STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060059	A. BUILDING: 01 B. WING _____	08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUTHBERTSON VILLAGE AT ALDERSGATE	3800 SHAMROCK DRIVE CHARLOTTE, NC 28215

(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 & Tod Hancock, conducted on August 1, 2023. Records indicate this facility was first licensed on August 6, 1996. The facility is currently licensed for 77 Beds with a 33 Beds Special Care Unit. Therefore, the facility was 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 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", copies of which are available at the Division of	C 101		

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building did not meet the NC State Building Code at the time of initial Licensing or alterations, by not have adequate fire protection systems protecting the openings through fire-resistance-rated construction. This could affect all if smoke/fire is not contained in the Compartment of origin. Findings on August 1, 2023: a. D Hall, Housekeeping Smoke Barrier Wall - the duct penetrating the smoke barrier wall was not equipped with a fire damper.	C 101		
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 is not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system. Findings on August 1, 2023: a. A Hall, - the fire alarm control panel (FACP) shows a trouble signal. The trouble signal	C 189		

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C 189	Continued From page 2 "Ground Fault" is shown on the panel. b. A Hall, two fire alarm strobes did not function during the system test. These strobes had previously been identified by the owner's contractor as not functioning. The contractor has ordered the parts and is waiting for them to install. 2. Based on observation, the building's emergency equipment is 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 1, 2023: a. C Hall, Exit to Lobby - the exit sign did not illuminate on backup power when tested. b. C Hall, Exit Through Smoke Barrier Wall Townhall Side - the exit sign did not illuminate on backup power when tested. 3. Based on observations, the fire sprinkler system 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 August 1, 2023: a. D Hall, Exterior Storage near Bedroom 11D - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 4. Based on observations, the building fire safety is not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room or compartment of origin. Findings on August 1, 2023: a. C Hall, Smoke Barrier Wall - there were 4 holes in the wall and a conduit with a cable not firestopped as they penetrate the	C 189		

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C 189	Continued From page 3 fire-resistance-rated wall assembly. Facility Staff corrected the deficiency before the Construction Surveyor left the site. b. A Hall, Room 143 Storage - there were several holes not firestopped as they penetrate the fire-resistance-rated wall assembly. c. A Hall, Room 143 Storage - there were two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. d. B Hall, Mech Room - there is an open-ended sleeve with several cables not firestopped as they penetrate the fire-resistance-rated wall assembly. 5. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on August 1, 2023: a. D Hall, Bedroom 11D - the corridor door has a table holding the door open. Facility Staff corrected the deficiency before the Construction Surveyor left the site. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on August 1, 2023: a. C Hall, Chapel - the pair of doors to the corridor are not smoke tight. The gap between the meeting stiles was 3/8-inch. This is three times the allowable gap of 1/8-inch. Facility Staff corrected the deficiency before the Construction Surveyor left the site. b. A Hall, Sitting Room - the sliding door to this room is not smoke tight. When the door is closed there is a ¾-inch gab between the door and the	C 189		

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C 189	Continued From page 4 frame. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 1, 2023: a. D Hall, Residents Laundry - the washer's electrical power receptacle was missing its cover plate. Facility Staff corrected the deficiency before the Construction Surveyor left the site.	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) 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 all if the heater is the ignition source of a fire. The danger increases if used by residents or combustible material is near. Findings on August 1, 2023: a. B Hall, Mech Room - a portable electric heater was found in this room. Facility Staff corrected the deficiency before the Construction Surveyor left the site.	C 191		

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