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	HAL060156	A. BUILDING: **01** B. WING _____	**04/18/2024**

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TERRABELLA LITTLE AVENUE	**7745 LITTLE AVENUE CHARLOTTE, NC 28226**

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C 000	Initial Comments Report of Biennial Construction Survey by Suzanna Fay conducted on April 18, 2024. Records indicate this facility was first licensed on October 29, 1997 for 62 beds with 27 of those in a Special Care Unit. Based on this information, we are requiring the facility to meet the 1996 Rules for Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes for Seven or More Beds, and the 1996 w/ '99 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I. Deficiencies were noted which requires a Plan of Action.	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. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Findings on April 18, 2024: a. None of the egress doors released upon activation of the fire alarm. 2. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction or alteration. Findings on April 18, 2024: a. The magnetic lock on the door entering the SCU did not release with the local override switch. 3. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction or alteration. For delayed egress locks, the initiation of an irreversible process which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Findings on April 18, 2024: a. The entry door to the SCU is equipped with a delayed egress locking system and an	C 101		

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C 101	Continued From page 2 electromagnetic locking system. The door released within 15 seconds when force was applied but the audible signal did not sound during the process. 4. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Magnetic hold open devices for doors in smoke barrier walls or fire walls shall release upon activation of the fire alarm. Findings on April 18, 2024: a. The magnetic hold open device on the fire rated door between the entrance to the SCU and the Dining Room did not release upon activation of the fire alarm.	C 101		
C 134	Bathrooms-Roll-in Shower SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (7) Each home shall have at least one bathroom opening off the corridor with: (A) a door of three feet minimum width; (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet; (C) a bathtub accessible on at least two sides; (D) a lavatory; and (E) a toilet. (8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet; This Rule is not met as evidenced by:	C 134		

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C 134	Continued From page 3 1. Observations revealed that the facility did not meet the requirements for bathrooms by having at least one bathroom opening off the corridor with: a door three feet minimum width; a three feet by three feet roll-in shower; a bathtub; a lavatory; and a toilet. Findings on April 18, 2024: a. There was not a bathroom off of the corridor with shower, tub, lavatory and toilet.	C 134		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of all equipment and other obstructions. Stairwells are not to be used as storage. Findings on April 18, 2024: a. Stairwell by Room 209 - there were a couple of doors and a vanity countertop stored in the stairwell.	C 150		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;	C 160		

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C 160	Continued From page 4 This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean condition. Findings on April 18, 2024: a. Front canopy - there are black stains on the vinyl ceiling panels near the left sprinkler and at the front edge.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls were not kept clean and in good repair. Findings on April 18, 2024: a. Main Electrical Room - the door trim on the inside face of the corridor door is pulling away from the wall. b. SCU Residential Laundry - the wall behind the washing machine has multiple holes and the housing for the washer hook ups is falling off leaving holes in the hall. c. Stairwell at 200 Hall - there is a large area at	C 164		

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C 164	Continued From page 5 the stair landing that has not been finished and painted.	C 164		
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 facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on April 18, 2024: a. Room 108 - there are three oxygen bottles on the floor without any means of restraint. b. Room 230 - there are eight tall oxygen bottles in a shallow plastic crate without any means of restraint to prevent them tipping over. 2. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on April 18, 2024:	C 166		

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C 166	Continued From page 6 a. Main Electrical Room - there is a floor buffer stored in front of the electrical panels in the front room and a cart stored in front of the electrical panels in the back room.	C 166		
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. Review of records revealed that the fire rehearsal logs did not include a short description of what the rehearsal involved. Findings on April 18, 2024: a. The fire rehearsal logs did not have a short description of what the rehearsal involved.	C 185		
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	C 189		

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C 189	Continued From page 7 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 facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on April 18, 2024: a. AL Front TV Room - the emergency light did not illuminate on test. b. Emergency light EL-17 outside of Room 109 did not illuminate on test. c. SCU - the emergency light outside of Room 126 did not illuminate on test. d. Emergency light EL-09 near Room 229 did not illuminate on test. e. Activity Room - the emergency light did not illuminate on test. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on April 18, 2024: a. The exit/emergency light at the front door delayed in activating which may indicate a week battery. b. 100 Hall exit by Main Electrical Room - the exit sign did not illuminate on test. c. SCU - the exit sign across from Room 117 is	C 189		

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C 189	Continued From page 8 not secure to its base. 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Use of materials that are not fire resistant rated could allow fire and smoke to spread beyond the area of origin. Findings on April 18, 2024: a. Mechanical Front Lobby - an orange foam product was used to seal two ceiling penetrations. It was also used around an opening in the ceiling above the water heater. b. Kitchen - an access panel was installed to cover an opening near the freezer unit. The panel is an FRP material and does not appear to meet the fire resistant rating of the ceiling. c. Kitchen Housekeeping - a 24" x 24" FRP access panel was installed. The panel does not appear to meet the fire resistant rating of the ceiling. 4. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on April 18, 2024: a. Mechanical Front Lobby - the mechanical unit is leaking and water is collecting on the floor of the Mechanical Room. 5. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on April 18, 2024: a. The exterior GFCI outlet outside of Dining did not trip when tested.	C 189		

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C 189	Continued From page 9 b. Second Floor Half Bath - the GFCI is tripped and will not reset. c. Beauty Salon - the outlet at the sink is not functioning. 6. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on April 18, 2024: a. Mechanical Front Lobby - there is a 12" x 12" hole in the ceiling above the water heater. b. Kitchen Corridor - there is a 4' x 4' hole cut into the ceiling to conduct repairs. c. Kitchen Corridor - there is a 12" diameter hole in the corridor wall above the hole cut for repairs. d. Kitchen Corridor - there is a 30" x 4" section of sheetrock removed at the base of the wall for repairs. e. Kitchen - the ceiling by the freezer unit is damaged and cracked. A hole was cut into the ceiling at the unit and an access panel was installed. The access panel does not cover the opening in the ceiling. f. Kitchen Housekeeping - the access panel was open at the time of survey. This was corrected during the survey. g. Kitchen Housekeeping - the sheetrock is separating at the corner of the cooler unit leaving a gap in the fire resistant rated ceiling. h. Exit by Laundry - there is a small hole at the base of the wall mounted light fixture. i. Room 106 Bath - the light over the vanity is loose and has dropped exposing a small hole in the wall. j. Main Electrical Room - there is a 4" x 12" hole cut into the ceiling over the door. There is the	C 189		

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C 189	Continued From page 10 same size hole cut into the ceiling in the adjoining room with the sheetrock laying in the hole unpatched. k. Main Electrical Back Room - there is a 4" x 6" hole cut into the wall that has not been properly patched and there is an unsealed cable bundle through the wall over the door. l. There is a general pattern of holes at light fixtures that have been replaced. m. SCU - there is a hole at the base of the exit sign at the door to the Kitchen. n. SCU - the sprinkler head outside of the Living Room has shifted leaving a hole in the fire resistant rated ceiling. o. SCU Corridor outside the Housekeeping Closet - there is a 24" x 24" sheetrock patch that has not been properly sealed and patched leaving gaps in the fire resistant rated ceiling. p. SCU Corridor - there is a 2' x 4' sheetrock patch at the ceiling that has not been properly sealed. q. SCU Corridor - the attic access hatch is not properly seated leaving an opening to the attic. There is a gap in the fire resistant rated ceiling between the attic hatch and the attic fan. r. Room 220 Bath - the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. s. There is a 1" diameter hole in the ceiling outside of Room 220. t. Physical Therapy - the sprinkler head near the door is missing its escutcheon ring. u. Activity Room - the sprinkler head over the reading area has dropped. v. Second Floor Housekeeping - there is an unsealed cable bundle. 7. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install	C 189		

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C 189	Continued From page 11 plumbing piping with a minimum 2" air gap could affect all occupants of the facility if the domestic water supply became contaminated. Findings on April 18, 2024: a. Kitchen - there is not a 2" air gap between the icemaker drain line and the floor drain. 8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on April 18, 2024: a. Laundry - the door to the washers area did not latch when closed. 9. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All the occupants in the facility could be affected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin. Findings on April 18, 2024: a. Main Electrical Room - both doors were propped open with paint buckets. b. First Floor 101 Hallway - the right hand cross corridor door was held open with a wedge and did not close when the fire alarm was tested. This was corrected at the time of survey. 10. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.	C 189		

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C 189	Continued From page 12 Findings on April 18, 2024: a. Exit by Room 133 - the exterior GFCI is missing its protective cover.	C 189		
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. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on April 18, 2024: a. Room 106 Bath - the exhaust fan is not working. b. Room 101 Bath - the exhaust fan is not working. c. SCU Residential Laundry - the fan in the back room was not working.	C 199		

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C 199	Continued From page 13 d. SCU Housekeeping Closet - the exhaust fan was not working.	C 199		