Division of Health Service Regulation

FORM APPROVED 07/09/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060154	A. BUILDING: 01 B. WING _____	06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTON HOUSE	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 Biennial Construction Section Survey report by Frank Strickland 06/20/2018: Preston I was originally licensed on 06/05/1997 and Preston House II originally licensDe on 10/21/1999 and were combined after a Declaratory Ruling on 10/07/2009. Consequently, 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 that this facility meet the 1996 North Carolina State Building Code, Volume I- General Construction 409 special Institutional Occupancies with (1997 revision). Also, the 1995 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 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 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. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to	C 189		

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C 189	Continued From page 1 maintain the plumbing equipment in a safe and operating condition. Findings on 06/20/2018: The toilet is not secured to the floor in the Shower Room/Room 114 in Building # 1. 2-Based on observation, this facility has failed to maintain the mechanical/HVAC equipment/components in a safe and operating condition. Findings on 06/20/2018: The return-air grille in the Laundry Room in Building # 1 has excessive particulate build-up. 3-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operating condition. Findings on 06/20/2018: The Front Entry emergency light Building # 2 does not illuminate when tested in the emergency mode.	C 189	The toilet was shimmed, tightened the bolts and re-caulked. All toilets will be checked monthly to assess for need of repair. Will be added to the Preventive Maintenance Program. Removed the air-grille and vacummed and brushed lint out of the return. The air-grille was cleaned and placed back on the ceiling. All air-grilles will be scheduled quarterly to assess need for cleaning. This is part of the Preventive Maintenance Program. House-keeping will use a dust mop on the outside of the air-grilles monthly and as needed. This has been added to their task list. Replaced the Emergency Light in Building #2 with an LED light and exit sign. All Emergency Lights in Building #1 and Building #2 will be checked monthly to ensure that they are working properly. Repair/replace as needed. This is part of the Preventive Maintenance Program.	7/12/2018 7/12/2018 7/12/2018