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 _____	08/04/2016

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 Biennial Construction Survey by Frank Strickland and Ed Miller on 08/04/2016: Records indicate that this facility was first licensed for licensure on 03/10/1997 and is currently LICENSED FOR 125 BEDS (25 BED SCU UNIT). 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. Deficiencies were cited and a Plan of Correction is required.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to provide an environment in accordance with this Rule by not preventing odors due to unsuccessful housekeeping practices. This could affect the resident and supporting staff by subjecting them to odor and unclean conditions. Findings on 08/04/2016:	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

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C 164	Continued From page 1 The floor carpet and sitting furnishings were stained, dirty and had odors in Room 316. 2-Based on observations, this facility has failed to maintain the finish surfaces of walls and ceilings. Findings on 08/04/2016: The accoustical ceiling tile is stained due to a plumbing leak from the room that is located in the Seating Room on the First Floor.	C 164		
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 observations, this facility has failed to maintain corridor access panels in a safe manner. This condition could harm residents, staff or guests. Findings on 08/04/2016: The fire extinguisher cabinets (#18 & #25) that are located on the second and third floor corridors have broken handles with exposed sharp edges. 2-Based on observation, the facility has not maintained the plumbing fixtures in a safe condition that would prevent contaminated water from being siphoned into potable water system. This will effect all residents and staff.	C 166		

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 _____	08/04/2016

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 166	Continued From page 2 Findings on 08/04/2016: The hair wash sink located in the Bathique on the Second Floor does not have a vacuum breaker.	C 166		
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 observations, this facility has failed to provide fire protection in all rooms and spaces. This condition could lead to an emergency event if fire detection or suppression is not present. Findings on 08/04/2016: The mechanical closets located in the Care Stations on the second & third floors do not have sprinklers installed for fire protection per NFPA 13 2-Based on observation, the facility has not maintained in a safe and operating condition of interior doors. This could affect all residents and staff in the event of a fire. Findings on 08/12/2015: The Storage Room, Main Mechanical Room and Salon that are located on the First Floor have doors that do not latch due to hardware that has	C 189		

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 _____	08/04/2016

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

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C 189	Continued From page 3 been either removed or is broken to prevent the migration of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire. 3-Based on observation, the facility was not maintained in a safe manner due penetrations in the ceiling construction. This could 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 08/04/2016: There are 2 inch EMT conduits that are penetrating the floor assemblies below and above in Electrical/Communication Closets on the Second Floor that are not sealed. 4-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Findings on 08/04/2016: The emergency wall light that are located outside the following rooms did not illuminate when tested in the emergency mode: (a) Room 231 (b) Room 320 (c) Room 331	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	C 199		

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 _____	08/04/2016

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 199	Continued From page 4 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, the 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 08/04/2016: No mechanical exhaust ventilation has been provided at the following locations: . (a) Janitor Closet-First Floor (b) Main Laundry Room-First Floor (c) Laundry Room-Third Floor	C 199		

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): 08/04/2016
Name and Title of Sunrise Representative Signing the Plan of Correction:
Amy Blalock, Executive Director
Signature of Sunrise Representative: *Amy Blalock, Executive Director*
Date of Submission: **10/30/2016**

Regulation	Target Date by Which Correction will be completed	Plan of Correction
C 164 Housekeeping and Furnishings-Clean, Repaired **SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0306 This Rules is not evidence by:** **1-Based on observations, this facility has failed to provide an environment in accordance with this Rule by not preventing odors due to unsuccessful housekeeping practices. This could affect the resident and supporting staff by subjecting them to odor and unclean conditions.** **Findings on 08/04/2016: The floor carpet and sitting furnishings were stained, dirty and had odors in Room 316.** **2-Based on**	08/04/2016 08/05/2015 08/05/2016	**A. With respect to the specific resident/situation cited:** Residents and team members have not experienced any negative outcomes. The carpet and sitting furnishings were cleaned in room 31 resulted in eliminating odors present at time of inspection. The stained acoustical ceiling tile located in the seating room on the first floor was replaced.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
observations, this facility has failed to maintain the finish surfaces of walls and ceilings. **Findings on 08/04/2016: The acoustical ceiling tile is stained due to a plumbing leak from the room that is located in the Seating Room on the First Floor.**		
		B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:
	08/08/2016	Weekly room cleaning will be conducted in each resident's room by the housekeeping team. The housekeeper will evaluate the suite for carpet and furnishing cleanliness. Areas identified for additional cleaning will be identified on the daily room cleaning check list and provided to the Maintenance Coordinator.
	08/08/2016	The Housekeeping team has been trained by the Maintenance Coordinator on their reporting responsibilities.
	08/08/2016	Care Managers evaluate the resident(s) suites daily to ensure successful housekeeping has been completed weekly and room cleanliness maintained. In the event additional services are required a request will be documented in the maintenance log.
		C. With respect to what systemic measures have been put into place to address the stated concern:
	08/08/2016	The Maintenance Coordinator and/or designee will review the maintenance log daily and take action necessary to address concerns noted.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	08/08/2016 08/08/2016 – Ongoing	The Maintenance Coordinator and/or designee will review the daily housekeeping checklist and take action to address any areas of concerns noted. Maintenance will routinely walk the building to ensure and resolve any findings. Executive Director will conduct joint rounds with the Maintenance Coordinator on a periodic basis.
	  08/08/2016 – Ongoing 08/08/2016 - Ongoing	**D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for ensuring implementation and 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.
C 166 Housekeeping – Maintained Free of Hazards **SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS** **This Rule is not met as evidence by:** **1-Based on observations, this facility has failed to maintain corridor access panels in a safe manner. This condition could harm residents, staff or guests.**	 08/04/2016 08/05/2016 08/15/2016	**A. With respect to the specific resident/situation cited:** Residents, team members or guest have not experienced any negative outcomes. The fire extinguisher cabinets (#18 & #25) located on the second and third floor handles were replaced. The Maintenance Coordinator installed a vacuum breaker in the tub located in the second floor bathique.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Findings on 08/04/2016: The fire extinguisher cabinets (#18 & # 25) that are located on the second and third floor corridors have broken handles with exposed sharp edges. **2 – Based on observation, the facility has not maintained the plumbing fixtures in a safe condition that would prevent contaminated water from being siphoned into potable water system. This will affect all residents and staff.** **Findings on 08/04/2016: The hair wash sink located in the Bathique on the Second Floor does not have a vacuum breaker.**		
	08/11/2016 08/26/2016	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The Maintenance Coordinator completed an inspection of each fire extinguisher cabinet to ensure they were maintained in a safe manner. The Maintenance Coordinator and assistant completed a community walk-through to ensure plumbing fixtures are maintained in a safe condition that would prevent contaminated water from being siphoned into potable water system.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	08/26/2016 – Ongoing	**C. With respect to what systemic measures have been put into place to address the stated concern:** The Maintenance Coordinator and assistant will routinely complete a community walk-through to ensure plumbing fixtures are maintained in a safe condition that would prevent contaminated water from being siphoned into potable water system. Necessary action will be taken to address any area of noted concern.
	08/26/2016 09/28/2016	**D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for ensuring implementation and 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.
C 189 Building Equipment Maintained Safe, Operating **SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS** **This Rule is not met as evidenced by:** **1 – Based on observations, this facility**	08/04/2016 08/04/2016 08/05/2016	**A. With respect to the specific resident/situation cited:** No emergency event has occurred as a result of the care stations on the second & third floors not having sprinklers installed. Residents, team members and visitors have not experienced any negative outcomes. Sprinklers were installed by an outside contractor (Simplex) in the Care Stations on the second and third for fire protection per NFPA 13.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
has failed to provide fire protection in all rooms and spaces. This condition could lead to an emergency event if fire detection or suppression is not present. **Findings on 08/04/2016: The mechanical closets located in the Care Stations on the second & third floors do not have sprinklers installed for fire protection per NFPA 13** **2-Based on observations, the facility has not maintained in a safe and operating condition of the interior doors. This could affect all residents and staff in the event of a fire.** **Findings on 0804/2016: The Storage Room, Main Mechanical Room and Salon that are located on the First Floor have doors that do not latch due to hardware that has been either removed or is broken to prevent the migration of fires and/or smoke from the room or origin. This could affect all residents and staff in the event of a fire.** **3-Based on observations, the facility was not maintained in a safe manner due penetrations**	09/08/2016 08/24/2016 08/04/2016	The storage room, main mechanical room and salon located on the first floor doors hardware was replaced to prevent the migration of fires and/or smoke from the room of origin. The Maintenance Coordinator sealed with fire caulk the 2 inch EMT conduits that are penetrating the floor assemblies below and above in Electrical/Communication Closets on the second floor. The Maintenance Coordinator replaced bulbs in the emergency wall light located outside of (a) room 231, (b) room 320 & (c) room 331.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
in the ceiling construction. This could 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 08/04/2016: There are 2 inch EMT conduits that are penetrating the floor assemblies below and above in Electrical/Communication Closets on the Second Floor that are not sealed.** **4-Based on observations, this facility has failed to maintain in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage.** **Findings on 08/04/2016: The emergency wall light that are located outside the following rooms did not illuminate when tested in the emergency mode: (a) Room 231 (b) Room 320 (c) Room 331**		
		B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:
	09/01/2016	The Executive Director, and Coordinator's will routinely complete community walkthroughs and document any areas of concern in the Maintenance Log.
	09/01/2016	The Maintenance Coordinator and/or designee will

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		review the maintenance log daily and take action necessary to address concerns noted.
		C. With respect to what systemic measures have been put into place to address the stated concern:
	09/01/2016 – Ongoing	The Maintenance Coordinator will complete monthly testing of emergency lighting to ensure each is maintained in a safe and operating condition.
	09/01/2016 - Ongoing	The Maintenance Coordinator will routinely walk the building to ensure and resolve any findings. Executive Director will conduct joint rounds with the Maintenance Coordinator on a periodic basis.
		D. With respect to how the plan of correction will be monitored:
	08/26/2016	The Executive Director or designee is responsible for ensuring implementation and compliance with all components of this plan of Correction and addressing and resolving any variance that may occur.
	09/28/216	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.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
C 199 Exhaust Ventilation **SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS** **This Rule is not met as evidenced by;** **1-Based on Observation, the 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 08/04/2016: No mechanical exhaust ventilation has been provided at the following locations; (a) Janitor Closet – First Floor (b) Main Laundry Room – First Floor (c) Laundry Room – Third Floor**	08/04/2016 Expected Completion 11/01/2016	**A. With respect to the specific resident/situation cited:** Residents and team members have not experienced any negative outcomes. Mechanical exhaust ventilation systems have not been present in the identified areas since the community was licensed for licensure on 03/10/1997. Bids have been secured from outside contractors regarding the installation of the exhaust ventilation system and required roofing needs. Mechanical exhaust ventilation will be provided at the following locations; (a) janitor closet – first floor, (b) main laundry room –first floor and (c) laundry room – third floor.
	09/01/2016 09/01/2016	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The Executive Director, and Coordinators will routinely complete community walkthroughs and document any areas of concern in the Maintenance Log. The Maintenance Coordinator and/or designee will review the maintenance log daily and take action necessary to address concerns noted.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	09/01/2016	**C. With respect to what systemic measures have been put into place to address the stated concern:** The Maintenance Coordinator will routinely walk the building to ensure and resolve any findings. Executive Director will conduct joint rounds with the Maintenance Coordinator on a periodic basis.
	08/26/2016 09/28/2016	**D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for ensuring implementation and 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.

Regulation	Target Date by Which Correction will be completed	Plan of Correction

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.