



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Richard O. Brajer
Secretary

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

August 05, 2016

Mr. Dwight Darling, Executive Officer
Charlotte Assisted Living (Little Flower) Deleware LLC, Licensee
The Little Flower Assisted Living
8700 Lawyers Road
Charlotte, North Carolina 28227

E-mail addresses: ddarling@plnnacle.com, dbrown@thelittleflower.net

Re: Annual Survey completed August 03, 2016 (ASPEN Event ID: C74G11)
Facility: The Little Flower Assisted Living
Licensure Number: HAL-060-109
County: Mecklenburg

Dear Mr. Darling:

Thank you for the cooperation and courtesy extended during the survey completed August 03, 2016 by staff with the Adult Care Licensure Section and Mecklenburg County Department of Social Services. Enclosed is a copy of the Statement of Deficiencies showing that no deficiencies resulted from the survey. If you have any questions, please contact me at (336) 341-8127.

Sincerely,

A handwritten signature in black ink that reads "H. Ray Peedin, RPH".

H. Ray Peedin, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies

cc: Mr. Mark Rowe, Supervisor/Designee, Mecklenburg County Department of Social Services
Ms. Deloris Brown, Administrator (w/Enclosures and e-mail address: dbrown@thelittleflower.net)
Ms. Carolyn Harrison, Team Supervisor, West 2 Region, Adult Care Licensure Section
Raleigh Facility File

Adult Care Licensure Section

www.ncdhhs.gov

Tel 919-855-3765 • Fax 919-733-9379

Location: Broughton Building, 805 Biggs Drive • Raleigh, NC 27603

Mailing Address: 2708 Mail Service Center • Raleigh, NC 27699-2708

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Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Assistant Secretary for Audit and Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: <http://www2.ncdhhs.gov/dhsr/customerservice.html>
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2016
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NAME OF PROVIDER OR SUPPLIER THE LITTLE FLOWER ASSISTED LIVING RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 LAYWERS ROAD CHARLOTTE, NC 28227
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(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
D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted an annual survey on August 3, 2016.	D 000		
	Based on observation, record review, and interviews with residents and staff, no deficiencies were identified during the survey on August 3, 2016.			

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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