

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2018
NAME OF PROVIDER OR SUPPLIER WALTONWOOD COTSWOLD		STREET ADDRESS, CITY, STATE, ZIP CODE 5215 RANDOLPH ROAD CHARLOTTE, NC 28211		
(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 Construction Section Biennial Survey report by Frank Strickland and Suzanna Fay on 06/20/2018: This facility was first licensed on 08/18/2016 and is currently licensed for 85 Beds with a 33 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies have been cited and a Plan of Correction 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;	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2018
NAME OF PROVIDER OR SUPPLIER WALTONWOOD COTSWOLD		STREET ADDRESS, CITY, STATE, ZIP CODE 5215 RANDOLPH ROAD CHARLOTTE, NC 28211		
(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 101	Continued From page 1 This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to meet the building code requirement in effect at the time of construction regarding Special Locking Systems. The 2012 NC State Building Code-Section 407.11-3.3.5 requires an on/off emergency switch(s) to be located within 3 feet of the door which shall not depend on relays or other electronics to interrupt power. Findings on 06/20/2018: The following locations are magnetically locked doors in the SCU that have momentary switches. Momentary switches automatically re-lock and depend on electronics to interrupt power to the magnets: (a) SCU entry off main Lobby (b) Exterior exit	C 101		
C 166	Housekeeping-Maintained Free of Hazards 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, this facility not been maintained free of all obstruction and hazards. Findings on 06/20/2018: The floor drain is not recessed into the floor which is a trip hazard that is located in the Laundry Room/Third Floor Level.	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2018
NAME OF PROVIDER OR SUPPLIER WALTONWOOD COTSWOLD		STREET ADDRESS, CITY, STATE, ZIP CODE 5215 RANDOLPH ROAD CHARLOTTE, NC 28211		
(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 166	Continued From page 2 2-Based on observation, this facility not been maintained free of all obstruction and hazards. Findings on 06/20/2018: The storage of items was less than 18" from the ceiling in the Main Kitchen Pantry Room.	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: 1-Based on observation, this facility has failed to provide fire protection in all electrical ceiling penetrations through the fire rated roof/ceiling assemblies. Findings on 06/20/2018: There are electrical wiring ceiling penetrations that have incomplete fire-caulking at the following locations: (a) Mechanical Room 160/First Level (b) Main Laundry/Second Level (c) Mechanical Room 226/Second Level (d) Tech Room/Third Level (e) Work Room/Third Level 2-Based on observation, this facility has failed to	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2018
NAME OF PROVIDER OR SUPPLIER WALTONWOOD COTSWOLD		STREET ADDRESS, CITY, STATE, ZIP CODE 5215 RANDOLPH ROAD CHARLOTTE, NC 28211		
(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 provide fire protection in all mechanical ceiling penetrations through the fire rated roof/ceiling assemblies. Findings on 06/20/2018: The ductwork penetration the closet ceiling that is located in the Wellness Coordinator HVAC closet on the Second Level is not sealed around the duct. 3-Based on observation, this facility has failed to maintain the mechanical exhaust components in a safe and operating condition. Findings on 06/20/2018: The exhaust fan is not operational located in the Janitor Closet in the Main Kitchen. 4-Based on observation, this facility has failed to maintain the electrical components in a safe and operating condition. Findings on 06/20/2018: There is an electrical junction box that does not have a cover that is located in Room 166 above the Hall ceiling into the room. 5-Based on observation, this facility has failed to maintain the mechanical exhaust components in a safe and operating condition. Findings on 06/20/2018: There are wall openings in the Shampoo Closet on the First Level. 4-Based on observation, this facility has failed to maintain the building components in a safe and operating condition. Findings on 06/20/2018:	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/20/2018
NAME OF PROVIDER OR SUPPLIER WALTONWOOD COTSWOLD			STREET ADDRESS, CITY, STATE, ZIP CODE 5215 RANDOLPH ROAD CHARLOTTE, NC 28211		
(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 4 The door to Room 2046/SCU failed to latch.	C 189			