STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060130	A. BUILDING: 01 B. WING _____	01/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CROSSINGS AT STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller & Dennis Harrell, conducted on January 10, 2019. Records indicate this facility was first licensed on 07/03/2014. The facility is currently licensed for 90 Beds including a 48 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 2009. Edition of the North Carolina Building Code(s), Institutional Occupancy. 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", 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 does not meet the Building Code for the Special Locking (magnetic locks) on the exit doors at the time of construction or alteration. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on January 10, 2019: a. The required emergency release switches are located under locked protective plastic covers at each magnetically locked exit door. The med tech is the only staff member in the unit carrying a key to these locked covers. All staff in the SCU who are responsible for evacuation of residents were not carrying keys	C 101	C101: Purchasing glass break boxes to go over emergency release switch. Anyone can then break the glass and maneuver the switch in an emergency.	2/15/2019
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, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on January 10, 2019: a. SCU Bedroom 408 Bathroom - a mounting	C 166	C166: bathroom mounting has been repaired.	1/17/2019

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C 166	Continued From page 2 bracket for a toilet paper holder remains attached to the wall. These brackets have rough and sharp edges, which could cause injury. 2. Based on Observation, the Building was not maintained free of hazards, if gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on January 10, 2019: a. Storage/Activities - a large portable helium cylinder is standing up on the floor, secured only with a bungee cord attached to hardware loosely secured to gypsum wallboard. b. AL Bedroom 215 - four portable medical oxygen cylinders are standing up on the floor not physically secured in racks, stands or chained to the structure. c. AL Bedroom 215 - three portable medical oxygen cylinders are standing up in a plastic crate not physically secured in racks, stands or chained to the structure. d. AL Bedroom 106 - a portable medical oxygen cylinder is standing up in a plastic crate not physically secured in racks, stands or chained to the structure. e. AL Nurse Station - two portable medical oxygen cylinders are standing up on the floor and one laying on its side not physically secured in racks, stands or chained to the structure.	C 166	C166: Helium tank has been secured with hooks anchored to studs in wall and chain wrapped around tank connecting to those hooks. All portable oxygen tanks plastic racks have been replaced with metal racks and additonal rack added to AL nurses station.	1/17/2019 1/17/2019
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.	C 185		

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C 185	Continued From page 3 (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on interview, and record review the facility is not rehearsing their fire plan as required by the NC Fire Prevention Code. Staff have been conducting half of the fire drills without the use of the fire alarm system during normal awake hours. Staff stated that they just get together and discuss what to do in the event of a fire.	C 185	C185: Fire drills will be completed in full alarm sound during waking hours going forward and monitored by Executive Director.	1/23/2019 and ongoing
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, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on January 10, 2019:	C 189		

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C 189	Continued From page 4 a. The fire alarm panel is showing a trouble signal. Per interview of Maintenance Personal, the trouble code corresponded to item fixed by the new alarm company but they cannot clear the codes until the previous alarm company give the password to them. 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 January 10, 2019: a. SCU Corridor near Bedroom 405 -the ceiling-mounted self-contained emergency light makes a buzzing sound and has low light output when the test button is pushed. 3. 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 January 10, 2019: a. SCU Pharmacy - the corridor door has a file cabinet 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. 4. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on January 10, 2019: a. SCU Records Room - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. b. AL Kitchen/Dining Storage- items are stored within the minimum 18-inch clearance area below	C 189	C189: new service vendor is in place. Service visits of 1/10/19 and 1/23/19 to re-program and resolve error code. C189: battery has been changed and light is in working order now. C189: magnetic holds were installed on doors for quick release in emergency situation and all door stops removed for Pharmacy door. C189: Items removed from above 18 inches of ceiling and tape added to all storage areas to ensure items are not stacked above the 18 inches going forward. Completed in SCU records room, AL Kitchen dining storage, and AL clean linen.	1/23/2019 1/17/2019 1/17/2019 1/17/2109

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C 189	Continued From page 5 the fire sprinkler deflector. c. AL Clean Linen- items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 5. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on January 10, 2019: a. Porch near Bedroom 113 - the fire sprinkler head is debris-loaded with bird droppings.	C 189	C189: Vendor to clean on 1/30/2019.	1/30/2019
	6. 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 January 10, 2019: a. SCU Corridor near Bedroom 306 - there is a broken electrical cover plate in the ceiling not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. SCU Riser Room - there is a gap around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.		C189: Cover plate in ceiling has been repaired. SCU Riser room gap in pipe has been filled with fire barrier.	1/17/2019
	7. 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 January 10, 2019: a. AL Personal Care - the corridor door has a wedge 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. Residents Laundry - a door wedge was found behind the corridor door. The wedge can prevent		C189: magnetic holds were installed on doors for quick release in emergency situation and all door stops removed for AL personal care, laundry, and therapy office.	1/17/2019

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C 189	Continued From page 6 the rapid release of the door with a light push or pull of the door, to close and latch. c. AL Therapy Office - the corridor door has a wedge 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. 8. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on January 10, 2019: a. AL Bedroom 214 - the corridor door does not latch into its frame when closed. b. AL Housekeeping Storage near Dining - there is a 1/4 inch diameter hole through the corridor door around the door handle. c. AL Family Room - the exterior door only latched about 1 in 3 attempts to secure the door.	C 189	C189: latch on 214 and family room has been adjusted for proper closing. Door handle has been replaced with larger piece to cover hole.	1/25/2019
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.	C 199		

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C 199	Continued From page 7 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 January 10, 2019: a. SCU Staff Restroom - the required exhaust ventilation system did not work, and there is odor. b. AL Staff Restroom - the required exhaust ventilation system did not work.	C 199	C199: New exhausts have been purchased and will be replaced for proper working.	2/1/2019

Lawa Ashley Parrish, Executive Director
1-24-19