not illuminate when tested.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees	C 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060130	A. BUILDING: 01 B. WING _____	01/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CROSSINGS AT STEELE CREEK	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 195	Continued From page 4 F (46.7 degrees C). (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 facility failed to keep water temperature at all fixtures used by residents maintained at a minimum of 100 degrees F and a maximum of 116 degrees F. Finding on 01/13/2017: a. 200 Hall - The water temperature in resident rooms was measured at 90 degrees F.	C 195	Lolly Bix, 2-13-17	

DHHSR Construction Section Corrective Action Plan

Facility: The Crossings at Steele Creek

Survey Date: 1/13/2017

I. .0301 Manual override switches
   a. All care givers will receive a key to the manual override switches to use during emergency evacuation. To be completed by 2/17/2017.
   b. All care givers will receive training on manual override switches at time when key received.
   c. Proper use will be monitored during regularly scheduled fire and evacuation drills.

II. .0302 Sanitation and fire and building safety inspection reports.
   a. Maintenance Director is scheduling appointments for required inspection and Fire Marshall visits. Appointments will be scheduled by 2/17/2017.

III. .0306 Housekeeping and Furnishings
   a. Obstructions to electrical equipment and panels has been removed and confirmation of non-obstructions confirmed on 2/13/2017.
   b. Continued compliance will be ensured through daily building rounding of Maintenance Director and Executive Director.

IV. .0300 Fire safety equipment maintenance
   a. Maintenance Director will call door company to fix magnetic hold devices so that doors completely latch.
   b. Maintenance Director will monitor door closing times on a weekly basis for 3 months following repair to ensure continued working status and compliance.
   c. Exterior light at exit door has been plugged in effective 2/13/2017. Battery testing to be conducted 2/14/2017 and replaced at time of testing if needed.
   d. Exterior lights at exit door will be tested on monthly basis by maintenance director and recorded on log sheet.

V. .0300 Hot Water System
   a. Water temperature has been set at 116 degree maximum and are reading 112 degrees as of 2/13/2017.
   b. Maintenance Director will take water temperatures daily and make adjustments as needed to ensure temperature readings are maintained for the next 3 months.

2-13-17

LauraAshley Parrish, Executive Director