Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING:			
		110646	B. WING	<u> </u>	12/21/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MECKLENBURG COUNTY JAIL CENTRAL			FOURTH ST			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
J 00	Initial Comments		J 00			
		Chris Wood conducted the Brown was the lead				
	per 10A NCAC 14J CONFINEMENT FA was approved for u Carolina State Build occupancy classific design capacity is 1 female beds with a beds. The inspection ended at 1:15 pm. the weather was concluded the control of the	ACILITIES Rules. This building se in 1994 under North ding Code 1991 Edition with an eation of Group I-3. The jail 1642 male beds and 262 total design capacity of 1904 on began at 8:45 am and On the day of the inspection old . Mecklenburg County Jail and Sergeant Michael Angello cuss paperwork and toured				
J 04	10A NCAC 14J .01 Construction (b) An existing jail	03 (b) Applicability- I and II shall meet the	J 04			
	requirements of the	e North Carolina State Building he time of construction,				
	History Note: Au Eff. June 1, 1990; Readopted Eff. Sep	thority G.S. 153A 221; otember 4, 2020.				
	Based on observati	et as evidenced by: ion on the morning of alarm system is not fully ired by this Rule.				
	displaying normal of	The fire alarm panel is not operation. A fault code is condition on the fire alarm				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED	
		110646	B. WING		12/2	1/2021
	PROVIDER OR SUPPLIER	IL- CENTRAL 801 EAS	DDRESS, CITY, S FOURTH ST TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
J 04	panel. 1. Tamper #46 sw 2. Smoke detecto showing fault code. Based on observati 12/21/2021, the spr operational as requ Findings Include: A and test of the Sprii vendor on 3/23/202 Report indicated no system. *The sprinkler syste compliance with the Based on observati fire-fighter's smoke compliance with thi The fire fighter's co the building was no It has been determi deficiency at your ja jeopardizes the safe Findings include: 1.The fire fighter's of displaying normal of AHU 6, AHU 7, and were displaying a fa smoke control pane 2. The fire fighter's displaying normal of exhaust dampers w the fire-fighter's sm * The fire fighters si * The fire fighters si	on on the morning of inkler sysytem is not fully ired by this Rule. It the time of the inspection of the system by a 3rd party 1, the Sprinkler System imerous deficiencies with the emmust be brought into e rule as soon as possible. It is a soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible. It is a soon as possible into e rule as soon as possible into e rule as soon as possible. It is a soon as	J 04			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SUR COMPLETE			SURVEY LETED	
		110646	B. WING		12/2	1/2021
	NAME OF PROVIDER OR SUPPLIER MECKLENBURG COUNTY JAIL- CENTRAL 801 EAS CHARLO					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
J 04	12/21/2021, the fact with this Rule. The Emergency gerfault code. Finding Include: 1.The generator was the auto switch was 2. The generator was low coolant level. Based on observati 12/21/2021, the light adequate illumination required by this Rule. Findings include: Various light fixtures found inoperable ar individual fixtures was assed on observati 12/21/2021, the cloin compliance with light findings include: Findings include:	on on the morning of ility was not in compliance nerator A panel was showing and as showing trouble alarm and is in the off position. The as showing trouble alarm due on on the morning of the system was not providing on in the confinement areas as e. In the stronghout the facility were need or some of the bulbs in were inoperable. In the morning of the stronghout the facility were need on the morning of the stronghout the facility were need to some of the bulbs in the stronghout				
J 37	methods of superviveek. The supplemare: (1) direct two way	O1 (b) Supervision e one or more supplemental sion 24 hours a day, 7 days a mental methods of supervision voice communication; y voice communication;	J 37			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
	110646		B. WING		40/0	4/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	12/2	1/2021
MECKLENBURG COUNTY JAIL - CENTRAL			FOURTH ST			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
J 37	Eff. October 1, 199 Amended Eff. June Readopted Eff. Sep This Rule is not me Based on observat 12/21/2021, the fac with this Rule. Findings Include:	servation; and noce. thority G.S. 153A 221; 0; 1, 1992; otember 4, 2020.	J 37			
J 44	Each jail shall comply with the North Carolina Commission for Public Health rules governing sanitation as codified in Title 15A Chapter 18A Section .1500 and which are hereby adopted by reference pursuant to G.S. 150B 14(c). History Note: Authority G.S. 153A 221; Eff. June 1, 1990; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016. This Rule is not met as evidenced by: Based on records review on the morning of 12/21/2021, the floors in several areas were not in compliance with the following Rule: 15A NCAC 18A .1507 FLOORS (a) All floors shall be so constructed as to be easily cleanable and shall be kept clean and in good repair.		J 44			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
		110646	B. WING		12/2	1/2021
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE		
		801 FAST	FOURTH ST			
MECKLE	NBURG COUNTY JA	II - CENTRAI	TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
J 44	Continued From pa	ge 4	J 44			
	Findings include: Based on records r Local Confinement 7/16/2021, by the M Department it was r areas were not in c Rule: 15A NCAC 18 (a) All floors shall b easily cleanable an good repair. (b) In all areas in w discharged to the fl subjected to floodin be of nonabsorbent drain and be provid Findings include: 1. Pod 1700: The g	eview of the Inspection of Facility Report conducted on Mecklenburg County Health noted that the floors in several ompliance with the following				
	Based on observation 12/21/2021, the fact with the following R VERMIN CONTRO (a) Effective measurables, rodents, and confinement facility or presence on the (b) The premises ushall be kept neat, (c) Unless flies and from the immediate confinement facility	ares shall be taken to keep other vermin out of the local and to prevent their breeding premises. Index control of the custodian clean, and free of litter. In other flying insects are absented vicinity of the local and openings to the outer air				
	such insects by self	protected against entrance of f-closing doors, closed or finer screening, or other				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED	
		110646	B. WING		12/	21/2021
	PROVIDER OR SUPPLIER ENBURG COUNTY JA	II - CENTRAI 801 EAS	DDRESS, CITY, S' T FOURTH ST DTTE, NC 2820	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
J 44	effective means. (d) Only those pest have been approve properly registered Protection Agency and Department of Agric Federal Environment of the "North Card Findings include: Pod 3500: Fruit flied Based on observation 12/21/2021, the fact sanitation rule 15A AND VENTILATION (a) All rooms shall required by the North Code. (c) Ventilation shall required by the North Code. (c) Ventilation equiping good repair. Findings include: Kitchen: 1. The HVAC vents especially in the kittable area. Pods: 1. Pod 5800: HVAC 2. Pod 1700: HVAC 3. Pod 1900: HVAC 4. Pod 3200: HVAC 5. Pod 6300: DD Mac 5. Pod 6300 DD Mac 5. Pod 3600	icides shall be used which ad for a specific use and with the Environmental and with the Environmental and with the North Carolina culture in accordance with the ental Pesticide Control Act" plina Pesticide Law." Is were noted in shower area. Is on on the morning of cility is not in compliance with NCAC 18A .1509 LIGHTING Note well lighted by natural or the provided and installed as the Carolina State Building to ment shall be kept clean and the in the kitchen were dirty, chen above the food preputation. Is vents were dirty. Is vents were dirty.	J 44			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU A. BUILDING: COMPLE				
		110646	B. WING		12/2	1/2021
MECKLENBURG COUNTY JAIL - CENTRAL 801 EAST			DRESS, CITY, S FOURTH S TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
J 44	Based on observati 12/21/2021, the cei in compliance with 18A .1508 WALLS (a) The walls and coshall be kept clean Findings include: 1. Pod 1700: Paint Based on observati 12/21/2021, the fact sanitation rule 15A HANDWASHING A (a) Each cell shall be toilet and handwash individual towels shall be kept clean (b) Each cell block with bathing facilities cleanable and shall Findings include: 1. Pod 4700: Showe 2. Pod 5700: Showe 3. Pod 6300: Upper damaged. 4. Pod 5800: Showe 5. Pod 3500: Showe 10A NCAC 14J .12 and Fasteners	on on the morning of lings in several areas were not the following Rule: 15A NCAC AND CEILINGS eilings of all rooms and areas and in good repair. peeling from walls. on on the morning of ility is not in compliance with NCAC 18A .1510 TOILET, ND BATHING FACILITIES: be provided with access to ning facilities, and soap and all be provided. The fixtures and in good repair. or section shall be provided as which shall be easily be kept clean. er ceiling was damaged. The ceiling was damaged. The shower ceiling was damaged.	J 44			
		ugh to permit the passage of a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COM	(3) DATE SURVEY COMPLETED	
		110646	B. WING		12/	21/2021
NAME OF PROVIDER OR SUPPLIER MECKLENBURG COUNTY JAIL- CENTRAL STREET ADDRESS, CITY, STATE, ZIP CODE 801 EAST FOURTH STREET CHARLOTTE, NC 28202						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
J140	History Note: Aur Eff. June 1, 1990; Readopted Eff. Sep This Rule is not me Based on observati 12/21/2021, the fac with this Rule. Findings include: Pod 5625 DD Max: 1. Segregation Cell was damaged.	thority G.S. 153A 221; otember 4, 2020. et as evidenced by: on on the morning of illity was not in compliance	J140			