PRINTED: 09/28/2017
FORM APPROVED

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
	HAL060108	A. BUILDING: 01 B. WING	R 09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 by Ed Miller, conducted on September 7, 2017. Deficiencies were cited that will require a new Plan of Correction.	(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: 1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. Failure to maintain fire alarm system devices and equipment in a safe and operable condition could effect all occupants of the facility if the equipment did not function when and as required. Findings on June 14, 2017 & September 7, 2017: a. When a pull station was activated, the alarm did not sound in the administrative wing nor did it sound in the "Charlotte" wing. b. When the alarm was activated, the strobes in the administrative wing did not work.	(C 189)	C189 New fire panel was installed, the Alarms and strobes are in working Order Deficiency is Complete	12Sept2017

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

10/6/17

FORM CMS-2567 9999 RVBK22 If continuation sheet 1 of 2

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(C 189)	Continued From page 1 d. Exit door by Room 310 - the magnetic lock did not reengage after the alarm was reset. A time extension was granted after survey was scheduled.	(C 189)	C189 Replaced the PC Board in the magnet And is working order Deficiency is Complete	12Sept2017