

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2024
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NAME OF PROVIDER OR SUPPLIER CARMEL HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 CARMEL ROAD CHARLOTTE, NC 28226
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(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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on April 24, 2024.</p> <p>This facility was first licensed on June 9, 1983, as a Home for the Aged for Thirty-Eight (38) Beds. We are requiring that this facility to conform to the 1977 Minimum Standards and Regulations for Homes for the Aged and Infirm; the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and the 1978 Edition of the North Carolina Building Code, Section 409- Institutional Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on records review, and interview with the Maintenance Director, the facility has unresolved deficiencies cited in their current annual inspection report(s). Findings on April 24, 2024: a. The Annual "Standard for Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems", NFPA 25 performed on January 15, 2024, listed two deficiencies. There was no documentation provided to indicate that the deficiencies were corrected or identified as recommendations to bring the system up to the</p>	C 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 111	Continued From page 1 current Code.	C 111		
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as	C 116		

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C 116	<p>Continued From page 2</p> <p>built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.</p> <p>This Rule is not met as evidenced by: 1. Based on observations, and interview with Maintenance Director, the facility failed to submit construction documents and specifications for review and approval prior to replacement of the fire alarm panel. Findings on April 24, 2024: a. Entire Building - the fire alarm panel was replaced, and it has not been submitted to DHSR for review and approval.</p>	C 116		
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, and/or interview with the Maintenance Director, corridors were not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on April 24, 2024: a. Yellow Hall, Exit near Bedroom 118- there was a walker, two scales, portable chalk board, and other miscellaneous equipment, obstructing</p>	C 150		

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C 150	Continued From page 3 the required six feet wide corridor to less than two feet. Facility Staff corrected this deficiency before the Construction Surveyor left the site.	C 150		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on observations and interview, not all electrical outlets in wet locations have ground fault interrupters. Findings on April, 24, 2024 a. Yellow Hall, Beauty Shop - three electrical power receptacles, without ground fault protection, were within six feet of the shampoo sink. b. Yellow Hall, Dining - an electrical power receptacle, without ground fault protection, was within six feet of the sink. c. Blue Hall, Front Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was missing its weather resistance cover.	C 188		
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.	C 189		

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C 189	<p>Continued From page 4</p> <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"> 1. 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 April 24, 2024: <ol style="list-style-type: none"> a. Basement, Maintenance Office - the self-contained emergency light did not illuminate on backup power when the test button was pushed. 2. 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 April 24, 2024: <ol style="list-style-type: none"> a. Green Hall, Corridor - the exit sign mounted to the corridor wall between Independent Living and Assisted Living had no chevron directional indicator punch-outs removed, to direct you to the front of the building. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 24, 2024: <ol style="list-style-type: none"> a. Green Hall, Bedroom 104 - a multi-plug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. b. Green Hall, Activity near Bedroom 101 - the electrical panel has an open slot. This allows access to energized components that are not guarded against accidental contact. 	C 189		

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C 189	Continued From page 5 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on April 24, 2024: a. Yellow Hall, Sunroom - the corridor door latches into its frame about fifty percent of the time. Facility Staff corrected this deficiency before the Construction Surveyor left the site. b. Blue Hall, Bedroom 123- when the corridor door was closed, there was a 9/16-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/2 inch for a non-sprinklered building. Facility Staff corrected this deficiency before the Construction Surveyor left the site.	C 189		