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 07/24/2025

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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on July 24, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}	In reference to rule area 10A NCAC 13F .0301: Director of Facility Operations and/or designee will audit all egress doors in AL and SCU to confirm working order of magnetic hold, and release.	08/09/25
{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}	Ongoingly, the Director of Facility Operations and/or designee will conduct tests on a randomized basis to ensure proper compliance of magnetic devices in AL and SCU.	08/22/25

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{C 101}	Continued From page 1 Findings on July 24, 2025: a. The Assisted Living area egress doors, and the SCU entry egress door did not release upon activation of the fire alarm. The fire alarm could not be tested at the time of the follow up survey as no staff were present who were properly trained on testing the system. 4. 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. Magnetic hold open devices for doors in smoke barrier walls or fire walls shall release upon activation of the fire alarm. Findings on July 24, 2025: 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. The fire alarm could not be tested at the time of the follow up survey as no staff were present who were properly trained on testing the system.	{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; (e) This Rule shall apply to new and existing facilities.	{C 164}		

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{C 164}	Continued From page 2 This Rule is not met as evidenced by: 1. Observations revealed that the walls were not kept clean and in good repair. Findings on July 24, 2025: 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 wall.	{C 164}	In reference to rule area 10A NCAC 13F .0306: Director of Facility Operations and/or designee will audit all communal laundry areas to ensure walls are kept clean and in good repair Wall repairs to be completed by vendor to correct, and compliant. Ongoingly, the Director of Facility Operations and/or designee will conduct walk throughs on a randomized basis to ensure proper compliance of walls in communal laundry areas.	09/06/25 09/06/25
{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 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: 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 July 24, 2025: a. Mechanical Front Lobby - an orange foam product was also used around an opening in the ceiling above the water heater. The foam has not been completely scraped away and there is one	{C 189}	In reference to rule area 10A NCAC 13F .0300: Director of Facility Operations and/or designee will audit all mechanical closets and kitchen areas to ensure appropriate fire-resistant product(s) and rated material are in place. a. foam repair/replace to be completed by outside vendor to correct and obtain compliance. c. repair/replace existing panel to be completed to correct and obtain compliance.	09/06/25 09/06/25

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{C 189}	Continued From page 3 new unsealed penetration where copper lines were replaced. 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. 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 July 24, 2025: 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. r. Room 220 Bath - the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. v. Second Floor Housekeeping - there is an unsealed cable bundle. This room was locked at the time of the survey and staff did not have a key available.	{C 189}	n. sprinkler head repair/replace to be completed by outside vendor to correct and obtain compliance. r. sprinkler head repair/replace to be completed by outside vendor to correct and obtain compliance. v. removal of cable bundle complete Ongoingly, the Director of Facility Operations and/or designee will conduct walk throughs on a randomized basis to ensure proper compliance of fire safety systems	09/06/25
{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;	{C 199}		

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{C 199}	Continued From page 4 (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 July 24, 2025: b. Room 101 Bath - the exhaust fan is not working.	{C 199}	In reference to rule area 10A NCAC 13F .0311: Director of Facility Operations and/or designee will audit all residential bathrooms to ensure exhaust fans are in working order. Fan repairs to be completed by vendor to correct, and compliant. Ongoingly, the Director of Facility Operations and/or designee will conduct walk throughs on a randomized basis to ensure proper compliance of ventilation in residential bathrooms,	09/06/25 09/06/25 09/06/25

08/22/25
Dee Mellin : Area ED