STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: **01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	**13600 S TRYON ST** **CHARLOTTE, NC 28278**

(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 a Construction Section Biennial Survey by Suzanna Fay conducted on April 16, 2025. Records indicate this facility was first licensed on July 3, 2014. The facility is currently licensed for 90 Beds including a 48 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 2009. Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the corridors free of all equipment and other obstructions. Corridors must maintain six feet clear for egress. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on April 16, 2025: a. There is a small table in the corridor outside of the Beauty Salon that overlaps the door and reduces the corridor width to less than six feet clear.	C 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: 01 B. WING _____	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

(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 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on observation and interview, the facility did not equip each exit with a sounding device on the door that activates when the door is opened when there is at least one resident who is disoriented or a wanderer. Findings on April 16, 2025: a. SCU - the entry door from the lobby does not have a sounding device on the door that is activated when the door is opened.	C 154		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe	C 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: **01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	**13600 S TRYON ST CHARLOTTE, NC 28278**

(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 160	Continued From page 2 condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds are not maintained in a clean and safe condition. Findings on April 16, 2025: a. The grass is overgrown and full of weeds. Interview with staff revealed that they have a contractor coming on Friday.	C 160		
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. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on April 16, 2025: a. The front offices are currently undergoing renovations due to damage from a sprinkler pipe bursting in January. b. There is a stress crack in the corridor ceiling outside of the Guest Toilets. c. Dining - there is a small twelve inch diameter water stain on the ceiling near the door to the	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: **01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	**13600 S TRYON ST CHARLOTTE, NC 28278**

(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 164	Continued From page 3 main corridor. d. Kitchen - the ceiling painting has not been completed from repairs that occurred when a sprinkler pipe burst. e. Kitchen - there is a 3" diameter hole in the wall behind the back door. f. Staff Lounge Bath - there is an excessive amount of dust on the exhaust fan grille and on the radiation damper. g. Riser Room - the wall below the plumbing lines is damaged due to a water leak. The sheetrock is stained and deteriorating and there is a black mildew like substance growing on the wall. h. Laundry - about four feet of the wall between Laundry and Soiled Linen has been removed to replace as it was damaged when a domestic water line burst. The room is currently under repair. i. Back Service Hall -the ceiling is in the process of being painted and the fixtures have not been reinstalled due to repairs from a roof leak. j. 100 Hall Nurses Station - the bulkhead wall is damaged and bulging outward from a roof leak. k. Fire Doors at Room 119 - the laminate floor planks are popping up creating a trip hazard. l. SCU Baby Area - there are gray water stains on the ceiling around the supply vent. m. Room 304 - there was a roof leak in the Bathroom and the ceiling is currently under repair. n. Room 413 Bath - there was fecal matter in the toilet and a food wrapper had been tossed into the toilet bowl. There was fecal matter on the toilet seat. A wad of paper towels with fecal matter was on the back of the toilet. 2. Observations revealed that the furnishings were not kept in good repair.	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: **01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	**13600 S TRYON ST CHARLOTTE, NC 28278**

(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 164	Continued From page 4 Findings on April 16, 2025: a. The end cap on the hand rail outside of the Residential Laundry Room is broken off.	C 164		
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. Observations revealed that the facility was not maintained free of all hazards. Exposed metal brackets can cause injury to the occupants if they rub or brush up against the hard metal edges. Findings on April 15, 2025: a. Room 408 - the towel bar is broken and the metal mounting brackets were left exposed.	C 166		
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)	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: **01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	**13600 S TRYON ST CHARLOTTE, NC 28278**

(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 189	Continued From page 5 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility's fire safety equipment is not maintained in a safe and operating condition. Accelerators in the off position could indicate abnormal conditions and may delay the operation of the sprinkler system in the event of a fire. Findings on April 16, 2025: a. Riser Room - the accelerator has been turned off. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on April 16, 2025: a. Kitchen - a 12" x 12" hole was cut into the ceiling to access the sprinkler pipe when it burst. The new access panel has not been installed at the time of survey. b. Riser Room - the fire caulk has been removed from one of the dry pipe penetrations. c. 100 Hall - a screw is loose on the exit sign near Dining causing the sign to hang and leaving a gap in the fire resistant rated ceiling. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function during a fire.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: **01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	**13600 S TRYON ST CHARLOTTE, NC 28278**

(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 189	Continued From page 6 Findings on April 16, 2025: a. Kitchen - one of the smoke detectors is covered in blue tape to protect it during ceiling repairs and the tape has not been removed. 4. Observations revealed that the electrical equipment is not maintained in a safe and operating condition. Findings on April 16, 2025: a. Food Service Office - the light is out and is yellow from water getting into the fixture. b. Exit by Room 409 - the screamer box for the emergency release is damaged and did not alarm when the cover was lifted. 5. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on April 16, 2025: a. Activity Storage - the grille for the supply vent has fallen off. b. Room 402 - the cover for the PTAC unit was removed and propped against the wall. This was corrected at the time of survey. 6. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on April 16, 2025: a. Dining - the back exit door has a kick down installed.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: **01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	**13600 S TRYON ST CHARLOTTE, NC 28278**

(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 189	Continued From page 7 7. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on April 16, 2025: a. 100 Hall - the exit sign at the cross corridor doors by Room 119 did not illuminate on test. 8. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on April 16, 2025: a. Room 307 - the cover plate for the electrical outlet by the window is missing. 9. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on April 16, 2025: a. Room 415 - the door is not latching when closed. b. Room 404 - the door is not latching when closed. c. Resident Storage East - the storage room is over 100 square feet requiring a closer. The closer was removed so that the door no longer automatically closes and latches. 10. Based on observation there is a failure to	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: **01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	**13600 S TRYON ST CHARLOTTE, NC 28278**

(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 189	Continued From page 8 maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on April 16, 2025: a. The magnet on the left hand door of the 200 Hall doors did not release when the fire alarm was activated. When manually released, the door rubs on the floor and did not close.	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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up of humidity that can cause mildew and slick areas and prevents the dissipation of odors.	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060175	A. BUILDING: **01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF STEELE CREEK	**13600 S TRYON ST** **CHARLOTTE, NC 28278**

(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 199	Continued From page 9 Findings on April 16, 2025: a. AL Spa - the exhaust fan in the toilet room is not working. b. Janitor's Closet #2 - the exhaust fan is not working. c. 200 Hall - the bathroom fans near Dining are not working. d. 300 Hall - the exhaust fans are not working. e. 400 Hall - the exhaust fans are not working.	C 199		