STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060168	A. BUILDING: **01** B. WING _____	**12/11/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES ON CARMEL SENIOR LIVING	**5820 CARMEL ROAD CHARLOTTE, NC 28226**

(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 Suzanna Fay conducted on December 11, 2024. Records indicate this facility was first licensed on June 19, 1997. The facility is currently licensed for 125 Beds with a 25 Bed Special Care Unit in a separate stand alone facility. Therefore the facilities were 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 (1997 Revisions) 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",	C 101		

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C 101	Continued From page 1 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 does not meet the requirements of NFPA 72. All doors that are required to be unlocked by the fire alarm system shall remain unlocked until the fire alarm condition is manually reset. Findings on December 11, 2024: a. MCU - the exit doors relocked when the fire alarm was placed in silent mode. 2. 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. Storage rooms over 100 square feet are required to be of one hour construction with a 3/4 hour rated self closing door. Findings on December 11, 2024: a. Kitchen Pantry - the door has been removed on the Pantry, which also houses the freezer and cooler, eliminating the one hour separation required.	C 101		
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;	C 164		

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C 164	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings and ceiling equipment was not kept clean. Findings on December 11, 2024: a. Soiled Linen - there is an accumulation of dust on the exhaust fan. b. Basement - there are several large brown water stains in the center of the room from a leak above the ceiling. The ceiling at the stains is bubbling and flaking and some of the finishing tape is peeling off. c. Office across from Dining - there is a 24" diameter area near the supply vent where the popcorn finish is flaking off on the ceiling. 2. Observations revealed that the facility was not free of chronic unpleasant odors. Findings on December 11, 2024: a. MCU Right Hall Spa - the spa is currently not in use and there is a strong unpleasant sewer odor indicating that the traps have dried out.	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.	C 166		

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C 166	Continued From page 3 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 December 11, 2024: a. Room 35 - there was one unsecured oxygen bottle on the floor of the room. This was corrected at the time of survey. 2. Observations revealed that the facility was not maintained free of all hazards. Cords, wires or other equipment running across door entrances create a trip hazard. Findings on December 11, 2024: a. MCU Sitting Room - the left hand exit door to the courtyard had a blow up reindeer mounted on the door and the electric cord was running across the floor in front of the door. The extension cord for the Christmas tree was also running across the floor in front of the door. A chair had also been placed in front of the door to prevent exiting through the door. These items were moved at the time of survey.	C 166		
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	C 189		

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C 189	Continued From page 4 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's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment could not operate properly to suppress a fire. Findings on December 11, 2024: a. There is a pattern of sprinkler heads with corroded escutcheon rings at the exterior porches. 2. Observations revealed that the electrical equipment is not maintained in a safe and operating condition. Findings on December 11, 2024: a. The sconce light outside of Room 20 is missing its globe. b. MCU - the globe is missing on the overhead light between the Living Area and the Sitting Area. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops nor have holes through the surface of the door. Findings on December 11, 2024: a. Room 31 - there are two 1/4" holes through the door above and below the door hardware. b. Hall 4 Spa - there is a 3/4" gap at the top of	C 189		

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C 189	Continued From page 5 the door between the door and the door frame. c. Hall 4 Janitor's Closet - there is a 1/2" gap at the top of the door between the door and the door frame. d. Room 52 - there is a 1/2" gap at the top of the door between the door and the door frame. e. Mechanical Room - there is a 1/2" gap at the top of the door between the door and the door frame. f. Room 55 - there is a 1/2" gap at the top of the door between the door and the door frame. g. MCU Soiled Linen - there are two 1/4" holes through the door above and below the door hardware. 4. 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 could allow fire and smoke to spread beyond the area of origin. Findings on December 11, 2024: a. Bistro - there are cracks in the ceiling on either side of the supply vent over the Kitchen area. b. Soiled Linen - one of the screws on the fan vent is backing allowing the vent to sag and leaving a gap in the fire resistant rated ceiling. c. Laundry - the grille over the dryer is loose leaving a gap in the fire resistant rated ceiling. d. Room 48 - the escutcheon ring has dropped on the sprinkler head leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors with inoperable automatic self closing hardware. Occupants of the facility could be affected if	C 189		

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C 189	Continued From page 6 rooms required to have self closing hardware did not close to limit smoke or the spread of fire to the area of origin. Findings on December 11, 2024: a. Soiled Linen - the closer has been removed from the corridor door so that it no longer automatically closes and latches. 6. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Dryers are to be vented to an exterior location. When the ductwork is disconnected, it creates a build-up of lint and heat creating a fire hazard. Findings on December 11, 2024: a. Laundry - two of the ducts for the residential dryers were disconnected. 7. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on December 11, 2024: a. Basement - the fire extinguisher in the basement was not inspected when the annual servicing occurred. The extinguisher was last inspected in October of 2023. 8. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Freezer doors that do not close and seal can effect the temperature of the food inside.	C 189		

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C 189	Continued From page 7 Findings on December 11, 2024: a. Freezer Unit - ice is building up around the door preventing the door from closing. 9. Observations revealed that the building was not maintained in a safe and operating condition. Findings on December 11, 2024: a. MCU - a blue tarp was draped over parts of the roof. Interview with staff revealed that there were leaks on the flat portion of the roof and they were waiting on repairs. 10. 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 December 11, 2024: a. MCU Room 65 - the door hinge is loose and the door does not latch when closed. b. MCU Room 66 - the door hinge is loose and the door does not latch when closed. 11. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function during a fire. Findings on December 11, 2024: a. MCU Room 69 - the smoke detector is detaching from the base. 12. Based on observation there is a failure to maintain the facility's fire safety equipment in a	C 189		

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C 189	Continued From page 8 safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on December 11, 2024: a. MCU - the right hand door of the cross corridor doors by Room 61 hits the frame and does not close and latch when released by the fire alarm.	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 December 11, 2024:	C 199		

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C 199	Continued From page 9 a. Laundry - the exhaust fan is not working. b. Kitchen Janitor's Closet - the exhaust fan is not working. c. MCU Spa on the right hall - the exhaust fan is not working.	C 199		