

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060176</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MERRYWOOD ON PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3600 PARK ROAD CHARLOTTE, NC 28209</b>
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on August 7, 2025.</p> <p>Records indicate this facility was first licensed on May 5, 1992. The facility is currently licensed for 20 beds. Therefore the facility was surveyed for conformance with the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, applicable portions of the 2025 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1991 Edition of the North Carolina Building Code, Institutional Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 085	<p>10A NCAC 13F .0306(m)(1) Physical Env- Outside Premises, Clean, Safe</p> <p>10A NCAC 13F .0305 Physical Environment</p> <p>(m) The requirements for outside premises are: (1) the outside grounds of new and existing facilities shall be maintained in a clean and safe condition. For the purpose of this Rule, "clean and safe condition" means free from debris, trash, uneven surfaces, and similar conditions as not to attract rodents and vermin and provide for safe movement throughout facility grounds. Creeks, ravines, ponds, pools, and other similar areas shall have safety protection. For the purpose of this Rule, "safety protection" means preventive measures, such as barriers, to block access to such areas;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a safe condition.</p>	C 085		

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

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C 085	Continued From page 1  Findings on August 7, 2025: a. H Hall Exit to Parking Lot - the handrails at the exterior steps are loose.	C 085		
C 088	10A NCAC 13F .0306(a)(1) Housekeeping-Clean and repaired  10A NCAC 13F .0306 Housekeeping And Furnishings  (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings that are clean, safe, and functional; (e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Observations revealed that the walls and furnishings were not maintained clean, safe and functional.  Findings on August 7, 2025: a. Trash Room - there is a heavy accumulation of dust on the through wall exhaust. b. H Hall - the exterior doors have broken trim and the paint is chipped and scratched. The bottom corners of the doors are rusting out on the exterior face.	C 088		
C 092	10A NCAC 13F .0306(a)(5) Housekeeping-Free of Hazards  10A NCAC 13F .0306 Housekeeping and Furnishings  (a) Adult care homes shall:	C 092		

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C 092	<p>Continued From page 2</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility was not maintained free of all obstructions and hazards.</p> <p>Findings on August 7, 2025:</p> <p>a. H Hall - the exit doors to the Courtyard and to the parking lot have a 1 1/2" high trim piece at the interior threshold of the door that creates a trip hazard. There is also a 2" drop on the exterior side of the door creating a trip hazard.</p>	C 092		
C 112	<p>10A NCAC 13F .0309(b)(c) Fire Safety Rehearsals on each Shift</p> <p>10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans</p> <p>(b) There shall be unannounced fire drills of the fire plan conducted quarterly on each shift in accordance with the requirement of the local fire prevention code enforcement official and the 2018 North Carolina Building Code: Fire Prevention Code, which is hereby incorporated by reference and includes all subsequent editions, available at <a href="https://codes.iccsafe.org/content/NCFC2018">https://codes.iccsafe.org/content/NCFC2018</a>.</p> <p>(c) Documentation of fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and local</p>	C 112		

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C 112	Continued From page 3  officials. The records shall include the date and time of the drills, the shift, staff members present, and a short description of the drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Review of records revealed that the fire drill logs did not include a short description of the drill.  Findings on August 7, 2025: a. There was not a short description of what the rehearsal involved included in the fire drill logs.	C 112		
C 121	10A NCAC 13F .0311(a) Building equipment maintained safe, operating  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.  This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.  Findings on August 7, 2025: a. Neither of the cross corridor fire doors closed when the fire alarm was activated. b. The magnetic hold open device on the Living Room door did not release the door when the fire	C 121		

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C 121	<p>Continued From page 4</p> <p>alarm was activated.</p> <p>2. Based on observation the facility's fire safety equipment is not maintained in a safe and operating condition. Accelerators in the off position could indicate abnormal conditions and may delay the operation of the sprinkler system in the event of a fire.</p> <p>Findings on August 7, 2025:</p> <p>a. Riser Room - the accelerator is turned off.</p> <p>3. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire.</p> <p>Findings on August 7, 2025:</p> <p>a. The Fire Alarm Control Panel (FACP) was indicating trouble on the system. There were several smoke/pulls in fault. After testing the alarm, only one fault remained. None of the listed faulty devices were in the Assisted Living facility.</p> <p>b. There is not an FDC label on the fire department connection at the corner outside of the AL entrance.</p> <p>4. 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 could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on August 7, 2025:</p> <p>a. Front Entry Porch - the ceiling is falling in inside the left water heater closet.</p> <p>b. Room B109 - the escutcheon ring on the</p>	C 121		

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C 121	<p>Continued From page 5</p> <p>sprinkler head in the living room has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>c. Room B103 - the escutcheon ring on the sprinkler head near the Kitchen has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>5. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on August 7, 2025:</p> <p>a. Front Living Room - the emergency light behind the door did not illuminate on test.</p> <p>6. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.</p> <p>Findings on August 7, 2025:</p> <p>a. Room B117 - a section of the electrical panel box has open spaces. The spaces have been taped over with electrical tape.</p> <p>7. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes or gaps through the surface of the door.</p> <p>Findings on August 7, 2025:</p> <p>a. Room B107 - there is a 1" diameter hole through the center of the door.</p> <p>8. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition due to sprinkler heads being obstructed could affect occupants in</p>	C 121		

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C 121	Continued From page 6  the fire compartment if the sprinkler head could not suppress a fire.  Findings on August 7, 2025: a. Room B102 - there is paint on the sprinkler head in the front closet which may impede the head's ability to operate during a fire.	C 121		
C 131	10A NCC 13F .0311(g)(1-5) Other-Exhaust ventilation  10A NCAC 13F .0311 Other Requirements  (g) The spaces listed in this Paragraph shall have an exhaust system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: (1) soiled linen storage; (2) soiled utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.  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 of humidity that can cause mildew and prevents the dissipation of odors.  Findings on August 7, 2025: a. Spa - the exhaust fan is not working. b. Several of the resident bathroom fans were not working. Interview with staff revealed that the residents complained about the noise and had the fans unplugged.  2. Based on observation there is not an exhaust ventilation in a space required to have exhaust	C 131		

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C 131	Continued From page 7  ventilation. This could affect the occupants of the facility if odors, fumes or possible air borne contaminates were not exhausted from the building.  Findings on August 7, 2025: a. Laundry - there is not an exhaust fan in the Laundry Room.	C 131		