STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060152	A. BUILDING: **01** B. WING _____	**05/10/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HEIGHTS SENIOR LIVING COMMUNIT	**11230 BALLANTYNE TRACE COURT 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 Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 5-10-2018. Records indicate this facility was first licensed on 8-16-1996, as a Hone for the Aged. Based on this information we are requiring the facilities to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations" and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. The facility must also meet the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Institutional - Unrestrained 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: The deficiencies listed below were found in the Special Care Building.	C 101		

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C 101	Continued From page 1 1. Based on observation, the central exits from both the Administrative Wing and the Wellness Wing to the front lobby are not required exits, however both were marked with exit signs but failed to comply with the requirements of the NC State Building Code as relates to exits. Finding on 5-10-2018; Both doors are locked in the direction of exit with electronic strikes that are not equipped with all of the requirements for Special Locking. 2. Based on observation, a Delayed Egress exit door failed to comply with the NC State Building Code. The Building Code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Finding on 5-10-2018; There is no sign provided on the front door in the Special Care Building.	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: All the deciciencies listed below were found in Special Care Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings on 5-10-2018:	C 150		

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C 150	Continued From page 2 a. The exit from A Hall was blocked from opening fully by pipes on the ground just outside the door. Note; This Deficiency was corrected during the survey. b. A walker was blocking the smoke barrier doors near the living room from closing completely. Note; This Deficiency was corrected during the survey. c. The service corridor exit was obstructed with several bags of linens. d. A lift was stored in the E Hall corridor reducing the clear width to about 3.5 feet clear. Note; This Deficiency was corrected during the survey.	C 150		
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: Based on observation, the exhaust register and radiation damper in the B Hall laundry in the Special Care Building had an excessive accumulation of lint and dirt.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		

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C 166	Continued From page 3 (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: The following deficiencies were found in the Assisted Living Building. 1. Based on observation, the locks on both doors to the laundry on F Hall were installed with the key openings inside the laundry with the result that once you entered the laundry, you were trapped unless you had the proper key. 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 5-10-2018; Items had been stacked all the way to the ceiling in the E Hall maintenance closet. 3. Based on observation, an extension cord was being used in place of permanent wiring in the maintenance office and at the front desk. Extension cords are intended for temporary use only. 4. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 5-10-2018: Several (8) portable medical oxygen cylinders	C 166		

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C 166	Continued From page 4 were stored in an unapproved beverage crate in room C8. 5. Based on observation, the cover was not properly mounted on an electric baseboard heater in the tub room on C Hall. The protruding cover presented a laceration hazard. 6. Based on observation, the hose on the shower wand at the tub in the A Hall Tub room was long enough to reach the tub basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 7. Based on observation, the ice machine drain line extended into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. 8. Based on observation the toilet was loosely mounted to the floor in the A Hall Tub room. Loose toilets can cause leaking and/or fall hazards. The following deficiencies were found in the Special Care Building. 1. Based on observation, the inside door knob was missing on a storage closet off A Hall. The missing knob could cause someone to be trapped in the room. 2. Based on observation, the facility failed to be maintained free of hazards because of an exit sign directing exiting in the wrong directions. Exit	C 166		

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C 166	Continued From page 5 signs that lead in the wrong direction could delay an evacuation in an emergency. Findings on 5-10-2018: The required exit sign at room B1 has the exit arrows pointing in the wrong directions for exiting. 3. Based on observation, there was no documentation of the in house/owner's monthly inspection provided on the range hood fire suppression system inspection tag for the month of April. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 4. Based on observation, a floor drain cover was not properly installed in the kitchen. Loose floor drains covers present a trip and fall hazard.	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: The following deficiencies were found in the Assisted Living Building. 1. Based on observation, the fire alarm system was showing a "System Trouble" condition. Fire	C 189		

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C 189	Continued From page 6 alarms in trouble may fail to operate properly when needed. Based on interview with staff, "something on the sprinkler system is bypassed." 2. 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. The doors to A7, D4, F7, F8, B Hall to service corridor and main lobby to service corridor did not fit the opening properly to be resistant to the passage of smoke. . b. The door to F Hall Dining was propped open. Note; This deficiency was corrected during the survey. c. The double doors to the Tea Room were wedged open. Note; This deficiency was corrected during the survey. d. The door to second floor Dining was propped open. Note; This deficiency was corrected during the survey. e. The door to E Hall serving kitchen was propped open. f. The doors to A9, B Hall serving kitchen, E Hall serving kitchen and the toilet room on D Hall would not latch when closed. g. The latchset strike is missing on the door to the fire alarm room. h. The doors to the Parlors on A and B Hall were propped open with furniture. Note; These deficiencies were corrected during the survey. 3. Based on observation, the sampling tubes for the duct mounted smoke detectors were not maintained clean and properly installed. Sampling tubes that are not periodically inspected	C 189		

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C 189	Continued From page 7 and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. Findings on 5-10-2018; a. The sampling tubes for the duct mounted smoke detectors in the mechanical closet on F Hall were dirty. b. The sampling tubes for the duct mounted smoke detectors in the mechanical closet off the Tea Room were dirty c. The sampling tube for the duct mounted smoke detector in the "Furnace" closet on E Hall was oriented away from the air flow. 4. Based on observation, the smoke detector in the corridor nearest the reception desk was not sensitive and delayed activation for several minutes when tested with smoke. 5. 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. The wall is damaged at the closet in the F Hall laundry, b. The fire collar has slipped down from the ceiling in the mechanical closet off the second floor serving kitchen. c. The ceiling is water damaged in the furnace closet off E Hall housekeeping. d. Hole in the ceiling of the furnace room off the A Hall laundry, e. There were two 4 inch PVC furnace flues in the D Hall furnace closet that extend up through the one-hour fire protected ceiling and were not protected with a listed fire collar as required.	C 189		

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C 189	Continued From page 8 f. There was a 3 inch PVC furnace flue in the D Hall furnace room that extended up through the one-hour fire protected ceiling and was not protected with a listed fire collar as required. g. There was a 3 inch listed fire collar in the D Hall furnace room that was falling apart. 6. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Findings on 5-10-2018: a. Three escutcheons were not tightly fitted to the ceiling on the front porch. b. The escutcheon was not tightly fitted to the ceiling in bathroom off room C8. c. The escutcheon was missing over the refrigerator in the kitchen. d. The escutcheon does not cover the hole in the D Hall furnace closet. 7. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. D Hall stairwell, b. E Hall stairwell, c. F Hall stairwell. 8. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency.	C 189		

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C 189	Continued From page 9 Findings include: a. The exit sign at the A Hall exit did not work on battery when tested. b. The exit sign near room A6 did not work on battery when tested. c. The exit sign near room E1 did not work on battery when tested. 9. Based on observation, the junction box on the wet side sprinkler valve was hanging by the wires. The following deficiencies were found in the Special Care Building. 1. Based on observation, the fire alarm system was showing a "System Trouble" condition. Fire alarms in trouble may fail to operate properly when needed. 2. Based on observation, the facility failed to be maintained in a safe and operating condition because of a faulty Delayed Egress lock. Finding on 5-10-2018; The Delayed Egress lock on the exit from F Hall failed to unlock on activation of the fire alarm system. 3. Based on observation, the smoke detector in the corridor nearest the HR office was not sensitive and delayed activation for several minutes when tested with smoke. 4. 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;	C 189		

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C 189	Continued From page 10 a. The double doors to the A Hall furnace closet do not latch when closed. b. The double doors to the B Hall furnace closet do not latch when closed. c. The double doors to the C Hall furnace closet do not latch when closed.. d. The double doors to the D Hall furnace closet do not latch when closed. e. The door to the Beauty Salon was wedged open. Note; This deficiency was corrected during the survey. f. The door to A7 dragged and was hard to close and even harder to open. g. The doors to A6, B8, C8, D7 and E2 did not fit the opening properly to be resistant to the passage of smoke. h. The door to B5 would not latch when closed. i. The door to D1 would not latch when closed. j. The double doors to the Den would not latch when closed. k. The rated door to the laundry on D Hall was disabled from closing. Note; This deficiency was corrected during the survey. l. The door to the Activity office is equipped with a deadbolt only and therefore cannot automatically latch when closed. m. The smoke barrier doors near the Family Room do not latch when closed by the fire alarm system. n. The latch strike was missing on the door to E2. 5. 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:	C 189		

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C 189	Continued From page 11 a. There were two 3 inch PVC furnace flues in the A Hall furnace closet that extend up through the one-hour fire protected ceiling and were not protected with a listed fire collar as required. b. The fire collar has slipped down from the ceiling in the mechanical closet off the second floor serving kitchen. c. The fire collars have slipped down from the ceiling in the B Hall furnace closet. d. There were four 3 inch PVC furnace flues in the D Hall furnace closet that extend up through the one-hour fire protected ceiling and were not protected with a listed fire collar as required. e. Several holes in the ceiling of the sprinkler room. f. Holes in the walls in the D-E-F storage room. 6. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Findings on 5-10-2018: a. The escutcheon was not tightly fitted to the ceiling in the storage room on B Hall. b. The escutcheon was not tightly fitted to the ceiling in the C Hall furnace room. c. The escutcheon was not tightly fitted to the ceiling in the Wellness corridor. d. The escutcheon was missing in the housekeeping closet on E Hall. e. The escutcheons (3) were missing in the front lobby. 7. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit	C 189		

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C 189	Continued From page 12 signs could delay or prevent an evacuation in an emergency. Finding on 5-10-2018: The exit sign in the service corridor near the maintenance office did not work on battery when tested. 8. Based on observation, the GFCI type receptacle in the central courtyard and outside the B Hall exit would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk. 9. Based on observation, an emergency receptacle was hanging partly out of the wall in the corridor near D-E-F Dining.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility.	C 191		

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C 191	Continued From page 13 Findings include: There was a portable electric heater found in the copy room in the Special Care Building.	C 191		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings include; There was a pattern of the exhaust provided not working including but not limited to the following spaces. a. Bathroom off bedroom D2, b. Bathroom off bedroom E4, c. Housekeeping on E Hall, d. Tub/toilet room on A Hall, e. Laundry on A Hall, f. Soiled linen on A Hall, g. Toilet room off tub room on C Hall, h. Employee bathroom,	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060152	A. BUILDING: **01** B. WING _____	**05/10/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HEIGHTS SENIOR LIVING COMMUNI	**11230 BALLANTYNE TRACE COURT 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 199	Continued From page 14 i. Mop room off kitchen service corridor.	C 199		