

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/05/2016
NAME OF PROVIDER OR SUPPLIER PRESTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 HARRIS WOODS BOULEVARD CHARLOTTE, NC 28269		
(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 Frank Strickland on 08/05/2016: Records indicate that the Preston House I facility, originally submitted for licensure on 06/05/1997, and Preston House II, originally submitted for licensure on 10/21/1999, were combined after a Declaratory Ruling on 10/07/2009 and both licenses were consolidated into a single license as an Adult Care 40-bed Special Care Unit, under the existing license number for Preston House I, LLC. Based on this information, we are requiring the facility to meet the 1996 North Carolina State Building Code, Volume I- General Construction 409 special Institutional Occupancies with (1997 revision). Also, the 1996 Rules for the Licensing of Adult Care Homes and applicable portions of the 2005 Regulations for Adult Care Homes. LICENSED 40 BED SPECIAL CARE UNIT Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has not maintained interior doors so that they latch and	C 164	Section .0300 Physical Plant 10NCAC 13F.0306 C 164 Housekeeping and Furnishings-Clean repaired.	

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

Thomas Gordon

TITLE

Administrator

(X6) DATE

9/14/16

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C 164	Continued From page 1 close properly to prevent the passage of smoke. Findings on 08/05/2016: The Attic Storage Room entry door drags on the floor and it not secured at the top door hinge in Preston I Building. 2-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. Findings on 08/05/2016: The exhaust and return-air grilles have excessive particulate build-up located in the Preston I Facility Kitchen.	C 164	1. Interior door at attic will be adjusted so as to not drag on floor. Door to be secured at hinge. Attic doors will be checked q6 mos for proper use. Maintenance will monitor. 2. Supply and return air grilles to be cleaned in kitchen of Preston 1. Cleaning plan will be discussed with maint. and Food Service manager & staff to ensure grilles are cleaned and maintained. Food Service Manager to monitor.	Completion: 9/23/16 Checked q6 mos.
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-Based on observation, the facility has failed to maintain an uncluttered and clean environment in rooms and spaces in the facility. Findings on 08/05/2016: The Attic Mechanical Room that is located in the Preston I Facility has excessive amounts of pipe insulation and related construction debris that are laying all the floor surfaces around the HVAC units in the back corner of the room. This	C 166	C166 Housekeeping- Maintained Free of Hazards	Completion: 9/23/16 Cleaned as needed.

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STATE FORM