STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060059	A. BUILDING: **01** B. WING _____	**01/10/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUTHBERTSON VILLAGE AT ALDERSGATE	**3800 SHAMROCK DRIVE CHARLOTTE, NC 28215**

(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 Construction Section Biennial Survey by Dennis Harrell on 1-10-2018. Records indicate this facility was licensed on 11-9-1999, serving 45 Special Care residents. The facility is currently licensed for 61 beds. Therefore the facility must meet the 1996 Rules for the Licensing of Adult Care Homes, the 1996 North Carolina State Building Code; Section 409 Institutional Occupancy - Group I, and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.	C 000		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records available onsite failed to meet the requirements listed in the rule above. Findings on 1-10-2018; a. Most of the records did not include the time of the rehearsal. b. Some of the records did not include the shift of	C 185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060059	A. BUILDING: **01** B. WING _____	**01/10/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUTHBERTSON VILLAGE AT ALDERSGATE	**3800 SHAMROCK DRIVE CHARLOTTE, NC 28215**

(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 185	Continued From page 1 the rehearsal. c. All of the records had an incomplete list of staff members present. d. All of the records included little to no description of what the rehearsal involved.	C 185		
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 was not maintained in a safe condition because staff were not aware of the location and/or operation of emergency release equipment designed to facilitate an evacuation in an emergency. Untrained staff could delay or prevent an evacuation in an emergency. Findings on 1-10-2018; a. Only one staff member in the facility was aware of the existance and locations of the central emergency release switches for the Special (magnetic) locking. b. Most staff members had considerable difficulty operating the keyed emergency release switches located at all the exits. 2. Based on observation, the facility was not maintained in a safe and operating condition	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060059	A. BUILDING: **01** B. WING _____	**01/10/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUTHBERTSON VILLAGE AT ALDERSGATE	**3800 SHAMROCK DRIVE CHARLOTTE, NC 28215**

(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 2 because the magnetic lock on the staff entrance gate to the Hummingbird Cafe was not operational and would not lock. Gates that are not secure could allow resident elopement. 3. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. One of the smoke barrier doors near Cardinal Trail was damaged. b. The door to the Clinical Care Co-ordinator's office was wedged open. c. A wedge was found at the door to the Health Unit Co-ordinator's office. d. The door to bedroom 7 was propped open. e. The doors to rooms 7, 16, 17, 18, 29, 33, 43, 45 and the beauty salon do not fit the opening properly to be resistant to the passage of smoke. 4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Holes by wires in the walls of the storage closet off the Chapel, b. Holes in the ceiling of mechanical room 161, c. Holes in the wall of electrical room 162, d. Hole in the wall of mechanical room 1071, e. Unsealed conduit sleeve through the ceiling in mechanical room 1071, f. Unsealed conduit sleeves (3) through the	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060059	A. BUILDING: **01** B. WING _____	**01/10/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUTHBERTSON VILLAGE AT ALDERSGATE	**3800 SHAMROCK DRIVE CHARLOTTE, NC 28215**

(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 ceiling in the data closet, g. Hole, approximately 12 inches by 16 inches, in the wall near the sun porch, h. Ceiling damaged on the sun porch.	C 189		