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**

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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	This plan of correction is not to be interpreted as an admission of or agreement with the findings and conclusions in the statement of deficiencies dated 12/11/2024 . It is a submission of our ongoing efforts to comply with regulatory requirements. We have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health care services and will continue to make changes and improvements in line with that objective.	
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	The Fire Inspection Vendor, Summit Fire and Security, completed a full inspection of the fire doors On 1/17/25. A kitchen pantry door will be installed by Venture with an estimated completion date of 2/21/25.	1/17/25 2/21/25
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	The exhaust fan was cleaned by the Maintenance Director on 12/12/2024. The Maintenance Director will repair the ceiling where the old leak was identified by 1/17/2025. The Maintenance Director will repair the popcorn finish by the supply vent by 1/17/2025. The Maintenance Director ran water through the traps in the Spa immediately clearing the odor. This will be done on a weekly basis by the Maintenance Director or designee x 4 weeks, and then monthly and documented.	12/12/24 1/17/25 1/17/25 2/17/25
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	The oxygen storage was completed at the time of survey. The ED/designee will educate all staff on safe oxygen storage on 1/22/2025. The resident who manages their own oxygen was re-educated by the Executive Director on 1/15/2025 about safe oxygen storage. The ED/MTD/Designee will audit safe oxygen storage weekly x 4 weeks, bi-weekly x 1 month, and then monthly x 1 month. This will be reported to the CQI committee at the monthly meeting. Cords/hazards were corrected at the time of survey. The ED and the MTD were educated by the National Director of Environmental Services on 1/15/2025 about not using extension cords, and blocking doors.	1/22/25 1/15/25 4/17/25 1/15/25
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	The escutcheon rings will be replaced by Summit on 1/20/2025. The missing sconce light outside of room 20 and in the MCU were replaced by the Maintenance Director on 12/12/2024. The smoke gap failures in the doors will be repaired by the Maintenance Director or designee by 1/24/2025. The holes in the doors will be repaired by the Maintenance Director or Designee by 1/24/2025.	1/20/25 12/12/24 1/24/25 1/24/25

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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	Maintenance Director/Designee will repair all door gaps listed with stop gaps and additional framing will be added to doors by 1/21/25. The cracks around the supply vent in the Bistro will be repaired by the Maintenance Director and/or Designee by 1/24/2025. The fan vent in soiled linen was repaired by the Maintenance Director on 1/9/2025. Laundry grill was corrected by the Maintenance Director on 1/9/2025.	1/21/25 1/24/25 1/9/25 1/9/25

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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	The closer on the door was installed/repaired by the maintenance director on 1/9/2025. The Maintenance Director reattached the dryer vents on 12/12/2024. The inspection vendor was on site 1/17/25 and has inspected the missed fire extinguisher. The Maintenance Director or Designee will perform fire extinguisher checks monthly and document in TELS. The MTD/Designee will audit annual checks of the fire extinguishers in TELS.	1/9/25 12/12/24 1/17/25

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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	The ice was removed by the Maintenance Director on 1/15/2025. The Maintenance Director or designee will remove the tarp on the roof by 1/17/2025. This was there on the flat roof in preparation for the hurricane. There are no active leaks. Maintenance Director/designee will remove items as they are no longer needed for proactive preparations. The door hinges were repaired/replaced by the Maintenance Director/designee on 1/15/2025. The smoke detector will by replace by the vendor, Summit, by 1/24/2025.	1/15/25 1/17/25 1/15/25 1/24/25

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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	The MCU right hand door was repaired by the Maintenance Director/designee on 1/17/2025.	1/17/25
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	HVAC vendor- Venture onsite on 1/16/2025 and repaired exhaust fans. The Executive Director/ Maintenance Director/designee will perform a monthly construction walkthrough of the community and report to the CQI committee monthly.	1/16/25 Ongoing