

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2025
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NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on August 6, 2025.</p> <p>Records indicate the facility was licensed on February 2, 1998. This facility is currently licensed for 120 beds including 30 beds in the SCU. Based on this information, we are requiring the facility to meet the 1996 North Carolina State Building Code Volume I General Construction Reference Section 409.1 Group I - Unrestrained, the 1996 Rules for the Licensing of Adult Care Homes, and applicable portions of the 2025 Regulations for Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 088	<p>10A NCAC 13F .0306(a)(1) Housekeeping-Clean and repaired</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair.</p> <p>Findings on August 6, 2025: a. There is one water stained ceiling tile outside of Room 336.</p>	C 088		

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

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C 088	Continued From page 1 b. Locker Room - six vinyl floor tiles are missing in front of the lockers on the right. A section of the cove base is falling off behind the door. c. AL Dining - the wall around the magnetic hold open device for the right dining door is heavily damaged.	C 088		
C 090	10A NCAC 13F .0306 (a)(3) Housekeeping-Furniture 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture that is 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 furniture was not maintained in a safe and functional manor. Findings on August 6, 2025: a. Beauty Salon - the hinge on the drop down counter of the first sink is damaged and does not support the counter when open.	C 090		
C 092	10A NCAC 13F .0306(a)(5) Housekeeping-Free of Hazards 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;	C 092		

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C 092	Continued From page 2 (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. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on August 6, 2025: a. Storage by Room 326 - there is a cleaning cart parked in front of the electrical panels. b. SCU Storage by Room 118 - there was a med cart stored in front of the electrical panels.	C 092		
C 112	10A NCAC 13F .0309(b)(c) Fire Safety Rehearsals on each Shift 10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans (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 https://codes.iccsafe.org/content/NCFC2018 . (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	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 records did not include a short description of the drill. Findings on August 6, 2025: a. There was not a short description of what the rehearsal involved in the fire drill log records.	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. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on August 6, 2025: a. Room 313 - the door hinges are loose and the door has dropped. It is rubbing on the frame and not closing.	C 121		

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C 121	<p>Continued From page 4</p> <p>b. Employee Break Room - the latch is jammed and the door does not latch when closed. c. Piano Room - the double doors hit at the top and do not close and latch.</p> <p>2. 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 6, 2025: a. Room 301 - the escutcheon ring is missing on the sprinkler head in the closet leaving a gap in the fire resistant rated ceiling. This was replaced at the time of survey. b. Room 333 - the front sprinkler head was missing its escutcheon ring. This was replaced at the time of survey. c. Dining - there is a small hole at the base of the exit sign at the bulkhead near the patio door.</p> <p>3. 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 the fire compartment if the sprinkler head could not suppress a fire.</p> <p>Findings on August 6, 2025: a. Room 301 - there was a layer of dust on the sprinkler head in the bedroom which could cause a delay in the response time for the head. This was cleaned at the time of survey.</p> <p>4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could</p>	C 121		

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C 121	<p>Continued From page 5</p> <p>affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on August 6, 2025:</p> <p>a. The emergency light outside of Room 301 did not illuminate on test.</p> <p>b. The emergency light outside of the Piano Room did not illuminate on test.</p> <p>c. SCU Dining - the emergency light did not illuminate on test.</p> <p>5. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on August 6, 2025:</p> <p>a. Business Office - the door was held open using a wedged device.</p> <p>b. Marketing Office - there is a kickdown attached to the bottom of the door.</p> <p>c. Locker Room - the door was propped open using a wedged device.</p> <p>d. Kitchen Pantry - the door was held open and tied back with a wire hanger. The hanger was removed at the time of survey.</p> <p>e. Piano Room - the door was propped open using a wedged device.</p> <p>6. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition.</p> <p>Findings on August 6, 2025:</p> <p>a. Beauty Salon - the water control knob on the second sink spins loosely and does not control</p>	C 121		

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C 121	<p>Continued From page 6</p> <p>the water temperature.</p> <p>b. Beauty Salon - the faucet at the first sink is loose and pulls out of its fittings.</p> <p>7. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed.</p> <p>Findings on August 6, 2025:</p> <p>a. Kitchen - the cover plate for the electrical outlet outside of the Pantry is missing.</p> <p>8. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could affect all occupants of the facility if the domestic water supply became contaminated.</p> <p>Findings on August 6, 2025:</p> <p>a. Kitchen - the drain line for the icemaker is disconnected below the unit and water is collecting under the unit instead of running down the drain.</p> <p>9. 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 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on August 6, 2025:</p> <p>a. SCU Cross Corridor Doors - the right door did not latch when released by the fire alarm and the latching hardware on the left door has been removed so that it did not latch when released by the fire alarm.</p>	C 121		

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C 121	Continued From page 7 b. Third Floor - the right hand door of the cross corridor doors by Room 321 did not latch when released by the fire alarm.	C 121		
C 131	<p>10A NCC 13F .0311(g)(1-5) Other-Exhaust ventilation</p> <p>10A NCAC 13F .0311 Other Requirements</p> <p>(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:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soiled utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 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. <p>Findings on August 6, 2025:</p> <ul style="list-style-type: none"> a. Spa - the exhaust fan is not working. b. Laundry - the exhaust fan is not working to dissipate humidity and odors. c. There is a general pattern of exhaust fans not working in the service Hall. d. Kitchen Housekeeping - the exhaust fan is not working. 	C 131		