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
	HAL060156	A. BUILDING: 01 B. WING _____	R 08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRABELLA LITTLE AVENUE	7745 LITTLE AVENUE CHARLOTTE, NC 28226

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{C 000}	Initial Comments Report of a Construction Section Complaint Survey by Ed Miller, conducted on August 13, 2024. There were deficiencies cited in the Biennial Construction Survey that remain to be corrected; therefore, a new 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: 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.	{C 101}	In reference to rule area 10A NCAC 13F .0301: Vendor onsite, repair made to ensure that the egress doors release upon activation of the fire alarm and upon activation of the override switch. Repair made to ensure that the audible signal sounds on the SCU door delayed egress lock. Repair made to ensure that fire rated door between entrance to SCU and dining room releases upon activation of fire alarm. Ongoingly, Director of Facility Operations and/or designee will conduct visual checks of special locking doors in community to ensure that they unlock upon actuation of the automatic fire detection system weekly and document completion. Ongoingly, Director of Facility Operations and/or designee will conduct visual checks of Maglock doors throughout the community to ensure that they release upon activation of the fire alarm weekly and document completion.	8/22/24

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{C 101}	Continued From page 1 Findings on August 13, 2024: a. The Assisted Living area egress doors, and the SCU entery egress door did not 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 August 13, 2024: a. The magnetic lock on the door entering the SCU was equiped with both delay egress and electromagnetic locking systems. The local override switch on the electromagnetic locking system does not release the door unless the delayed egress system has released the door. 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 August 13, 2024: a. The entry door to the SCU is equipped with a delayed egress locking system and an 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	{C 101}		

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{C 101}	Continued From page 2 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 August 13, 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: 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.	{C 134}	In reference to rule area 10A NCAC 13F .0305 (e)(7): Quote for bathroom addition project with shower, tub, lavatory, and toilet, obtained from two vendors. Goal to have bathroom addition project with shower, tub, lavatory, and toilet, completed by year end as CapEx.	8/30/24 12/31/24

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{C 134}	Continued From page 3 Findings on August 13, 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 August 13, 2024: a. Stairwell by Room 209 - there was vanity countertop stored in the stairwell.	{C 150}	In reference to rule area 10A NCAC 13F .0305 (g)(4): Vanity countertop removed from stairwell. Ongoingly, Director of Facility Operations and/or designee will conduct visual checks of stairwell corridors on a randomized basis to ensure that stairwells remain free of all equipment.	8/14/24
{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; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean condition.	{C 160}	In reference to rule area 10A NCAC 13F .0305 (m)(1): Outside vendor onsite to pressure wash front canopy. Ongoingly, Director of Facilities Operations and/or designee will conduct visual checks of outside premises to ensure that they are maintained in a clean and safe condition.	8/20/24

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{C 160}	Continued From page 4 Findings on August 13, 2024: a. Front canopy - there are black stains on the vinyl ceiling panels and header 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 August 13, 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 was a large, patched area at the top landing in the one-hour fire-resistance-rated gypsum construction. This patch appears to be constructed with 1/2-inch gypsum wallboard. The patch spans more than 24 inches, and there were no fasteners visible in the middle.	{C 164}	In reference to rule area 10A NCAC 13F .0306 (a): Outside vendor onsite to repair door trim, holes in walls, and patched area in stairwell at 200 hall. Floor buffer and cart removed from electrical panel areas. Red tape refreshed in area. Ongoingly, Director of Facility Operations and/or designee will observe physical plant during daily walk-throughs and resolve areas needing to be addressed, then document accordingly.	8/23/24 8/14/24

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{C 166}	Continued From page 5	{C 166}		
{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: 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 August 13, 2024: 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	{C 185}	In reference to rule area 10A NCAC 13F .0309: Fire drill completed on 8/19/24. Ongoingly, Director of Facility Operations and/or designee to lead fire drill rehearsals quarterly on each shift and document completion, including date and time of rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.	8/19/24

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{C 185}	Continued From page 6 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 August 13, 2024: a. During the 2nd quarter of the last 12 months, no rehearsals occurred on the 2nd shift.	{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 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 August 13, 2024: a. AL Front TV Room - the emergency light did not illuminate on test.	{C 189}	In reference to rule area 10A NCAC 13F .0311 (a): Batteries in all exit signs and emergency lights replaced then all tested. Non-functioning exit signs and emergency lights fully replaced. Ongoingly, Director of Facility Operations and/or designee will check illumation of exit signs and emergency lights weekly and document completion. Orange foam removed, affected areas were re-sealed with red fire caulk and one large hole was sealed with fire-resistant drywall. Access panel replaced with fire resistant drywall material. GFCI outlets replaced. Holes in ceilings and sheetrock were repaired.	8/23/24 8/22/24 8/22/24 8/20/24 8/23/24

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{C 189}	Continued From page 7 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 August 13, 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 not secure to its base.	{C 189}	Outside vendor onsite to correct sprinkler head and replace escutcheon ring. Ice machine drain pipe moved to ensure 2" air gap. Ongoingly, Director of Facility Operations and/or designee will observe physical plant during daily walk-throughs and resolve areas needing to be addressed, then document accordingly.	8/23/24 8/14/24
	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 August 13, 2024: a. Mechanical Front Lobby - an orange foam product was used to seal three 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.			

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{C 189}	Continued From page 8 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. 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 August 13, 2024: a. The exterior GFCI outlets outside of Dining doors did not trip when tested. 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 August 13, 2024: a. Mechanical Front Lobby - there is a 12" x 12" hole in the ceiling above the water heater. 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 same size hole cut into the ceiling in the adjoining	{C 189}		

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{C 189}	Continued From page 9 room with the sheetrock laying in the hole unpatched. k. Main Electrical Back Room - there is a 4" x 6" hole cut into the ceiling that has not been properly patched and there is an unsealed cable bundle through the wall over the door. n. SCU - the sprinkler head outside of the Living Room on the back hall has shifted leaving a hole in the fire resistant rated ceiling. o. SCU Corridor outside the Housekeeping Closet Back Hall - 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 Front Corridor - there is a 2' x 4' sheetrock patch at the ceiling that has not been properly sealed. q. SCU Front 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. Escutcheon is on back order 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 plumbing piping with a minimum 2" air gap could affect all occupants of the facility if the domestic water supply became contaminated. Findings on August 13, 2024:	{C 189}		

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{C 189}	Continued From page 10 a. Kitchen - there is not a 2" air gap between the icemaker drain line and the floor drain.	{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 August 13, 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. d. SCU Housekeeping Closet - the exhaust fan was not working.	{C 199}	In reference to rule area 10A NCAC 13F .0311 (g): Outside vendor onsite to repair exhaust fans. Ongoingly, Director of Facility Operations and/or designee to conduct visual checks on a randomized basis to ensure proper compliance of all exhaust fans throughout community.	8/20/24

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