

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2015
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NAME OF PROVIDER OR SUPPLIER ATRIA MERRYWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 PARK ROAD CHARLOTTE, NC 28209
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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>This is a Report of a Biennial Construction Survey by Greg Cates on April 22, 2015.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about May 5, 1992 with Twenty (20) resident beds. Based on this information, we are requiring the facility to meet the 1991 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1991 Edition of the North Carolina State Building Code-Section 409 Institutional Occupancy- Group I.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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. (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: 1- Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating.</p> <p>Findings include:</p> <p>a- The emergency light between Rooms B107 and B109 does not illuminate on battery power. b- The EXIT sign located outside Room B113 does not illuminate on battery power.</p>	C 189		

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

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C 189	Continued From page 1 2- Based on observations, the facility has failed to maintain the fire rating of the ceiling. Findings include: a- In the Data Room, there are penetrations in the ceiling that are not protected with fire caulk or another approved fire-stopping method.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to ensure that the mechanical exhaust systems are operating. Findings include: a- The exhaust fans located in the following rooms did not work. Rooms to include but not	C 199		

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C 199	Continued From page 2 limited to: 1- Room B 109 Bathroom 2- Trash room 3- Tub/ Shower Room	C 199		
C 145	Corridors-Handrails IV. The Building C. Physical Environment (10 NCAC 42D .1503) 7. The requirements for corridors are: b. Handrails must be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to provide handrails on both sides on the corridors in accordance with this 1991 Rule. Findings include: a- There is no handrail on the side of the corridor outside Rooms H117, H119, B102, B101, B102, B103, and B105.	C 145		