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
	HAL060001	A. BUILDING: 01 B. WING _____	02/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMEL HILLS	2801 CARMEL 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 000	Initial Comments Construction Section Biennial Survey report by Frank Strickland on 02/14/2019: This facility was first licensed 06/09/1983 as a Home for the Aged for Thirty-Eight (38) Beds. We are requiring that this facility to conform to the1977 Minimum Standards and Regulations for Homes for the Aged and Infirm; the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and the 1978 Edition of the North Carolina Building Code, Section 409- Institutional Occupancy. 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; This Rule is not met as evidenced by:	C 101		

Name of Provider or Supplier Carmel Hills	Street Address, City, State, Zip Code 2801Carmel Road Charlotte, N.C 28226
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PROCEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
Based on the division of Health Services Regulations SECTION 0300-PHYSICAL PLANT 10A NCAC 13F .301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS was not met The required emergency release switch that is required to be located at each magnetically locked exit door was of the locking type with keyed switching that staff in the SCU were not carrying. The med tech was the only staff member carrying a release switch key and the other staff that were interviewed carried no release switch keys. All staff who are responsible for the evacuation of occupants must carry an emergency release key at all times when on duty.	The following plan of action will implemented and completely enforced by 3/19/2019 to assure compliance. All staff members in the Care Center will have a release switch key while on duty. 1) Ten numbered keys are kept in a box at the nurse's station 2) Each staff member will get a key the beginning of the shift and sign for a key. At the end of the shift the key will be returned to the nurse's station. the employee will sign the form that the key has been returned. 3) To assure quality assurance all keys and forms will be checked monthly to assure all keys have been accounted for, in addition random checks will be done to assure each employee has a key while on duty. 4) Nurses and housekeeping will have individual release switch keys that must stay on the nurse and housekeeper keys rings at all times.