

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/14/2025
NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117		
(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 Follow Up Survey conducted by Tod Hancock on January 14, 2025. Deficiencies remain uncorrected and a new Plan of Correction is required.	{C 000}		
{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: 7. Based on Observation, the Building was not kept in good repair, because some building components are broken, exposing sharp edges which could potentially cause injury. Findings on January 14, 2025: a. Admin Hall, Smoke Barrier - one of the fire exit hardware devices was missing its end cap. b. 100 Hall, Smoke Barrier - one of the fire exit hardware devices was missing its end cap. c. 200 Hall, Smoke Barrier - one of the fire exit hardware devices was missing its end cap. 9. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on January 14, 2025: a. Admin Hall, Dining Room Porch near Activity Door - the ground-fault circuit-interrupter (GFCI)	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 189}	Continued From page 1 electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed. c. 100 Hall, Porch near Bedroom 108 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed. d. 100 Hall, Porch near Bedroom 128 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed. f. 200 Hall, Porch near Bedroom 207 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed.	{C 189}		