

PRINTED: 03/18/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2015
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NAME OF PROVIDER OR SUPPLIER THE HAVEN IN HIGHLAND CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 5920 MCCHESENEY DRIVE CHARLOTTE, NC 28269
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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 101	Continued From page 1 Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: Based on observations, the facilities exits are not in accordance with the 1996 North Carolina State Building Code for maximum allowed dead end distance. Dead ends create the possibility that, in the event of an emergency, evacuation is delayed. Findings on 02/05/20145: Each 24/7 manned observation station in the Asheville, Charlotte and Wilmington communities have an on/off emergency release switch that is intended to unlock power to all magnetically locked doors from that 'community' in the path of egress. When the Asheville and Wilmington central on/off switches are utilized, a dead end of greater than 30 feet is created in the main hall that runs from the Ice Cream Parlor to the locked entrance to the Charlotte community. This is not in conformance with the NC Building Code that limits dead end distance in Institutional Occupancy to 30 feet.	C 101	CONSTRUCTION SECTION MAR 20 2015 RECEIVED C101 Removed the magnetic plate From the right side door going Into Charlotte to make it a free Flow door when closed See attached pictures Deficiency Complete	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-	C 166		

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C 000	Initial Comments Report of Biennial Construction Survey by Frank Strickland and Ed Miller on 02/05/2015: Based on Information gathered by DHSR databases, this facility was either first licensed or submitted for licensure on 06/25/1997. Based on this information, we are requiring the facility to meet the 1996 Rules for Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I Unrestrained Occupancy. FACILITY IS LICENSED AS A SIXTY BED SCU. Cited deficiencies have been observed and documented. A Plan of Correction is required.	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,	C 101			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE



EXECUTIVE DIRECTOR

3/16/15

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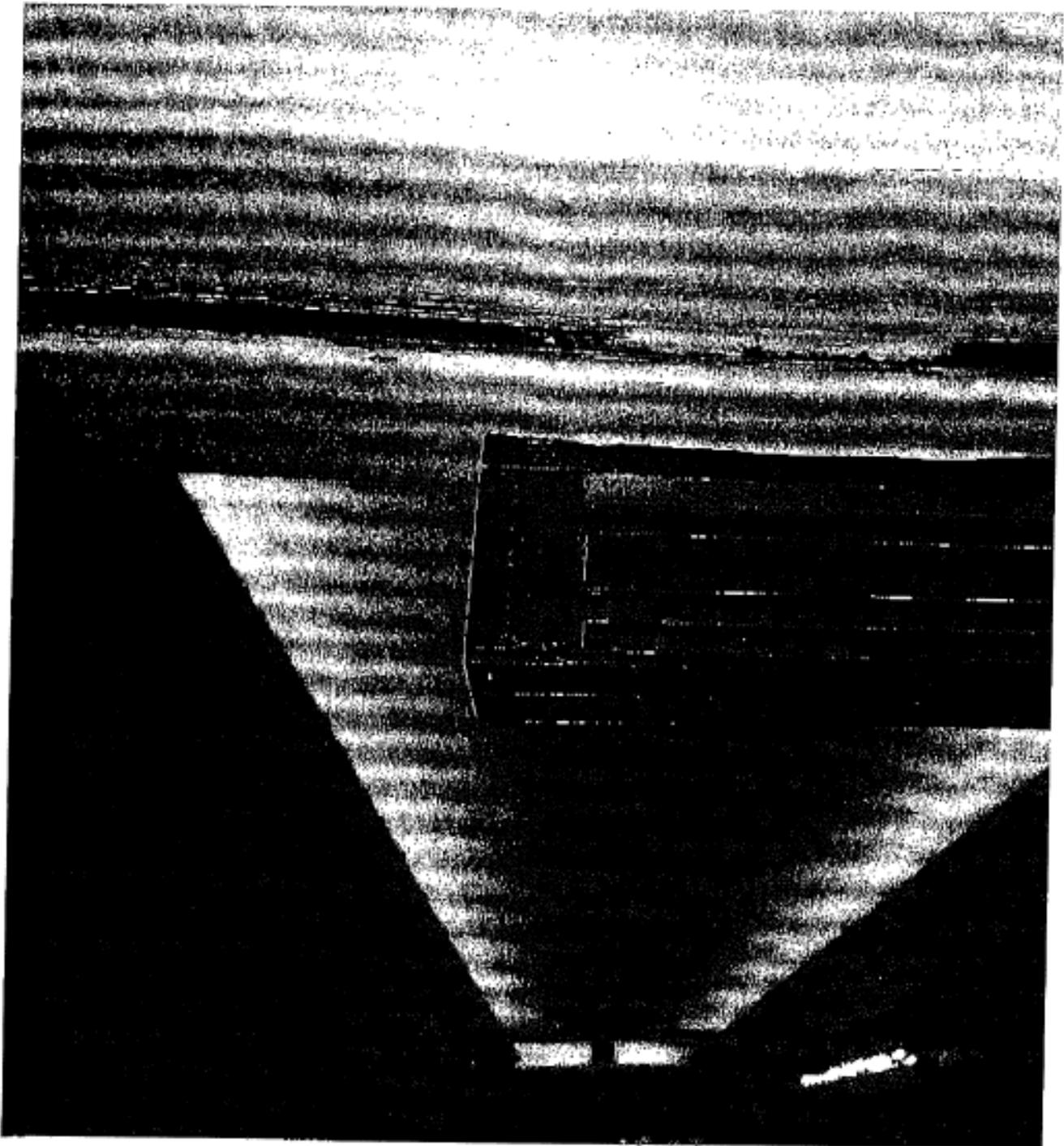
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C 166	Continued From page 2 2-Based on observations, the facility failed to maintain the maintenance and operation of resident room entry doors. This could effect all residents and staff during day to day activities. Findings on 02/05/2015: The entry room door for Room 213 drags on the floor and the lockset is not in place for Room 215 in the Asheville Community. 3-Based on observations, the facility mechanical exhaust system has not been maintained that may effect the residents and staff. Findings on 02/03/2015: All of the mechanical exhaust fan return-air grilles and ductwork collars have particulate build-up located at the faciliaty service spaces. 4-Based on observations, the facility has not maintained in a safe manner the maintenance of the operation of the doors. This may effect residents and staff by not containing smoke and/or fire in the event of an emergency. Findings on 02/03/2015: The door Located at Barbara's Boutique does not latch.	C 166	C166 Room 213 Frame has been adjusted for The door to close properly Deficiency Complete Room 215 Replace the lock set for the Door to close properly To be completed in 30 days 24 April 2015 C166 Return-air grilles have been Cleaned and free of particulate Build-up Deficiency Complete C166 Replace the lock set for the Door to close properly To be completed in 30 days 24 April 2015	

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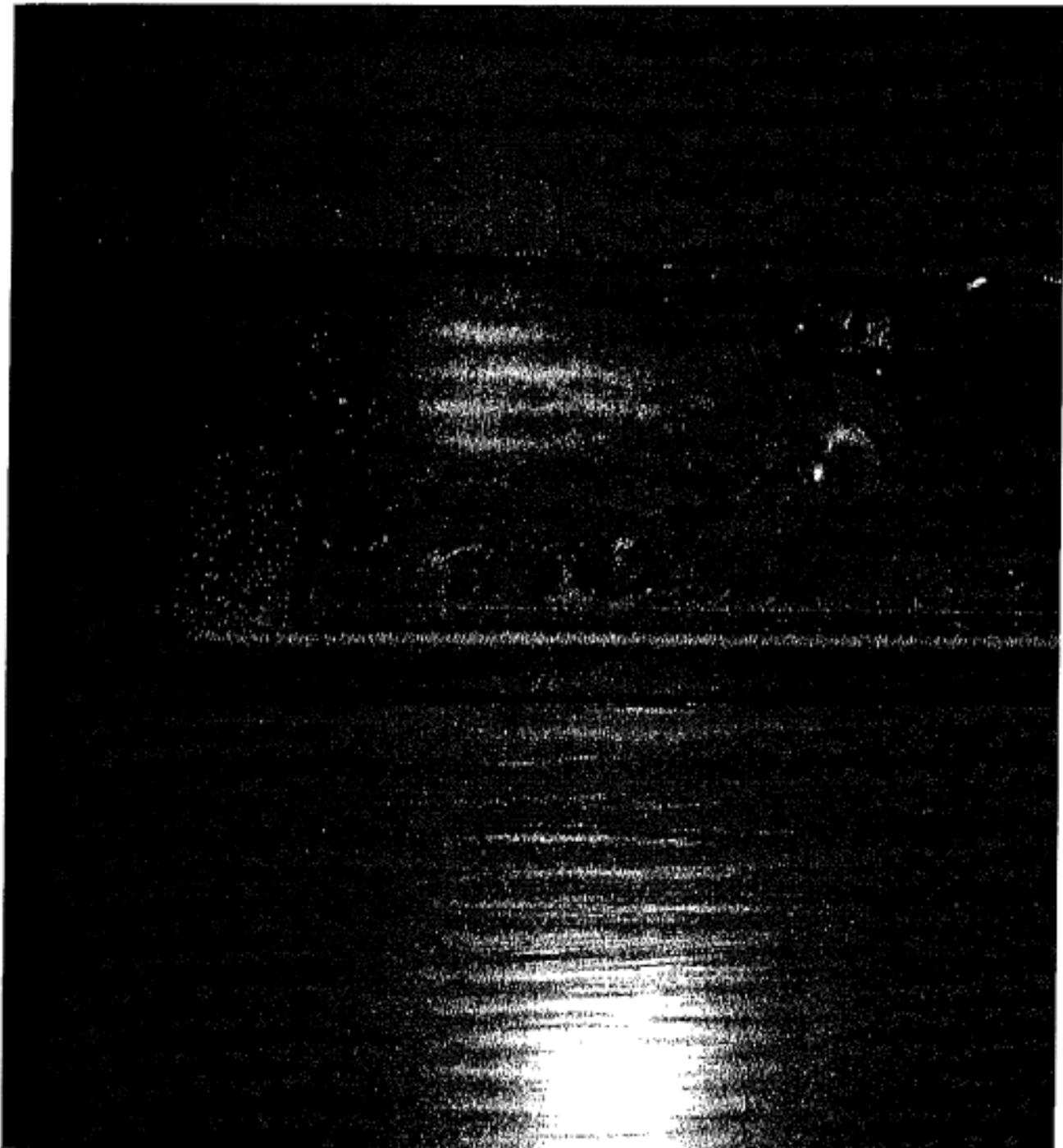
7049573167@pm.sprint.com
Birth: Feb 20, 1975
To: Danberg, Fabrice

Sent from my mobile.



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