STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060148	A. BUILDING: 01 B. WING _____	06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD COTSWOLD	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	Plan of Correction is Attached On page 6 and 7 in this document.	
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		

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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		

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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		

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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: The 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		

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C 189	Continued From page 4 The door to Room 2046/SCU failed to latch.	C 189		

Plan of Correction: Waltonwood Cotswold

Re: Construction Section Biennial Survey

Charlotte – Mecklenburg County

HAL 060148

Administrator: Leah Nash

Plan of Correction as follows:

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

C 101 – (a & b) Emergency release device installed at SCU entry off main lobby and Exterior exit are both installed, working properly and are in compliance. Installation completed on 7/3/2018.

All emergency release devices will be tested on a monthly basis by Director of Maintenance, while on-going compliance will be monitored on a quarterly basis by Executive Director and put into monthly QA report.

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS

C 166 – 1 - The floor drain in the Laundry Room/Third Floor Level has been recessed and is working properly. This was competed on 7/9/2018.

C 166 – 2 - The storage room item are all less than 18 inches from the ceiling in the Main Kitchen Pantry Room. This was competed on 6/21/2018.

All Waltonwood Department Heads will inspect associated storage rooms weekly to ensure all storage remains 18 inches from the ceiling. Director of Maintenance completed a building walk through to ensure all other drains are recessed on 7/10/2018. Director of Maintenance will monitor weekly and the results will be recorded in the monthly QA report.

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS

C 189 – 1 (a) Fire-Caulking and ceiling repairs were completed for the Mechanical Room 160/First Level on 7/9/2018.

C 189 – 1 (b) Fire-Caulking and ceiling repairs were completed for the Main Laundry/ Second Level on 7/9/2018.

C 189 – 1 (c) Fire-Caulking and ceiling repairs were completed for the Mechanical Room 226/Second Level on 7/9/2018.

C 189 – 1 (d) Fire-Caulking and ceiling repairs were completed for the Tech Room/ Third Level on 7/10/2018.

C 189 – 1 (e) Fire-Caulking and ceiling repairs were completed for the Work Room/Third Level on 7/10/2018.

Director of Maintenance will conduct monthly inspections for appropriate fire-caulking and electrical wiring and the results will be noted in QA monthly report.

C 189 – 2 - The ductwork penetration in the closet ceiling that is located in the Wellness Coordinator HAC closet on the Second Level was sealed around the duct on 7/10/2018.

Safety committee will inspect all duct work in all closets on a monthly basis to ensure that all are sealed appropriately and the results will be recorded in monthly QA report.

C 189 – 3 – The exhaust fan in the Janitor closet and the Main Kitchen are replaced and working properly as of 8/16.

Safety committee will inspect all exhaust fans on a monthly basis to ensure that each is in proper working order, while the Director of maintenance will inspect each exhaust fan on a quarterly basis and note in QA monthly report.

C 189 – 4 - The cover for the electrical junction box in Room 166 above the Hall ceiling into the room has been installed 7/10/2018.

Safety committee will inspect all electrical junction boxes by 8/31/2018 while the Director of Maintenance will note it in QA monthly report.

C 189 – 5 – The wall openings in the Shampoo Closet on the First Level have been repaired appropriately on 8/1/2018.

Safety committee will inspect all closet for wall openings and any other penetrations by 8/31/2018 and the Director of Maintenance will note it in QA monthly report.

C 189 – 4- The door to Room 2046/SCU was fixed on 7/9/2018 and is latching properly.

Safety committee will inspect all doors to ensure they are working properly by 8/31/2018 and the Director of Maintenance will note it in QA monthly report.