



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](mailto:ddarling@plnnacle.com), [dbrown@thelittleflower.net](mailto: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 cursive script 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](mailto: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](http://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:  <b>HAL060109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/03/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE LITTLE FLOWER ASSISTED LIVING RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8700 LAYWERS ROAD CHARLOTTE, NC 28227</b>
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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	<p>Initial Comments</p> <p>The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted an annual survey on August 3, 2016.</p> <p>Based on observation, record review, and interviews with residents and staff, no deficiencies were identified during the survey on August 3, 2016.</p>	D 000		

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