STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060144	A. BUILDING: **01** B. WING _____	**01/11/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TERRACE AT BRIGHTMORE OF SOUTH C	**10225 OLD ARDREY KELL ROAD CHARLOTTE, NC 28277**

(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 Construction Section Biennial Survey by Ed Miller conducted on January 11, 2018. Records indicate that this facility was first licensed for 30 beds on 10-27-2015. Based on this information, this facility is required to meet the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds, and the 2012 North Carolina State Building Code for Institutional Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on January 11, 2018: a. Bedroom 1104 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	Continued From page 1 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 Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on January 11, 2018: a. Bedroom 2106 - eight portable medical oxygen cylinders are stored standing up in two beverage crates not secured.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on January 11, 2018: a. Entire Building - since the last annual	C 183		

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C 183	Continued From page 2 maintenance, performed in October 2017, there has been no documentation of the portable fire extinguisher's monthly inspections.	C 183		
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 the facility failed to maintain in a safe and operating condition unobstructed exterior exit paths to a public way. This would affect all if they could not promptly exit during an emergency. Findings on January 11, 2018: a. Exit 9 - the exterior door was obstructed with a rocking chair limiting the ability to open the door a full 90 degrees. Deficiency corrected before Construction Surveyors departed Site 2. Based on observation and interview with Maintenance Director, the facility failed to provide and/or maintain the automatic roll-down fire door. This would affect all residents, staff, and visitors by not having emergency equipment in proper working order. Findings on January 11, 2018: a. Second Floor Bistro -The automatic roll-down fire door had not been inspected as required by	C 189		

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C 189	Continued From page 3 NFPA 80. b. First Floor Bistro -The automatic roll-down fire door had not been inspected as required by NFPA 80. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on January 11, 2018: a. Storage near Bedroom 1111 - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 4. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on January 11, 2018: a. Bedroom 2109 Closet - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 5. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on January 11, 2018: a. Bedroom 1111 - the corridor door did not latch into its frame when closed.	C 189		