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
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on May 16, 2019. Records indicate this facility was first licensed on 04/01/2015. The facility is currently licensed for 80 Beds including a 26 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 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000	PLEASE SEE ATTACHED PLAN OF CORRECTION —	
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction Findings on May 16, 2019: a. Atrium Space - this space is open to the corridor. This space does not meet all the requirements which would permit it to be open to the corridor. Specifically, the space is not equipped with smoke detectors. b. Game Room - this space is open to the corridor. This space does not meet all the requirements which would permit it to be open to the corridor. Specifically, the space is not equipped with smoke detectors. c. Bistro - this space is open to the corridor. This space does not meet all the requirements which would permit it to be open to the corridor. Specifically, the space is not equipped with smoke detectors.	C 101		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the	C 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 154	Continued From page 2 administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on May 16, 2019: a. 1st Floor Stair 5 - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. b. 2nd Floor Stair 5 - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency	C 183		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 183	Continued From page 3 equipment not in proper working order. Findings on May 16, 2019: a. 1st Floor Elevator/Storage - since the last annual maintenance, performed in January 2019, there has been no documentation of the portable fire extinguisher's monthly in-house/owner inspections.	C 183		
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) 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 Record review and interview with Executive Director and Maintenance Director the Facility failed to document a short description of what the rehearsal involved. Findings on May 16, 2019: a. The rehearsal records had little to no description of what the rehearsal involved.	C 185		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS	C 188		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 188	Continued From page 4 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, with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on May 16, 2019: a. SCU Spa - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 188		
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, fire rated doors in the one-hour fire-resistance-rated Atrium enclosure are not being maintained in a safe and operating condition. This could affect all if smoke/fire is not contained in Room of origin. Findings on May 16, 2019: a. Storage Room behind Reception Desk - the	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 corridor door, part of the fire-resistance-rated enclosure, is being held open with kick down holder. Deficiency corrected before Construction Surveyors departed site. b. Dining - the corridor door, part of the fire-resistance-rated enclosure, has a broken door frame hinge reinforcement. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the 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 May 16, 2019: a. Smoke Barrier near Bedroom 1024 - the front leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. Deficiency corrected before Construction Surveyors departed site. b. Smoke Barrier near Bedroom 1015- both leaves, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. Deficiency corrected before Construction Surveyors departed site. c. Smoke Barrier near Bedroom 1001 - the back leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. Deficiency corrected before Construction Surveyors departed site. d. Smoke Barrier near Bedroom 2025- both leaves, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. Deficiency corrected before Construction Surveyors departed site. 3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 early detection and activating the fire alarm system. Findings on May 16, 2019: a. Mech Room C225 - the HVAC duct mounted smoke detector had no access door to inspect and clean the duct detector's sample tubes. Dirty sampling tube may become obstructed and my not detect the existence of smoke in the air stream. b. SCU Mech Room C179 - the HVAC duct mounted smoke detector had no access door to inspect and clean the duct detector's sample tubes. Dirty sampling tube may become obstructed and my not detect the existence of smoke in the air stream. 4. 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 May 16, 2019: a. Work Room behind Reception Desk - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Hobby Room Pantry - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Kitchen Mop Room - there is a hole around a 4-inch steel not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. 1st Floor Elevator/Storage - there are two sleeves not firestopped as they penetrate the fire-resistance-rated ceiling assembly. e. 1st Floor Elevator/Storage - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. 1st Floor Elevator/Storage - there is a gap around the cover plate on an electrical junction box not firestopped as it penetrates the	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 fire-resistance-rated ceiling assembly. g. 2nd Floor Mech Room - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. h. 2nd Floor Mech Room - two four-inch PVC pipes are not properly firestopped with a fire collars, or other approved methods, as they penetrate the one-hour fire fire-resistance-rated ceiling assembly. i. 2nd Floor Mech Room - the fire-resistance-rated ceiling does not have all its fasteners covered with joint compound. j. 2nd Floor Mech Room - there is a sawed joint through the fire-resistance-rated ceiling that is not covered with drywall tape and joint compound. k. 2nd Floor Storage Room C229 - there is a gap around an electrical junction box not firestopped as it penetrates the fire-resistance-rated ceiling assembly. l. 2nd Floor Storage Room C228 - there 3 holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. m. Mech Room C220 - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. n. Mech Room C220 - the one-hour fire-resistance-rated ceiling is penetrated with a duct that is missing a flange. o. 2nd Smoke Barrier Wall Elevator Side - there is a gap around the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. p. SCU Medicine Room - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 5. 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	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 contained in the room of origin. Findings on May 16, 2019: a. Game Room Patio - the escutcheon plate on the fire sprinkler has slid from the wall exposing an opening that allows the spread of smoke and heat. Deficiency corrected before Construction Surveyors departed site. b. Game Room Patio - the fire sprinkler head still has its shipping cap and strap attached. The shipping cap and strap will slow the activation of that sprinkler. Deficiency corrected before Construction Surveyors departed site. 6. 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 May 16, 2019: a. 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. 7. Based on observation the ice machine has one drain line s only ½ inch above the floor receptor and the other in the floor receptor The NC Plumbing Code requires that ice machine drains must not directly contact the floor or floor receptor and a minimum of 2 inches of vertical clearance must be maintained between the ice machine drain and the floor or floor drain to prevent contamination. This could affect all residents, staff and visitors who dine here if waste water backs-up and contaminates the ice.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 8. 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 May 16, 2019: a. Bedroom 1013 - the corridor door has a brick 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. Bedroom 1013 - the corridor door has a kick down holder 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. Deficiency corrected before Construction Surveyors departed site. c. Bedroom 2019 - the corridor door has a door 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. d. SCU Serenity Den - the corridor door has a stuffed animal 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 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)	C 191		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 191	Continued From page 10 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on May 16, 2019: a. Executive Director Office - a portable electric heater was found in this room. b. Work Room behind Reception Desk - a portable electric heater was found in this room.	C 191		
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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 facility failed to maintain the required lighting levels. Findings on May 16, 2019: a. AL Spa - there is no working light fixture in this room.	C 197		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060138	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 199	Continued From page 11 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, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on May 16, 2019: a. C 119 Janitor Storage Closet - there is no ventilation system present.	C 199		

Plan of Correction: Waltonwood Providence

RE: HA Biennial Survey

Charlotte – Mecklenburg County

FID#100530 HAL060138

Administrator: Jeffrey Plummer

Plan of Correction as follows:

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

C 101 – 1a- Installation scheduled for smoke detector in Atrium Space to be completed no later than 6/30/2019

C101 – 1b- Installation scheduled for smoke detector in Game Room to be completed no later than 6/30/2019

C101 – 1 c- Installation scheduled for smoke detector in Bistro to be completed no later than 6/30/2019

All sprinkler heads will be inspected on a yearly basis by Certified Fire Equipment Company to ensure proper working order.

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

C154 – 1a- Special locking system repaired by 1st Floor Stair 5 on 5/17/2019

C154 – 1b- Special locking system repaired by 2nd Floor Stair 5 on 5/17/2019

Safety Committee will inspect Special Locking System on a monthly basis, recording results in Monthly QA Report.

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS

C183 – 1a- Monthly in-house inspection was completed on 5/17/2019.

All fire extinguishers will be inspected monthly by safety committee, while Maintenance Director will inspect quarterly to ensure compliance.

SECTION .0300 -PHYSICAL PLANT 10A 13F .0309 PLAN FOR EVACUATION

C185 – 1a- Addendum providing description was included to all rehearsals conducted in 2019 and will be included in all rehearsals in future.

All rehearsals will have short description of what rehearsal involved. To be inspected quarterly by Executive Director to ensure compliance.

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS

C188 – 1a- GFCI was repaired on 5/29/2019.

All GFCI power receptacles will be inspected by the Director of Maintenance on a quarterly basis and findings will be notated in Monthly QA Report.

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS

C189 – 1a- Deficiency corrected before Construction Surveyors departed site.

C189 – 1b- Dining Corridor Door frame hinge reinforcement scheduled to be completed no later than 6/30/2019.

Safety Committee will inspect all door frame hinges weekly to ensure that hinges are being kept in good repair. All findings will be notated in Monthly QA Report.

C189 – 2a-d- All Smoke Barrier Deficiencies were corrected before Construction Surveyors departed site.

All Smoke Barrier doors will be inspected on a monthly basis to ensure that each close and latch appropriately by Director of Maintenance, while on-going compliance will be monitored on a quarterly basis by Executive Director and notated in Monthly QA Report.

C189 – 3a- HVAC company scheduled to add access door to allow access to inspect and clean dirty sample tubes. Work will be completed no later than 6/30/2019.

C189 – 3b- HVAC company scheduled to add access door to allow access to inspect and clean dirty sample tubes. Work will be completed no later than 6/30/2019.

Sample tubes will be cleaned on monthly basis when air filters are replaced by Director of Maintenance and notated in Monthly QA Report.

C189 – 4a-p- Firestopping Completed in all areas listed on inspection report 6/23/2019. Fire collars ordered and will be installed no later than 6/30/2019. Replaced flange in Mech Room C220 and applied drywall tape and joint compound in 2nd Floor Mech Room 6/28/2019.

Safety Committee will inspect fire rated ceiling on a quarterly basis and repair any areas to be kept in good conditions. Director of Maintenance will record any repairs in Monthly QA Report.

C189 – 5a- Deficiency corrected before Construction Surveyors departed site.

C189 – 5b- Deficiency corrected before Construction Surveyors departed site.

All fire sprinkler heads and escutcheons will be inspected on a monthly basis by Director or Maintenance, while on-going compliance will be monitored on a quarterly basis by Executive Director and notated in Monthly QA Report.

C189 – 6a- Deficiency corrected before Construction Surveyors departed site.

In-service held to understand the importance of correctly aiming fire suppression nozzle at the deep fryer to extinguish a fire. Daily inspection by Culinary Department Member to ensure proper alignment every morning before kitchen opens.

C189 – 7- Ice Machine drain pipe reduced to have minimum of 2 inches between ice machine drain and floor drain completed 6/3/2019.

C189 – 8a- Brick holding door open was removed 5/16/2019.

C189 – 8b- Deficiency corrected before Construction Surveyors departed site.

C189 – 8c- Wedge holding door open was removed 5/16/2019.

C189 – 8d- Stuffed animal holding door open was removed 6/3/2019 in SCU serenity den.

All doors will be inspected on a weekly basis by Safety Committee to ensure that no items are being used to keep doors open that prevents the rapid release of the door with a light push or pull of the door, to close and latch. On-going compliance will be monitored on a quarterly basis by Executive Director and put in Monthly QA Report.

C191 - 1a- Portable heater removed from building on 5/16/2019.

C191 – 1b- Portable heater removed from building on 5/16/2019.

Building will be inspected on monthly basis by Safety Committee to ensure that portable heaters are not being used in community and notated in Monthly QA Report.

C197 – 1a- Light Fixture repaired on 5/16/2019.

All light fixtures will be inspected and repaired by Safety Committee on a weekly basis to ensure fixtures are in good working order.

C199 – 1a- Ventilation system will be installed in Janitor Storage Closet by 6/30/2019.

Safety Committee will inspect all exhaust fans on a monthly basis to ensure that each is in proper working order, while Director of Maintenance will inspect each exhaust fan on a quarterly basis and note in Monthly QA Report.

Submitted By

JSh

Jeff Plummer
Executive Director