WILSON GROVE SENIOR LIVING INC.

7020 Wilson Grove Road
Charlotte, NC 28212
Phone: 704-222-9483
Fax: 980-938-4590

Attention: DHSR Construction Section	**Sender: KC Iwuji**
Phone:919-855-3893	**Title: Administrator**
Fax: 919-733-6592	**Date: 6/10/19**

Number of pages including cover: 9

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
	fcl060154	A. BUILDING: 01 B. WING _____	05/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON GROVE SENIOR LIVING	7020 WILSON GROVE ROAD CHARLOTTE, NC 28227

(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 by David Hickman DHSR Construction Section conducted a Biennial Survey on May 28, 2019 from 2:45 PM to 3:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 12, 2018 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2012 North Carolina Building Code - Section 425.2 Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and	C 174		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 6/10/19

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C 174	Continued From page 1 operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the evacuation plans were not oriented correctly on the walls. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 2. At the time of the survey it was observed that a current sanitation report was not on site. This is not compliant with the rule. Take the necessary steps to obtain a current sanitation report and fax or email this report. 3. At the time of the survey it was observed that the fire drill log was not up to date. This is not compliant with the rule. Take the necessary steps to perform one fire drill per shift every three months and keep log updated. 4. At the time of the survey it was observed that the fire extinguishers were not being monitored on a monthly basis by the staff. This is not compliant with the rule. Take the necessary steps to have the staff perform monthly checks of the fire extinguishers and initial and date tag accordingly. 5. At the time of the survey it was observed that the air filters were clogged and dirty. This is not compliant with the rule. Take the necessary steps to replace the air filters and have them checked on a regular basis. 6. At the time of the survey it was observed that the storage in some of the closets was too high and interfering with the sprinkler head operation.	C 174	(1) Evacuation plans corrected. ~~Administrator~~ will monitor.	6/4/19
			(2) Sanitation Survey completed on 05/29/19 Admin will monitor yearly.	05/29/19
			(3) Fire drill log will be up to date. Administrator will monitor.	6/4/19
			(4) fire extinguishers monitored by ~~staff~~ Administrator will monitor.	6/4/19
			(5) Air filters Cleaned/ Changed. Administrator will monitor.	5/28/19

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C 174	Continued From page 2 This is not compliant with the rule. Take the necessary steps to ensure that there is eighteen inches of clearance from the sprinkler head to any storage item. 7. At the time of the survey it was observed that there was a deadbolt lock on the exterior door at the laundry room. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 8. At the time of the survey it was observed that there was a buildup of debris behind the washing machine. This is not compliant with the rule. Take the necesaary steps to correct this deficiency. 9. At the time of the survey it was observed that the escutcheon plate for the sprinkler head in the front left bedroom was hanging loose from the ceiling. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 10. At the time of the survey it was observed that the sink in the bathroom off of the den was loose from the wall. This is not compliant with the rule. Take the necessary steps to secure the sink to the wall. 11. At the time of the survey it was observed that there was only one heat detector in the attic and due to the length of the attic, this did not provide the proper coverage. This is not compliant to the rule. Take the necessary steps to install an additional heat detector in the attic to provide the proper coverage. 12. At the time of the survey it was observed that a birds nest had been built on top of one of the front porch posts. This is not compliant with the rule. Take the necessary steps to remove the	C 174	(6) pillows removed from the closet to ensure eighteen inches of clearance from sprinkler head. Administrator will monitor. 6/4/19 (7) Deadbolt lock removed 6/4/19 Administrator will monitor. (8) Debris removed. Adm will continue to monitor. 05/28/19 (9) The sprinkler head tightened up. Adm will monitor 05/28/19 (10) Sink in the bathroom will be fixed by 6/30/19. Administrator will monitor. (11) One heat detector will be installed by 6/30/19. Administrator will monitor. (12) See back.	

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C 174	Continued From page 3 birds nest. 13. At the time of the survey it was observed that the steps at the rear door to the laundry area did not have handrails on both sides of the steps. This is not compliant with the rule. Take the necessary steps to add a handrail to the steps. 14. At the time of the survey it was observed that the dryer exhaust vent discharge was clogged. This is not compliant with the rule. Take the necessary steps to clean the lint build up from the exhaust vent discharge. 15. At the time of the survey it was observed that the latch on the gate to the side ramp would not latch properly. This is not compliant with the rule. Take the necessary steps to repair or remove latch on gate. 16. At the time of the survey it was observed that the latches on the fence gate were difficult to open and would not latch back easily. This is not compliat with the rule. Take the necessary steps to repair the latches so they are easily operable. 17. At the time of the survey it was observed that the storage building door was broken and not secure. This is not compliant with the rule. Take the necessary steps to repair door and make sure it is locked. 18. At the time of the survey it appeared that at least three of the clients were non ambulatory. This is not compliant with the current license. Take the necessary action to correct this deficiency.	C 174	(12) bird nest removed. Administrator will monitor. (13) handrails will be installed on both sides by 6/30/19. Admin will monitor. (14) dryer exhaust vent Cleansed. Administrator will monitor. (15) Latch on gate fixed Administrator will monitor. (16) fence gate fixed Administrator will monitor. (17) storage building door will be fixed by 6/30/19. Admin will monitor. (18) Sprinkler system installed and approved by DHHS Construction department, waiting for non-ambulatory facility License. Administrator, will monitor,	05/28/19 5/28/19 6/4/19 6/4/19 6/30/19

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 30, 2019

Ms. KC Iwuji
Wilson Grove Senior Living
7020 Wilson Grove Road
Mint Hill, NC 28227

Re: Project No. FC-4357-TMS
FID No. 160413
Wilson Grove Senior Living
Change of Ambulatory Status
Mint Hill (Mecklenburg Count)

Dear Ms. Iwuji:

As of May 29, 2019, we have received all documentation required to close out the referenced project located at 7020 Wilson Grove Road, Mint Hill, NC. We have notified the Adult Care Licensure Section that this project was recommended for use as of May 29, 2019 for a total of six (6) non-ambulatory residents all of whom may not be able to respond and evacuate the home without verbal or physical assistance.

Please use our Project No. FC-4357-TMS and FID No. 160413 on all correspondence related to this project. If you have any questions about this project or if we can be of any further service, please contact our office at the telephone number or e-mail address below.

Sincerely,

Tammy Sylvester
Supervising Engineer
DHSR Construction Section
Tammy.Sylvester@dhhs.nc.gov
(919) 855-3917

cc: Wayne Automatic Fire Sprinklers, Inc. – Anthony Allende (via e-mail only)
Mecklenburg County Inspections – Patrick Granson (via e-mail only)
DHSR Adult Care Licensure Section (via e-mail only)

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Residential Care Facility

(For facilities, as defined, with not more than 12 residents)

Demerit Score: 1
Date of Insp/Chg: 05 / 29 / 2019
Status Code: A

Health Department: 60 Mecklenburg
Current Facility ID: 2060432032
Old Facility ID:

Water Supply: ☒ Municipal/Community ☐ On-Site Supply
Wastewater: ☒ Municipal/Community ☐ On-Site System

Water sample taken today? ☐ Yes ☒ No

☒ Inspection ☐ Re-Inspection ☐ Visit ☐ Name Change ☐ Verification of Closure ☐ Status Change

Name of Establishment: 7020 WILSON GROVE RD
Permittee: WILSON GROVE SENIOR LIVING, INC

Location Address: 7020 WILSON GROVE RD
Number of Residents:

City: MINT HILL **State:** NC **Zip:** 28227
Mailing Addr. 7020 WILSON GROVE RD
City: MINT HILL **State:** NC **Zip:** 28227

Classification

☒ Approved (20 or less demerits, and no 6-point demerits) ☐ Disapproved (More than 40 demerits or failure to improve provisional classification)
☐ Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

	Demerits	Comments
1. **WATER SUPPLY: Public supply; private supply approved 6 (.1611)**		
2. **LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)**		** SEE COMMENT SHEET ATTACHED **
3. **FOOD SUPPLIES AND PROTECTION:** **Supplies: All food clean, wholesome, no spoilage 6 (.1619)** **Protection**: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)		
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; **substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6**; disposable items properly stored and handled, used only once 2 (.1618)		
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)		
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)		
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)		
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)		
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)		
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)		
11. FLOORS: In good repair 1; kept clean 2 (.1607)		
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)	1	
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)		
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615)		
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)		

Comment Sheet Attached ☐ Yes ☒ No

Rept Received [signature] **TOTAL DEMERIT SCORE** 1

Inspection by: [signature] EHS I.D.# 1814 - Blackmon, Shawn K

Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.8.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

EHS 3094 (Revised 07/05) / Environmental Health Services Section (Review 07/08)

Mecklenburg County Fire Marshal's Office

Occupancy: **Wilson Grove Senior Living**
Occupancy ID:
Address: **7020 Wilson Grove RD**
Mint Hill NC 28227

Form: Blank Fire Inspection

Inspection Type: **Fire Alarm System**
Inspection Date: **4/9/2019** By: Petleski, Michael (103503)
Time In: **10:00** Time Out: **11:15**
Authorized Date: **Not Author** By:

Next Inspection Date: **08/01/2019 Recurring Fire Inspection**

Inspection Topics:

Violations

Sprinkler pipes bracket connected to structure.
All sprinkler pipes required to be secured to structure.
Status:
Notes:

Other Violation-See Notes
Other Violation-See Notes
Status:
Notes:

Other Violation-See Notes
Other Violation-See Notes
Status:
Notes:

Other Violation-See Notes
Other Violation-See Notes
Status:
Notes:

Other Violation-See Notes
Other Violation-See Notes
Status:
Notes:

Other Violation-See Notes
Other Violation-See Notes
Status:
Notes:

Additional Time Spent on Inspection:

Category	Start Date / Time	End Date / Time

Notes: No Additional time recorded

Total Additional Time: 0 minutes

Inspection Time: 75 minutes

Total Time: 75 minutes

Summary:

Overall Result: No Violations Found

No fire code violations were found by the inspector during the inspection.

Inspector Notes: Approved fire alarm and sprinkler system testing.

Inspector:

Name: Petleski, Michael
Rank: Assistant Fire Marshal
Work Phone(s): 980-314-3076
Email(s): michael.petleski@mecklenburgcountync.gov

Signature *Date*

Representative Signature:

Signature *Date*