PRINTED: 11/05/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: 01 B. WING	C 10/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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 Biennial Construction Complaint Survey by Don Schlagle on October 8, 2015 and continued by Ed Miller on October 16, 2015. Records indicated that the facility was first licensed on March 10, 1997. Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", applicable portions of the 2005 Rules for Adult Care Homes, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Unrestrained Occupancy. FACILITY IS LICENSED FOR 125 BEDS (25 BED SCU UNIT) The complaint alleged that the facility had made changes to their locking system for the SCU without getting Construction Sections and the Fire Official's consultation, review and approval. Complaint was substantiated. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where	C 101		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amy Blalock TITLE: Executive Director (X6) DATE: 11/16/15

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C 101	Continued From page 1 no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility's special care unit had locked exits that did not have all the components needed to comply with the 1996 NC State Building Code, Special Locking Section 1012.6. This could affect all residents, staff and visitors if they cannot egress quickly through these lock exits during an emergency. Findings on October 16, 2015: a. Section 1012.6.1. 4. E. requires an "emergency release switch shall be provided for each locked door and located within 3 ft. of the door." There was no emergency release switch provided at the following doors. i. SCU/AL separating interior door, no emergency release switch on either sides. ii. Gate, no emergency release switch on courtyard side. b. Section 1012.6.1. 4. C. requires a wiring diagram and system components map under glass at the fire alarm panel. There was no wiring diagram and system components map at the fire alarm panel. 2. Based on observation, the facility did not meet the NC State Building Code at the time of initial Licensing by not having all required exits with signs and or door swinging in the direction of egress. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on October 16, 2015:	C 101		

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C 101	Continued From page 2 a. The gate from the back courtyard swings into the space instead of out as required.	C 101		

Sunrise Senior Living
Plan of Correction

Name of Community: Brighton Gardens of Charlotte
Address: 6000 Park South Drive, Charlotte, NC 28210
License number: HAL – 060- 019
Inspection date(s): October 8th, 2015 and October 16th, 2015
Name and Title of Sunrise Representative Signing the Plan of Correction:
Amy Blalock, Executive Director
Signature of Sunrise Representative: Amy Blalock
Date of Submission: 11/19/2015

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		A. With respect to the specific resident/situation cited:
Section .0300- Physical Plant 10a NCAC 13f .0301 Application of Physical Plant Requirements	As of 11/17/2015	Residents, team members and visitors have not experienced any negative outcomes.
C101 – Existing Licensed Facility – No Less than '71 rules	11/17/2015	The Senior Maintenance Coordinator contacted the outside vendor to schedule an onsite visit to assess the identified areas of concern regarding adding an emergency release switch to the main entrance door within 3 feet and to add an emergency release switch to the courtyard exit gate.
This Rule is not met as evidenced by: (1) Based on observation, the facility's special care unit had locked exits that did not have all the components needed to comply with the 1996 NC State Building Code, Special Locking Section 1012.6. This could affect all residents, staff and visitors if they	11/18/2015	Outside contractor completed an assessment of work required, provide quote and schedule date of work to be completed. .
	12/15/2015	The Contracted company will install an emergency release switch to the main entrance door within the required 3 feet and add an emergency release switch to the courtyard exit gate by December 15, 2015.
	11/17/2015	The Senior Maintenance Coordinator completed an onsite assessment on the courtyard gate to determine the scope of work required to make the necessary changes in order for the gate to swing out as required. Outside contractor contacted for quote and date of work completion
	12/15/2015	The outside contractor will complete the work required to ensure the gate opens out as required.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
cannot egress quickly through these lock exits during an emergency. Findings on October 16, 2015: a. Section 1012.6.1.4. E. requires an "emergency release switch shall be provided for each locked door and located within 3 ft. of the door." There was no emergency release switch provided at the following doors. i. SCU/AL separating interior door, no emergency release switch on either sides. ii. Gate, no emergency release switch on courtyard side. b. Section 1012.6.1.4 C. requires a wiring diagram and system components map under glass at the front fire alarm panel. There was no wiring diagram and system components map at the fire alarm panel. 2. Based on	11/17/2015	The Senior Maintenance Coordinator placed a wiring diagram and system component map under glass at the fire alarm panel.

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
observation, the facility did not meet the NC State Building Code at the time of initial Licensing by not having all required exits with signs and or door swinging in the direction of the egress. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on October 16, 2015: a. The gate from the back courtyard swings into the space instead of out as required.		
		B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:
	10/16/2015	The Executive Director/Administrator completed a review/test of all exit doors in the Reminiscence Neighborhood (Special Care Unit) with Mr. Ed Miller, Architect with DHSR – Construction Section on October 16th, 2015 and observed all additional exit doors, mag locks and emergency release switches were working correctly.
	11/17/2015 and Ongoing	The Executive Director/Administrator and Maintenance Coordinator complete routine reviews of all exit doors, mag lock and emergency releases to ensure functional operations.
	11/30/2015	.Training will be provided to front line team members once the completion of the additional emergency release switches have been added to the main entry door and the courtyard exit gate

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
		to ensure each team member is aware/capable of operating the door and gate to ensure residents,, team members and visitors can egress quickly through locked exits should an emergency occur. Training will include a re-training of existing emergency release switches located at exit doors and main emergency release switch located in the Medication Care Manager office located approximately 12 feet of the main entrance door.
	11/30/2015 and Ongoing	**C. With respect to what systemic measures have been put into place to address the stated concern:** The Executive Director/Administrator, Maintenance Coordinator and Reminiscence Coordinator will conduct routine reviews as a component of he preventative maintenance program of all exit doors, mag locks and emergency releases to ensure functional operations. .
		D. With respect to how the plan of correction will be monitored: The Executive Director or designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur. The Executive Director or designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement Meetings and action initiated if required.

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