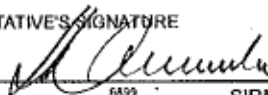


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/26/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE CARRIAGE CLUB PROVIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5802 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226		
(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 Construction Section Biennial Survey Report by Frank Strickland and Ed Miller on 01/26/2017: This facility was first licensed on 07/18/1996. Therefore, we are requiring that this facility meet the 1996 "Regulations for Homes for the Aged and Disabled ; Minimum standards and Regulations and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code Volume I - Section 409 Institutional Occupancy (Group I). FACILITY IS LICENSED FOR 108 BEDS. 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 maintain the construction of fire-rated exit passage ways. The could affect all residents and staff by not containing fire and/or smoke in the fire compartment or room of origin. Findings on 01/26/2017: The Lower Lever East Stair Tower has interior	C 164	The following is the Plan of Correction for Brookdale Carriage Club Providence regarding the Statement of Deficiencies dated 01/26/2017. 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 a 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. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective. 10A NCAC 13F .0306 Housekeeping and Furnishings An inspection has been performed of other similar areas and found to be in compliance. The Lower Level East Stair Tower repair work has been contracted to an Independent Contractor. Maintenance technician will perform preventative maintenance checks monthly for two months. To assist with compliance Director of Maintenance or designee will review monthly over next two months. Scheduled work will be completed by 4/15/2017.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
ALD

(X6) DATE
4/10/2017

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/26/2017
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C 164	Continued From page 1 wall construction is damaged due to water migration.	C 164		
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 maintain the physical condition of interior/exterior doors to resist the passage of smoke and/or fire. The could affect all residents and staff by not containing fire and/or smoke in the fire compartment or room of origin. Findings on 01/26/2017: The Lower Level Dining Room entry doors have a 1/2" gap between the doors that do not resist the passage of smoke. 2-Based on observations, this facility has failed to maintain in a safe manner the operation of the fire-rated doors in the stair towers. The could affect all residents and staff by not containing fire and/or smoke in the fire compartment or room of origin. Findings on 01/26/2017: The Lower Lever East Stair Tower has an exterior	C 189	10A NCAC 13F .0311 Other Requirements Maintenance Technician has inspected similar other areas and noted them to be in compliance. Lower level dining room entry doors have been adjusted accordingly to resist the passage of smoke. Lower Level East Stair Well exit door and frame to be replaced. Work to be completed 4/15/2017. Warming Kitchen ice machine drain line has been raised to a height of 6" above the floor drain. Maintenance technician will monitor height of floor drain and door gap monthly for two months. To assist with compliance the Director of Maintenance or Designee will inspect over next two months. Completion date for all other areas by 3/15/2017.	

Division of Health Service Regulation

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C 189	Continued From page 2 exit door and frame that are rusted and the door does not close securely to hollow metal frame due to water migration. 3-Based on observations, the facility has not maintained the plumbing piping in a safe manner by not complying with the North Carolina Plumbing Code. This may affect all residents, staff and facility guests. Findings on 01/26/2015: The Warming Kitchen ice machine drain line is only 3/4 inch above the floor drain and a minimum 2 inch clearance is required.	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	C 199	10A NCAC 13F .0311 Other Requirements All other similar areas have been inspected and noted to be in compliance. Exhaust Ventilation is now active in the:- A) Lower Level Mop sink closet and B) Lower Level Shower Room Maintenance Technician will monitor exhaust flow monthly for two months. To assist with compliance the Director of Maintenance or Designee will review over next two months. Completion date by 3/15/2017.	

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C 199	Continued From page 3 generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 01/26/2017: The mechanical exhaust fans are not exhausting interior air in the following location(s): (a) Lower Level Mop Sink Closet (b) Lower Level Shower Room	C 199		