

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL060049</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                               | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/26/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CARRIAGE CLUB PROVIDENCE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5816 OLD PROVIDENCE ROAD<br/>CHARLOTTE, NC 28226</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                         | Initial Comments<br><br>Construction Section Biennial Survey report by<br>Frank Strickland on 05/26/2017:<br><br>The facility was licensed for licensure on<br>12/30/1997 for Thirty-Four (34) Special Care<br>Resident Beds. Based on this information, this<br>facility is required to meet the 1996 Homes for the<br>Aged and Disabled- Minimum Standards and<br>Regulations; the 1996 Edition of the North<br>Carolina State Building Code, Section 409.1-<br>Group I - Institutional Unrestrained Occupancy;<br>and the applicable portions of the 2005 Rules for<br>Licensing of Adult Care Homes of Seven or More<br>Beds.<br><br>Deficiencies have been cited and a Plan of<br>Correction is required.                                                                                                                                                                                                    | C 000                                                                                            |                                                                                                                          |                                                        |
| C 101                                                                         | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF<br>PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult<br>care home shall be applied as follows:<br>(2) Except where otherwise specified, existing<br>licensed facilities or portions of existing licensed<br>facilities shall meet licensure and code<br>requirements in effect at the time of construction,<br>change in service or bed count, addition,<br>renovation, or alteration; however in no case shall<br>the requirements for any licensed facility where<br>no addition or renovation has been made, be less<br>than those requirements found in the 1971<br>"Minimum and Desired Standards and<br>Regulations" for "Homes for the Aged and Infirm",<br>copies of which are available at the Division of<br>Health Service Regulation at no cost; | C 101                                                                                            |                                                                                                                          |                                                        |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Santina Wright* TITLE *Director of Care Bridge* (X6) DATE *6/21/17*

If continuation sheet 2 of 3

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CARRIAGE CLUB PROVIDENCE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5816 OLD PROVIDENCE ROAD<br/>CHARLOTTE, NC 28226</b> |                                                                                                                                                                                                                                                                            |                                                        |
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| C 189                                                                         | Continued From page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C 189                                                                                            |                                                                                                                                                                                                                                                                            |                                                        |
| C 189                                                                         | <p>Building Equipment Maintained Safe, Operating</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b><br/> <b>10A NCAC 13F .0311 OTHER</b><br/> <b>REQUIREMENTS</b><br/> (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.<br/> (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/> 1- Based on observation there is a failure to maintain the facility's building and fire safety equipment in a safe condition. Penetrations or holes in fire resistant rated ceilings could allow fire and smoke to spread beyond the area of fire origin.</p> <p>Findings on 05/25/2017:<br/> The HVAC refrigerant and electrical lines that penetrate the ceiling in the Mechanical Room #1 were not fire-stopped.</p> | C 189                                                                                            | <p>The HVAC refrigerant and electrical lines in mechanical room #1 have been fire stooped. There will be daily monitoring by the maintenance technician to ensure all holes are fire caulked daily. The Director of maintenance will follow up monthly for compliance.</p> | 5/29/2017                                              |