

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/26/2017
NAME OF PROVIDER OR SUPPLIER ELMCROFT OF LITTLE AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Biennial Follow Up Construction Survey by Dennis Harrell on 4-26-2017. Some deficiencies were not corrected. Further action is required.	(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 the door(s). Finding on December 30, 2016 and 4-26-2017: b. 1st Floor Fire Alarm Control Panel - the special locking system does not have a system	(C 101)	Effective 6/1/2017 -System Components Map posted at the fire panel, enclosed in a frame.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Tara Benson 6/1/17

TITLE Executive Director

(X6) DATE

Tara Benson

6/7/2017

STATE FORM

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If continuation sheet 1 of 2

Division of Health Service Regulation
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