

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WALTONWOOD COTSWOLD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5215 RANDOLPH ROAD CHARLOTTE, NC 28211</b>
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on February 16, 2024.</p> <p>This facility was first licensed on August 18, 2016, and is currently licensed for 125 Beds with a 37 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2012 Edition of the North Carolina State Building Code(s), Institutional Occupancy Group I-2, and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>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;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 101	<p>Continued From page 1</p> <p>1. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction or alterations. Findings on February 16, 2024: The Building Code requires the corridor smoke detection coverage to be 15 feet from the end of a corridor and no more than 30 feet on center.</p> <p>a. In multiple places, the corridor smoke detectors were spaced more than 30 feet apart.</p> <p>2. Based on observation and interviews with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the components required and or procedures to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the door(s). Findings on February 16, 2024:</p> <p>a. 2nd FL, MCU-Exit near Nurse Station - the special locked exit door released, allowing you to enter a small corridor. The next exit door in this path of egress was equipped with a battery-operated lock that does not release on fire alarm activation. In addition, the door did not have a local on/off emergency release switch and was not tied into the Special Locking master override switch. Facility Staff installed a metal plate over the door frames strike box, blocking the doors latching function.</p> <p>b. 2nd FL, MCU-Exit near Bedroom 238 - the emergency release switch (push type) did not unlock the door. After a minor repair the switch began working.</p> <p>3. Based on observation, the fire sprinkler system failed to meet the Code requirements in effect at the time of construction or alterations by not having all required areas protected with sprinklers. This could affect all residents, staff,</p>	C 101		

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C 101	Continued From page 2  and visitors if smoke/fire was not contained in the Room of origin. Findings on February 16, 2024: a. 1st FL, Copy Machine Room Closet - there was no automatic fire sprinkler protection in this room.	C 101		
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, corridors were not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on February 16, 2024: a. 1st FL, Corridor to Courtyard - there was an unattended medication cart and chair, obstructing the required six feet wide corridor to four feet and two inches. b. 1st FL, Stair 2 - there was a disassembled bed frame in this stairway obstructing egress.	C 150		
C 154	Entrances/Exits-Wanderer Alarms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door	C 154		

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C 154	<p>Continued From page 3</p> <p>accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on Observation, the facility failed to protect doors that are accessible by residents, with sounding devices that activate when the door opens to prevent wanderers from exiting the building unnoticed.</li> </ol> <p>Findings on February 16, 2024:</p> <ol style="list-style-type: none"> <li>a. 2nd FL, MCU-Nurse Station - this exit door was not equipped with a sounding device that activates when the door was open.</li> <li>b. 2nd FL, MCU-Exit near Bedroom 238 - this exit door was not equipped with a sounding device that activated when the door was open.</li> </ol>	C 154		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <ol style="list-style-type: none"> <li>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</li> <li>(2) have no chronic unpleasant odors;</li> <li>(3) have furniture clean and in good repair;</li> </ol> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p>	C 164		

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C 164	Continued From page 4  1. Based on Observation, the plumbing system was not kept in good repair. Findings on February 16, 2024: a. 1st FL, Breakroom Women Restroom - the commode was not secure to the floor, and the seat was loose.	C 164		
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 door in the fire-resistance -rated vertical enclosure (stairway) was not maintained in a safe and operating condition. This would affect all by not containing fire and/or smoke from entering the enclosure. Findings on February 16, 2024: a. 3rd FL, Stair 1 - the corridor door has a hole around the door lever on the stair side. b. 3rd FL, Stair 2 - the corridor door has a hole around the panic hardware on the house side. c. 2nd FL, Stair 2 - the corridor door has 2 holes in the door on the stair side.  2. Based on observation, the building was not maintained in a safe and operating condition, because the doors protecting the opening in the smoke barrier had a hole that cannot restrict fire	C 189		

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C 189	<p>Continued From page 5</p> <p>and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on February 16, 2024:</p> <p>a. 2nd FL, Corridor near Bedroom 2026 - the cross-corridor double-egress door has a hole in the door.</p> <p>3. Based on observations, the fire-resistance-rated construction enclosures providing protection from Incidental areas were not being maintained in a safe and operating condition by providing one-hour rated fire-resistant-rated construction and 45-minute rated self-closing doors. This could affect all if smoke/flames are not contained to the room of origin. Findings on February 16, 2024:</p> <p>a. 2nd FL, MCU-Laundry to Clean Linen - the door did not have label indicating it was a 45 minute door. b. 2nd FL, MCU-Laundry to Soiled Utility - there was two ½-inch openings in this door.</p> <p>4. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on February 16, 2024:</p> <p>a. 2nd FL, MCU Corridor near Beauty Salon - the exit sign had no chevron directional indicator, punch-out removed to direct you to the right towards the Exit.</p> <p>5. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on February 16, 2024:</p> <p>a. 3rd FL, Mech Room 224 - there was a</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>conduit sealed with orange foam. Orange foam has not been approved for penetration through fire-resistance -rated construction.</p> <p>b. 3rd FL, Theater Room - there was a cable not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>c. 2nd FL, Kitchen-Water Heater Room - there was a gas line not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>d. 2nd FL, MCU Kitchen Pantry Closet- there was a cable not firestopped as it penetrated the wall and then the fire-resistance-rated ceiling assembly.</p> <p>e. 1st FL, Janitor Closet- there was a hole not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on February 16, 2024:</p> <p>a. Exterior, L3 #17 Receptacle - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the unit was tripped.</p> <p>b. 1st FL, Maintenance Office - a multi-plug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. Facility Staff corrected this deficiency before the Construction Surveyor left the site</p> <p>c. 1st FL, Bedroom 1025 Kitchen - when the test button was pushed on a ground fault receptacle tester &amp; circuit analyzer device, the electrical power receptacle, which is within six feet of the sink, did not trip.</p> <p>7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on February 16, 2024:</p> <p>a. 3rd FL, Theater Room - the corridor pair of</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>doors, did not operate correctly. The inactive leaf must close first, then the active leaf.</p> <p>b. 3rd FL, Storage 208 - the corridor door was only equipped with an electrified dead bolt lockset that does not automatically latch into its frame on closing.</p> <p>c. 3rd FL, Storage 203 - the corridor door was only equipped with an electrified dead bolt lockset that does not automatically latch into its frame on closing.</p> <p>d. 2nd FL, Bedroom 2029 - the corridor door did not latch into its frame when closed.</p> <p>e. 2nd FL, Bedroom 2026 - the corridor door did not latch into its frame when closed.</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all if the component does not function and cannot contain smoke/fire in the fire compartment of origin. Findings on February 16, 2024: a. 2nd FL, Dining - the inactive leaf for the pair of corridor doors was equipped with a manual flush bolt. This manual device circumvents the requirement for this door assembly to automatically latch when both leaves are closed.</p> <p>9. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room or compartment of origin. Findings on February 16, 2024: a. 2nd FL, Kitchen-Dishwashing Area - a fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to spread into the attic. b. 2nd FL, Mech Room 181 - the escutcheon</p>	C 189		

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C 189	<p>Continued From page 8</p> <p>plate on the fire sprinkler does not cover the complete hole through the fire-resistance -rated ceiling providing an opening that allows the spread of smoke and heat.</p> <p>c. 2nd FL, MCU Kitchen Pantry Closet - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance -rated ceiling providing an opening that allows the spread of smoke and heat.</p> <p>d. 1st FL, Exterior Courtyard near Gym - the fire sprinkler was missing its escutcheon plate, exposing an opening through the fire-resistance -rated ceiling that allows the spread of fire and smoke.</p> <p>e. 1st FL, Bedroom 1011 Closet - the fire sprinkler was missing its escutcheon plate, exposing an opening through the fire-resistance -rated ceiling that allows the spread of fire and smoke.</p> <p>10. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin.</p> <p>Findings on February 16, 2024:</p> <p>a. 3rd FL, Bedroom 3005 - a wedge was holding the corridor door open. Facility Staff corrected this deficiency before the Construction Surveyor left the site.</p> <p>b. 3rd FL, Bedroom 3019 - a wedge was holding the corridor door open.</p> <p>c. 2nd FL, Dining - a mechanical kick down holder was holding the back corridor door open.</p> <p>d. 2nd FL, Kitchen - a wedge was holding the corridor door open. Facility Staff corrected this deficiency before the Construction Surveyor left</p>	C 189		

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C 189	Continued From page 9  the site. e. 1st FL, Gym - a mechanical kick down holder was holding the corridor door open.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if the heater was the ignition source of a fire. The danger increases if used by residents or combustible material was near. Findings on February 16, 2024: a. 2nd FL, MCU-Special Care Coordinator Office - a portable electric heater was found in this room. b. 2nd FL, Resident Coordinator Manager Office - a portable electric heater was found in this room. c. 1st FL, Leasing Office 114 - two portable electric heaters were found in this room.	C 191		
C 199	Exhaust Ventilation	C 199		

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C 199	<p>Continued From page 10</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0311 OTHER REQUIREMENTS</b></p> <p>(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:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on observation and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on February 16, 2024: <ul style="list-style-type: none"> <li>a. 3rd FL, Soiled Linen - the exhaust ventilation system was not working.</li> <li>b. 2nd FL, Women Public - the exhaust ventilation system was not working.</li> <li>c. 1st FL, Breakroom-Men's Rest Room- the exhaust ventilation system was not working.</li> </ul> </li> <li>2. Based on Observation the facility failed to provide mechanical ventilation for required spaces. Findings on February 16, 2024: <ul style="list-style-type: none"> <li>a. 2nd FL, MCU-Laundry - there was no ventilation system in this room.</li> </ul> </li> </ol>	C 199		