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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: 01 B. WING	09/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINT HILL SENIOR LIVING	10830 LAWYERS ROAD CHARLOTTE, NC 28227

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Billy Bryant conducted on September 6 2017. Records indicate that the Facility was first licensed on April 8, 1991. The facility is currently licensed for One Hundred Twenty (120) residents including Sixty (60) Special Care residents. Based on this information, the facility is required to meet the 1991 Minimum and Desired Standards and Regulations for the Licensing of Adult Care Homes; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 514.1- Institutional (I) Occupancy- Unrestrained. A sprinkler system was added in 2006 and is required to meet the 2006 North Carolina State Building Code. Deficiencies were cited that require a Plan of Correction.	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 Observation, and interview with Manager, the facility failed to keep plumbing devices clean and in good repair.	C 164		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Gp Bradley TITLE Executive Director (X6) DATE 11/1/2017

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C 164	Continued From page 1 Findings on September 6, 2017: a. MC Multipurpose Room Restroom - the connection of the commode to the floor was loose.	C 164	The commode is connected to the floor.	9/14/2017
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the building failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on September 6, 2017: a. Most Corridors - there was no mounted evacuation maps since repainting.	C 184	We will locate the evacuation maps and reinstall or produce new ones. Estimated completion: 11/4/2017	
C 189	Building Equipment Maintained Safe, Operating 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	C 189		

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C 189	Continued From page 2 operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff, and visitors if they could not promptly find their way to an exit during an emergency. Findings on September 6, 2017: a. Short Corridor from Loading Dock to 300 Wing - the wall mounted self-contained combination exit sign/emergency light unit did not illuminate on normal power or battery back-up. b. 300 Wing Mech Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 6, 2017: a. Bedroom 115 - an oxygen concentrator and cpap machine is plugged into a power tap. Power taps are not designed for medical equipment. 3. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on September 6, 2017: a. Bathroom 101 - the corridor door did not latch into its doorframe when closed. b. Residents Laundry 100/200 Wing - the corridor door was missing its latch bolt and could not latch into its doorframe. c. Employee Lounge - the corridor door had a wedge holding the door open.	C 189	The wall mounted self-contained combination exit sign has been repaired. The wall mounted self-contained combination emergency light has been repaired. Oxygen concentrator has the correct power. Bathroom 101 door has been repaired. Residents Laundry 100/200 wing corridor door's latch has been installed. The wedge has been taken away.	9/14/2017 9/14/2017 9/14/2017 9/14/2017 9/18/2017 9/18/2017

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C 189	Continued From page 3 4. Based on observation, the Building was not maintained in a safe and operating condition, because the rated doors in a smoke barrier did not close completely and latch in order to contain smoke/fire. This could affect all by not containing smoke/fire in the fire compartment of origin. Findings on September 6, 2017: a. Cross Corridor Door near 100/200 Wing Resident Laundry, - the front leaf of the cross-corridor doors did not latch when the fire alarm hold open devices were released, b. Cross Corridor Door near Beauty Shop, - both leafs of the cross-corridor doors did not latch when the fire alarm hold open devices were released, c. Cross Corridor Door near Bedroom 309, - the back leaf of the cross-corridor doors did not latch when the fire alarm hold open devices were released, d. Cross Corridor Door near Bedroom 309 - the cross-corridor double-egress doors do not have an astragal to provide a smoke tight seal between the meeting edges (¼ inch + gap) of the doors when the fire alarm system released the doors. 5. Based on observation, the building was not maintained in a safe and operating condition meeting the NC Electrical Code because of improper wiring method.. Findings on September 6, 2017: a. Kitchen - the emergency light was wired with exposed connections not enclosed in a junction box, b. Kitchen - the emergency light was plugged into a multi-plug adaptor with attachment electrical power cords, plugged into an electrical power receptacle. c. Bedroom 306 Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power	C 189	The cross corridor door near 100/200 wing has been repaired. The cross corridor door near Beauty Shop has been repaired. Cross Corridor near bedroom 309 will be repaired by our maintenance group. Estimated completion 11/7/2017 Our contracted maintainance group will install the required astragal. Estimated completion date: 11/15/2017 The kitchen emergency light has been repaired. The multi-plug has been eliminated. The GFCI has been replaced.	9/18/2017 9/18/2017 9/18/2017 9/18/2017 9/18/2017

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C 189	Continued From page 4 receptacle did not have electrical power and could not be tested for ground fault. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on September 6, 2017: a. MC Manager Office - the fire sprinkler head was covered over textured ceiling material. b. Bedroom 406 - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 7. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on September 6, 2017: a. MC Manager Office - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Marketing Office - there is a 1 inch x 2 inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. 300 Wing Mech Room - there are gaps around two cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. d. 300 Wing Mech Room - there is an open-ended sleeve with cable bundle penetrating the fire-resistance-rated ceiling assembly not firestopped.	C 189	We have contracted Odyssey Fire to correct this issue. Estimated completion date: 1/15/2017 We have contracted Odyssey Fire to correct this issue. Estimated completion:11/15/2017 The gap around a cable has been caulked with UL Rated Fire Caulk. The 1 inch by2 inch hole has been caulked with UL Rated Fire Caulk. The gaps around two cables have been caulked with UL Rated Fire Caulk. The open ended sleeve with cable bundle has been caulked with UL Rated Fire Caulk.	9/18/2017 9/18/2017 9/18/2017 9/18/2017
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	C 199		

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C 199	Continued From page 6 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 Observation and testing with a thin plastic sheet and interview with Maintenance Tech, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on September 6, 2017: a. Bath near Bedroom 105 - the exhaust ventilation system did not work, and there was odor. b. Bath near Bedroom 114 - the exhaust ventilation system did not work, and there was odor. c. Bedroom 115 Bathroom - the exhaust ventilation system did not work, and there was odor. d. Bedroom 103 Bathroom - the exhaust ventilation system did not work, and there was odor. e. General Storage near Kitchen - the exhaust ventilation system did not work, and there was odor.	C 199	Bedroom 105 the exhaust fan has been repaired. Bedroom 114 the exhaust fan has been been repaired. Bedroom 115 the exhaust fan has been repaired. Bedroom 103 the exhaust fan has been repaired. General Storage exhaust fan has been repaired.	9/18/2017 9/18/2017 9/18/2017 9/18/2017 9/18/2017

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C 199	Continued From page 8 f. Women Public Restroom - the exhaust ventilation system did not work, and there was odor. g. Restroom near Kitchen- the exhaust ventilation system did not work, and there was odor.	C 199	Women Public Restroom exhaust fan has been repaired. Restroom near kitchen exhaust fan has been repaired.	9/18/2017 9/18/2017