STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060085	A. BUILDING: 01 B. WING _____	05/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	5326 PARK ROAD CHARLOTTE, NC 28209

(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 Biennial Construction Survey by Frank Strickland 05/5/2016: Records indicate that this facility was first licensed as a Home for the Aged on 06/03/1997. The facility is currently licensed for 56 SCU beds. Based on this information, we are requiring that this facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations and the applicable portions of the 2005 Rules for Adult Care Homes. The facility must meet the 1996 Edition of the North Carolina State Building Code-Section 409.1 Group I, Institutional Unrestrained Occupancy. There were deficiencies cited and a Plan of Correction is required.	C 000	All item to be corrected by 8/31/2016 The following is the Plan of Correction for Brookdale South Park. This Plan of Correction is in regards to the Statement of Deficiencies dated 05/05/2016. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.	C 116		

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C 116	Continued From page 1 (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1-Based on observations and conversation with the administrator, the facility altered their exiting without submitting Construction Documents for review and approval resulting in an installation that does not comply with the NC Building Code. Findings on 05/05/2016: • There is a fenced courtyard that surrounds the facility but is not large enough to provide a safe area of refuge for residents in the event of a fire thus, the gates are part of the exit. Each exit gate has a magnetic lock that was installed, per the Administrator, on 08/01/2015. There is no record	C 116		

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C 116	Continued From page 2 of submitting Construction Documents for review. Additionally, the installations do not meet the Building Code requirements for an emergency release switch to be provided within 3 feet of each magnetically locked exit. The installations also do not meet the Building Code requirements for an on/off emergency release switch(es) at Nurse's stations.	C 116	Facility to contact emergency maintenance company to receive quote on installing emergency gate release keys on both gate doors. Completed on 5/30/2016 Installation to be completed by 7/31/16	
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-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. • Findings on 05/05/2016: The exhaust grilles have excessive particulate build-up at the following locations: (a) Return-air in the Country Lane Community (b) Return-air in the Garden Path Community (c) Return-air in the Cottage Place Community (d) Return-air in the Boat House Community (e) Return-air in Main Kitchen w/grease • 2-Based on observation, the facility has failed to maintain the counter-tops in service areas.	C 166	Facility to contract ServePro to provide deep initial duct work cleaning and facility to then have duct work inspected on a yearly basis to ensure compliance. In addition, filters will be replaced monthly. Completed on 6/2/2016 Cleaning to be completed by 7/14/16	

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C 166	Continued From page 3 Findings on 05/05/2016: Kitchen counter-tops have broken edges and laminate has come unglued that are located at the following locations: (a) Country Lane Community (b) Garden Path Community (c) Cottage Place Community (d) Boat House Community 3-Based on observations, the facility has failed to maintain the HVAC ductwork. This could effect all residents and staff by not providing clean air distribution . Findings on 05/05/2016: (a) AHU #8 has excessive particulate grease/particulate build-up on the internal duct insulation. (b) AHU #9 has excessive particulate build-up on the internal duct insulation.	C 166	Facility to receive quotes from various Contractors as it pertains to replacing Kitchen counter-tops in all four Neighborhood kitchens. In addition, Facility is receiving quotes to replace Cabinets in kitchen areas. Installation will be completed by 8/31/16	
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) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained in a safe manner of penetrates	C 189		

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C 189	Continued From page 4 through the roof/ceiling assembly. This will affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 05/05/2016: There are ceiling penetrations through the roof/ceiling assembly located at the following locations that are not sealed with a fire-rated material: (a) Electrical conduits above the main FACP located in the Garden Communitiy. (b) Refrigerant lines in the Mech/Sprinkler Riser Room located in the Gardern Community. 2-Based on observations, the facility fire protection equipment incorporated in the HVAC system was not maintained in a safe manner. This could effect all residents and staff by not providing full detection of smoke in the facility. Findings on 05/05/2016: The sampling tubes have excessive particulated build-up which effects the detection of smoke for the duct detectors in the following air-handler units at the following locations: (a) Country Lane Community Mechanical Room (b) Garden Path Community Mechanical Room (c) Cottage Place Community Mechanical Room 3-Based on observation, the facility has failed to maintainnd the operating condition of interior doors to contain in an event of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire. Findings on 05/05/2015: The entry door to Resident Room 31/Cottage Place Community has a gap at the top of the door when latched that does not prevent the passage	C 189	Maintenance Director to repair using Fire caulk. Completed on 5/30/16 Maintenance Director to clean sampling Tubes and inspect on a quarterly basis. Cleaning will occur as needed. To be completed 6/30/16 Maintenance Director to audit all doors And ensure proper gap closure in order to be compliant with state and fire policies. Audit to be completed by 6/30 and will Remain ongoing	

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C 189	Continued From page 5 of smoke.	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-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 05/05/2016: The mechanical exhaust fans are not exhausting interior air in the following locations: (a) Garden Path Community Bathrooms (b) Cottage Place Community Bathrooms (c) Mop Sink Closet in the Garden Path Community	C 199	Facility to contact vendors in orders to Receive quotes as it relates to fixing Exhaust systems in the three areas noted Quotes received 6/10 Repair to be completed by 7/31/2016	