Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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	"This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of (Name of Community) as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies."	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on August 22, 2018. Records indicate this facility was first licensed on June 19, 1997. The facility is currently licensed for 125 Beds with a 25 Bed Special Care Unit in a separate stand alone facility. Therefore the facilities were surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revisions) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited that require a Plan of Correction.	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",	C 101	TAG: C101 To ensure the facility is equipped with all required components and/or procedures to properly operate doors with special locking arrangements, Maintenance Director will replace emergency override switch on the gate to an on/off switch. Complete Date: 10-15-18	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Annette Peeples, Executive Director 9-11-18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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 101	Continued From page 1 copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on August 22, 2018: a. SCU Bldg Courtyard Gate - the emergency override switch on this gate is not an on/off switch, but a momentary switch, which automatically relocks after a few seconds of being activated. Doors that lock back when the emergency override switch is activated can trap Occupants in the facility if the door hardware fails to operate during an emergency	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, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder,	C 166	TAG: C166 To ensure the facility is maintained free of hazards, Wellness Director, RN will ensure that all portable oxygen cylinders are physically stored in racks, stands or by chains. All Med Tech's and resident assistants in-serviced on proper procedures for storing oxygen tanks. RN will verify via weekly checks. Complete Date: 09-10-2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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 166	Continued From page 2 and turning it into a dangerous projectile. Findings on August 22, 2018: a. AL Bldg Bedroom 1 - two portable medical oxygen cylinders are standing up on the floor, not physical secured in racks, stands or by chains.	C 166		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on August 22, 2018: a. AL Bldg Therapy - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester.	C 188	TAG: C188 (1a.) Maintenance Director to ensure and maintain electrical outlets in proper working order. Maintenance Director to replace electrical outlets in wet locations with ground fault interrupters. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018	
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)	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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 189	Continued From page 3 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the firewall and smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on August 22, 2018: a. AL Bldg Smoke Barrier near Bedroom 21 - both leafs, of the double-egress cross-corridor doors, did not close when the fire alarm system released the doors. b. AL Bldg Firewall near Bedroom 45 - the left leaf, of the double-egress cross-corridor doors, did not close and latch when the fire alarm system released the doors. c. SCU Bldg Med Room - the door protecting the opening in the Smoke Barrier did not have a door closer. d. SCU Bldg Smoke Barrier near Bedroom 62 - both leafs, of the double-egress cross-corridor doors hit each other and did not close when the fire alarm system released the doors. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on August 22, 2018: a. AL Bldg Corridor near Bedroom 19 - the exit sign did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages. b. SCU Bldg Front Door - the exit sign did not	C 189	TAG: C189 (1.)To ensure the facility is safe and operating, Maintenance Director will ensure all doors protecting the opening in the firewall and smoke barrier close completely and latch to restrict fire and smoke. Contactor will be on site to repair/adjust all doors noted in AL & Memory Care. Maintenance Director will verify during daily rounds. Complete Date: 10-15-2018 (2.) Maintenance Director will ensure that all exit signs illuminate on backup power to provide directions for residents during power outages. Maintenance Director will replace and maintain batteries in both buildings. Maintenance Director will verify during daily rounds. Complete Date: 09-14-2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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 189	Continued From page 4 illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages. c. SCU Bldg Corridor near Restroom - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on August 22, 2018: a. AL Bldg Kitchen - the commercial kitchen hood's fire, suppression system the manual actuator (pull station) is obstructed an insulated serving cart and papers on the bulletin board. b. AL Bldg Kitchen - the commercial kitchen hood's suppression system does not have a nozzle correctly aimed at the deep fryer to extinguish a fire. Deficiency corrected before Construction Surveyors departed site. 4. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on August 22, 2018: a. AL Bldg Laundry - the corridor door's latch bolt is missing, not allowing the door to latch. b. AL Bldg TV Room - the corridor door hits the strike plate and will not close and latch. c. SCU Bldg Bedroom 67- the peep hole is	C 189	(3a.) Maintenance Director will ensure that the Kitchen suppression system pull station is not obstructed. Maintenance Director will verify during daily rounds. Complete Date: 09-10-2018 (4a.) Maintenance Director to replace corridor door latch bolt to allow the door to latch. Maintenance Director to verify doors latch during daily rounds. Complete Date: 09-14-2018 (4b.) Maintenance Director will ensure that corridor door at AL TV room close and latch properly. Contractor will be on site to repair/adjust doors are required. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (4c.) Maintenance Director to replace missing peep hole for room 67 in Special Care Unit. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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 189	Continued From page 5 missing in this door.. 5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on August 22, 2018: a. AL Bldg Fire Alarm Panel Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. AL Bldg Fire Alarm Panel Room - there are two holes, above the water heater not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. AL Bldg Mech Room near Employee Lounge - there are three open-ended metal sleeve with unsealed cable bundles penetrating the fire-resistance-rated ceiling assembly. d. AL Bldg Mech Room near Employee Lounge - there is a refrigerant line tube with its firestopped sealant pulled out of its penetration of the fire-resistance-rated ceiling, leaving an unprotected opening. e. AL Bldg Corridor near Bedroom 26 - there are two holes were a call system box was removed not firestopped as it penetrates the smoke resistance wall assembly. f. AL Bldg Electrical Room near Bedroom 44 - there is a sleeve sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. g. AL Electrical Room near Bedroom 44 - there are two open-ended metal sleeve with unsealed cable bundles penetrating the fire-resistance-rated ceiling assembly. h. SCU Bldg Mech Room across from Bedroom 72 - there is a hole not firestopped as it penetrates the smoke resistance ceiling assembly.	C 189	(5a.) Maintenance Director will ensure fire safety is maintained and in good operating condition. Cable in AL fire panel room to be repaired by Maintenance Director. Maintenance Director will verify cable are intact during daily rounds. Complete Date: 10-14-2018 (5b.) Maintenance Director will repair the two holes above the water heater in AL building fire panel room. Complete Date: 10-14-2018 (5c.) Maintenance Director will repair/replace the three open-ended metal sleeve with unsealed cable bundles. Complete Date: 10-14-2018 (5d.) Maintenance Director will repair/replace the refrigerant line tube that has its fire stopped sealant pulled out of its penetration leaving an unprotected opening. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (5e.) Maintenance Director to repair the two holes where the Call system box was removed. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (5f.) Maintenance Director will repair sleeve near AL building Electrical room with the approved product for penetrations Through fire resistance-rated construction. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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 189	Continued From page 6 i. SCU Bldg Mech Room across from Bedroom 72 - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. j. SCU Bldg Mech Room across from Bedroom 71 - there are gaps around insulted pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. k. SCU Bldg Corridor near Bedroom 62 - the electromagnetic hold open device has a hole beside it not firestopped as it penetrates the smoke resistance wall assembly. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on August 22, 2018: a. AL Bldg Marketing Director Office - the fire sprinkler escutcheon plate has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. AL Bldg Basememt - the fire sprinkler escutcheon plate on the drain has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. c. AL Bldg Kitchen Housekeeping - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. d. SCU Bldg Laundry Closet - the fire sprinkler escutcheon plate does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 7. Based on observations, the Building was not		(5g.) Maintenance Director to repair the two open ended metal sleeves in AL electrical room. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (5h.) Maintenance Director to repair hole in mechanical room near room 72 in Special Care Unit. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (5i.) Maintenance Director to repair gap around cable in mechanical room near room 72 in Special Care Unit. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (5j.) Maintenance Director to repair gaps around pipes in mechanical room near room 71 in Special Care Unit. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (5k.) Maintenance Director to repair hole near electromagnetic device in Special Care Unit near room #62. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (6a.) Maintenance Director to reset escutcheon plate in Marketing Director office. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (6b.) Maintenance Director to reset escutcheon plate in AL basement Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (6c.) Maintenance Director to replace escutcheon plate in AL Building kitchen housekeeping closet . Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (6d.) Maintenance Director to reset escutcheon plate to cover the complete hole in Special Care Unit Laundry room closet. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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 189	Continued From page 7 maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on August 22, 2018: a. AL Bldg Storage near Bedroom 8 - items are being stored within the area 18 inches below the fire sprinkler head. b. AL Bldg Therapy Window Closet - items are being stored within the area 18 inches below the fire sprinkler head. c. AL Bldg Basement - items are being stored within the area 18 inches below the fire sprinkler heads in several areas. d. AL Bldg Kitchen Housekeeping - items are being stored within the area 18 inches below the fire sprinkler heads in several areas. e. SCU Bldg Linen Closet - items are being stored within the area 18 inches below the fire sprinkler heads in several areas. 8. Based on observation the Building was not maintained in a safe, in good operating condition and Code compliant because doors took more opening force than allowed by North Carolina State Building Code. Findings on August 22, 2018: a. AL Bldg Library - the corridor door hits its doorframe, requiring more than 15 pounds of force to open the door. b. AL Bldg Bedroom 28 - the corridor door hits its doorframe, requiring more than 15 pounds of force to open the door. c. AL Bldg Therapy - the corridor door hits its doorframe, requiring more than 15 pounds of force to open the door. 9. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition.	C 189	(7a. – e.) Maintenance Director will ensure all storage rooms, closets, basement area, linen closets, etc. have no items stored within 18 inches of fire sprinkler heads. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (8a -c.) Maintenance Director will ensure all corridor doors do not hit the doorframe. Maintenance Director to contract doors for repair Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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 189	Continued From page 8 Findings on August 22, 2018: a. AL Bldg Bedroom 13 - the corridor door hits the doorframe preventing it from easily closing and latching. b. AL Bldg Bedroom 19 - the corridor door hits the doorframe preventing it from easily closing and latching. c. AL Bldg Bedroom 49 - the corridor door hits the doorframe preventing it from easily closing and latching. d. SCU Bldg Bedroom 69 - the corridor door hits the doorframe preventing it from easily closing and latching. 10. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on August 22, 2018: a. AL Bldg Bistro - the corridor door has a heavy item holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. b. AL Bldg Bedroom 55 - the corridor door has an exercise weigh holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. c. AL Bldg Kitchen - a door wedge was found behind the corridor door. This wedge can prevent the rapid release of the door with a light push or pull of the door, to close and latch. d. SCU Bldg Play Kitchen - the back leaf is missing its door handle. 11. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 22, 2018: a. AL Bldg Porch near Bedroom 55 - the ground-fault circuit-interrupter (GFCI) electrical	C 189	(9a-d.) Maintenance Director will ensure all smoke tight corridor doors are maintained in a safe and operating condition. Maintenance Directo contract doors for repair in an effort that they close and latch easily. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 (10a – d)) Maintenance Director will ensure all corridor doors are maintained in a safe operating condition. Heavy item removed from holding bistro door opened, exercise weight removed from corridor door at room 55, door wedge removed from AL kitchen door and door handle to be replaced on play kitchen door in Memory Care Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018 11a. Maintenance Director to replace missing weather resistant cover for GFCI at AL porch near bedroom # 55. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060087	A. BUILDING: 01 B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE. ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD 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 189	Continued From page 9 power receptacle is missing its weather resistant cover.	C 189		
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: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on August 22, 2018: a. SCU Bldg Restroom - the required exhaust ventilation system was running, but is not removing any air.	C 199	TAG: C199 (1a.) Maintenance Director to ensure and maintain ventilation system in proper working order. Maintenance Director to repair and/or replace fan so that ventilation is operating and removing air. Maintenance Director will verify during daily rounds. Complete Date: 10-14-2018	