STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060125	A. BUILDING: 01 B. WING _____	R 04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PARC AT SHARON AMITY	4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on April 17, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}	"Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State"	
{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 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 April 17, 2025: a. The maglocks on the exit doors all re-magnetized when the fire alarm system was	{C 101}		

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{C 101}	Continued From page 1 placed in silence mode. b. The hold open devices on the cross corridor doors re-engaged when the fire alarm system was place in silence mode.	{C 101}	The facility will make the following repairs to meet requirements of NFPA 72 a. Maglocks on the exit doors to re-magnetize when the fire alarm system is placed on silence mode b. Hold open devices on the cross corridor to no longer re-engage when the fire alarm system is placed in silence mode	
{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, ceilings and floors were not kept in good repair. Findings on April 17, 2025: a. Computer Room - the exhaust fan grille has been cleaned since previous survey but is collecting dust again. b. Dining - the furniture is hitting the back corner wall and damaging the sheetrock finish. The walls have been painted but the residents are hitting the wall with their chairs leaving scuff marks and gouges in the walls. c. Dining - the concrete threshold at the exit to the courtyard is broken up creating a trip hazard. Some of the broken concrete was removed but the concrete is still cracked and broken at the threshold and where the concrete slopes. d. Chemical Room - the wall has been opened up to repair a leak from above. The wall has	{C 164}	Facility will make the following repairs to the walls, ceilings and floors that were found to not be in good repair in the following areas listed below: a. Computer room- exhaust fan grille needs to be cleaned b. Dining- furniture hitting the back corner wall c.Dining- concrete threshold at the exit to the courtyard is broken creating a trip hazard d. Chemical Room- open area from leak repair g. Employee Bath #2- wall behind the toilet and the coverbase under the sink	

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{C 164}	Continued From page 2 been patched but has not been sanded and painted. g. Employee Bath #2 - the wall behind the toilet is uneven and damaged along the edge of the cove base. The wall has been patched but has not been sanded and painted. The cover base under the sink is falling off of the wall.	{C 164}		
{C 175}	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide each bedroom with the minimum furnishings. Towel bars were not available for each resident. Findings on April 17, 2025: a. Room 104 Bathroom - the towel bar was broken and there were not two bars for two residents.	{C 175}	Facility will obtain the following items to provide each bedroom with the minimum requirements to be complaint with the rule area a. Room 104 bathroom- towel bar	
{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	{C 185}		

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{C 185}	Continued From page 3 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 quarterly fire rehearsal logs did not include a short description of what the rehearsal involved. Findings on April 17, 2025: a. There was not a short description of what the rehearsal involved included on the fire rehearsal logs.	{C 185}	Facility will inservice the maintenance director on the requirements for filling out the fire rehearsal logs to include a short description of what the rehearsal involved. It will be the responsibility of the ED to ensure that this is completed correctly by the designee who performs the fire rehearsal	
{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. Occupants	{C 189}		

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{C 189}	Continued From page 4 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 17, 2025: a. The exit sign outside of the Computer Room did not illuminate on test. b. 100 Hall - the exit sign at the smoke barrier wall by Mechanical/Electrical did not illuminate on test.	{C 189}	Facility will make the following repairs to the community to obtain compliance in the rule area listed to be non compliant in maintaining electrical emergency/safety lighting equipment in safe operating conditions a. The exit sign outside of the computer room b. 100 hall exit sign at the smoke barrier wall by Mechanical/electrical area	
{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 17, 2025:	{C 199}	Facility will repair the following areas to maintain compliance in the rule area listed to be non compliant with maintaining exhaust ventilation a. 100 hall- exhaust fan b. 200 hall- exhaust fan	

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{C 199}	Continued From page 5 a. 100 Hall - the exhaust fans in the resident bathrooms did not appear to be working. b. 200 Hall - the exhaust fans in the resident bathrooms did not appear to be working.	{C 199}	all facility compliance expected: 07/15/25	