

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/05/2014
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NAME OF PROVIDER OR SUPPLIER
THE PARC AT SHARON AMITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**4025 N SHARON AMITY DRIVE
CHARLOTTE, NC 28205**

(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	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 11-5-2014. Records indicate this facility was first licensed or submitted for licensure on 9-14-1999. The facility is currently licensed capacity for 64 residents. Based on this information, the facility is required to meet the 1996 10 NCAC 42D - Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and the 1996 (w/revisions) North Carolina State Building Code(s) for a Group I - Institutional Unrestrained Occupancy.	C 000		
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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to	C 101		

CONSTRUCTION SECTION
DEC 10 2014
RECEIVED

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Dan Williams
TITLE
Executive Director
(X6) DATE
12/9/14
DATE FORM
0001 Z9RL21
If continuation sheet 1 of 4

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C 101	<p>Continued From page 1</p> <p>properly maintain the Special Locking devices(magnetic locks) as required by NC State Building Code. Special Locking devices that are not working properly could prevent an evacuation to a safe area in an emergency. Findings Include: The Special Locking devices are on all exit doors and on an exit gate that is just outside each exit door. Upon actuation of the building fire alarm system, all the exit doors unlocked but none of the exit gates unlocked.</p> <p>2. Based on review of documents, the most current Fire Alarm inspection, dated 3-19-2014, listed a deficiency that all air handling units failed to shut down on activation of the duct smoke detectors. There was no documentation available to indicate this deficiency had been corrected.</p>	C 101	<p>C 101 # 1</p> <p>The community will ensure that all magnetic locks release in the event of an alarm or test so that there is no prevention to a safe area for an emergency. Magnetic Devices for all doors and gates were serviced and corrected on 11-6-2014, by Warren Enterprise.</p> <p>C 101 # 2</p> <p>The community will ensure that all AHU properly shut down on activation this was corrected on 11-11-2014, by Schneider Electric.</p>	
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation, the ice machine drain line extended into the floor drain. The NC Plumbing Code requires that ice machine drains must not directly contact the floor or floor drain and a minimum of 2 inches of vertical clearance must be maintained between the ice machine drain and the floor or floor drain to prevent contamination.</p>	C 166	<p>C 166</p> <p>The community will ensure the floor drains will have a minimum of 2 inches from the floor to prevent contamination. The ice machine drain was corrected on 11-19-2014.</p>	

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C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</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> <p>1. Based on observation, the cover was tyrapped closed over one of the required emergency release switches at a Special Locking (magnetic lock) device at an exit gate. Tyrrapping a cover closed over an emergency release switch makes that required switch inaccessible.</p> <p>2. Based on observation, the fire alarm system was working during the survey but intermittently indicated a trouble condition. A fire alarm system that is showing a trouble condition cannot be deemed reliable.</p> <p>3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Findings include:</p> <p>a. Both of the one-hour rated attic access doors in the storage rooms on the second floor were found to have been left open. Attic access doors must remain closed when not in use by service personnel.</p> <p>b. Holes in the wall in the closet in room 103.</p> <p>c. Unsealed penetrations in the walls of the mop sink room by a wire.</p> <p>d. Unsealed penetrations in the walls of the corridor adjacent to the mop sink room by a wire.</p>	C 189	<p>C 189</p> <p>10A NCAC 13F. 0311 A / K</p> <p># 1 The community will ensure that all emergency release switches are always accessible in the event of an emergency. This was corrected on 11-5-2014, all exits where checked on 11-5-2014 to maintain compliance.</p> <p>#2 Fire panel systems were corrected on 11-11-2014 by Schnalder Electric.</p> <p>#3</p> <p>a. Both attic access doors where closed on 11-5-2014 and a sign was posted on 11-6-2014 to remain closed at all times when not in use by service personnel.</p> <p>b. Holes in closet in room 103 where corrected on 11-19-2014.</p> <p>c. Unsealed penetrations in the wall of the mop sink room by a wire where corrected on 11-19-2014</p> <p>d. Unsealed penetration in the walls and corridor adjacent to the mop sink by a wire where corrected on 11-17-2014</p>	

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C 189	Continued From page 3 e. Unsealed penetrations in the walls of the ADL office by a wire. f. Holes in the walls and ceiling of the Break room. 4. Based on observation an access door at one of the duct mounted smoke detectors would not open for inspection and cleaning. Sampling tubes that are not periodically inspected and cleaned may cause the duct detector to not work properly in the event of a fire.	C 189	e. Unsealed penetration in the walls of the ADL office by wire where corrected on 11/19/2014. f. Holes in the break room where corrected on 11-19-2014.	
C 147	Corridors-Free Of Equipment & Obstructions IV. The Building C. Physical Environment (10 NCAC 42D .1503) 7. The requirements for corridors are: d. Corridors must be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, there were 2 wheel chairs stored in and obstructing the corridor near the main electrical room. The available width of the corridor was reduced below the 6 ft. minimum to only about 4.5 ft. Obstructed corridors could endanger residents and staff by delaying an emergency evacuation.	C 147	C 147 Community corrected the wheelchairs in the hallway on 11-5-2014 that could delay an emergency evacuation. Staff monitors daily to ensure items are not in the hall providing 6 ft minimum space. All items found during the construction annual survey conduct on 11-5-2014 that where found not in compliance to the rule have been corrected. The community will continue to monitor the physical environment and correct any areas that are not in compliance. All deficiencies where corrected by 11-19-2014. Pate Wilkerson, Executive Director Parc at Sharon Amity 4025 N. Sharon Amity Rd. Charlotte, NC 28205 704-569-9661 : OFFICE 704-569-9662 : FAX	