

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/29/2018
NAME OF PROVIDER OR SUPPLIER ELMCROFT OF LITTLE AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 7745 LITTLE AVENUE CHARLOTTE, NC 28226		
(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 Biennial Follow Up Construction Survey by Dennis Harrell on 8-29-2018. Some deficiencies were not corrected. Further action 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; This Rule is not met as evidenced by: 2. Based on observation, the facility fails to meet the NC Building Code requirements for storage rooms in excess of 100 square feet. Finding on 8-29-2018; Former bedroom 230 is still being used for storage including 3 mattresses and many boxes of combustible decorations. The room is approximately 260 square feet and the door and frame are only 20 minute rated.	{C 101}		

Division of Health Service Regulation

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

Juan Berman

TITLE

Executive Director

(X6) DATE

Division of Health Service Regulation

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(C 189)	Continued From page 1	(C 189)		
(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: 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 on 8-29-2018: b. The 1.5 hr fire rated door from the kitchen to the rear exit corridor was propped open.	(C 189)		

Report of Biennial Follow up Construction Survey on 8-29-18

The following is the Plan of Correction for Community name Elmcroft of Little Avenue. This Plan of Correction is in response to the Statement of Deficiency from the Biennial Construction Survey completed on August 29th 2018. This Plan of Correction is not to be construed as an admission of our agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

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

Findings on 8/29/18-2. Based on observation, the facility fails to meet the NC Building Code requirements for storage rooms in excess of 100 square feet. Finding on 8-29-2018; Former bedroom 230 is still being used for storage including 3 mattresses and many boxes of combustible decorations. The room is approximately 260 square feet and the door and frame are only 20 minute rated.

Effective- Prior to 9/30/18-There will only be 1 mattress in room 230. Combustible boxes will be decreased within regulatory standards.

SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311

Findings- on 8-29-2018; b. The 1.5 hr fire rated door from the kitchen to the rear exit corridor was propped open.

Effective- 9-2-18 in-service provided to dietary services director regarding keeping kitchen exit door closed due to the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. We will incorporate this in dietary portion of orientation for all new hires. Daily check of kitchen doors will be performed by DSD/MD or designee. Weekly check for 60 days performed by ED/MOD. Prior to 9/30/18, We will install fan in kitchen to create a cooler kitchen environment.



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Fax:	919 733 6592	Pages:	
Phone:	704 541-9333	Date:	9/14/18
Re:	POC	CC:	
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