

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE SOUTH CHARLOTTE		STREET ADDRESS, CITY, STATE, ZIP CODE 5515 REA 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 Report of a Construction Section Biennial Survey by Suzanna Fay and Ed Miller conducted on July 13, 2017. Records indicate this facility was first licensed on November 25, 1996. The facility is currently licensed for 82 Beds including a 15 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1991 (1995 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy.	C 000		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in good condition. Findings on July 13, 2017: a. Front canopy - a ceiling patch near the front doors is not holding. There is a crack running down the center of the patch.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 164	Continued From page 1 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. Observations revealed that the facility doors were not kept in good repair. Findings on July 13, 2017: a. Room 230 - the door was dragging on the frame. b. Resident Care Coordinator's Office (2nd Floor) - the door was dragging on the frame making it difficult to operate. c. Room 206 - the door has shifted causing it to drag on the frame. d. Resident Laundry, 2nd Floor - the door is dragging on the frame making it difficult to operate. e. Second Floor Storage Room, beside Room 210 - the door is dragging on the frame and causing the veneer to separate from the door face. f. Room 104 - the door is dragging on the frame. g. SCU exit door at the living area - the door is dragging on the threshold making it difficult to open.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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C 166	Continued From page 2 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, the facility was not maintained free of hazards. This affects the safety of the Residents, Staff and Visitors. Findings on July 13, 2017: a. Health Care Coordinator's Office (2nd Floor) - there was one unsecured oxygen tank. b. SCU - the carpet was unraveling at the transition strip between the living area and the dining area creating a tripping hazard.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 185		

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C 185	Continued From page 3 1. Review of records revealed that the facility was not conducting Evacuation drills as required by licensure rules. Rehearsal shall include a short description of what the rehearsal involved. Findings on July 13, 2017: a. The evacuation drill logs provided little or no detail of what the rehearsal involved.	C 185		
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 there is a failure to maintain the facility's building systems in a safe manner due to holes or gaps at penetrations in the fire resistant rated ceilings. Holes or gaps at penetrations in the fire resistant rated ceilings could effect the occupants of the facility allowing fire and smoke to spread beyond the area of origin. Findings on July 13, 2017: a. Room 303 - There were holes around the sprinkler heads in the bedroom, the closet and at the linen shelf alcove. b. There was a pattern of holes where the cable for the WIFI boxes was installed.	C 189		

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C 189	Continued From page 4 c. Stairwell A, third floor - there is a gap around the sprinkler head at the landing. d. First storage room on left before Room 321, the ceiling is damaged around the sprinkler head. e. Second storage room on left before Room 321, there is an open penetration at the sprinkler pipe hanger. f. Room 320 - the bathroom light fixture is askew leaving a hole in the ceiling. g. Room 324 - the bathroom light fixture is askew leaving a hole in the ceiling. h. Attic Access room across from 318 - the sprinkler head has dropped leaving an opening in the ceiling. i. Room 218 - the ceiling around the sprinkler head in the closet is damaged. j. Electrical Room 2nd floor - the caulking at the cable bundle near the door has been removed leaving a large open penetration in the ceiling. k. There was a pattern of dropped sprinkler heads throughout the facility leaving gaps in the ceiling between the head and the ceiling. l. Corridor outside Room 201 - there is a small hole at the sprinkler head. m. Corridor outside Room 201 - the junction box cover is missing a screw causing the cover to hang and leaving an opening in the ceiling. n. SCU vestibule to garden - there is a hole around the light fixture. o. SCU - one of the ceiling hatches near the garden exit was not closed securely or several hatches were left open for repairs down the resident corridor. p. SCU - Room 104, Bedroom A - there is a hole at the sprinkler head in the closet. q. SCU Shower Room - there is a hole at the sprinkler head. r. SCU Soiled Linen Room - the escutcheon plate is missing at the sprinkler head leaving an opening in the ceiling.	C 189		

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C 189	Continued From page 5 s. Kitchen janitor's closet - there is a hole at the sprinkler head. t. Main Mechanical Room - several hangers have open penetrations that are not sealed with fire caulk. u. Main Mechanical Room - the sprinkler head near the door has a hole around the penetration. v. Main Electrical Room, first floor - there is a large electrical trough that has a conduit penetrating the side. The opening cut for the penetration is not sealed. 2. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner due to holes or gaps at penetrations in the fire resistant rated walls. Holes or gaps at penetrations in the fire resistant rated walls could effect the occupants of the facility allowing fire and smoke to spread beyond the area of origin. Findings on July 13, 2017: a. Storage Room beside Room 308 - the access hatch in the chase wall does not latch and close. b. Mechanical Room outside of the Bistro - there is a hole in the back wall approximately 2" wide by 8" long. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. To be able to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on July 13, 2017: a. Room 229 - there is a gap between the top of the door and the door frame. b. Clean Linen Room, 2nd Floor - there is a gap between the top of the door and the door frame.	C 189		

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C 189	Continued From page 6 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Doors that open to corridors are required to completely close and latch in the event of a fire. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on July 13, 2017: a. Room 113 (SCU) - the corridor door does not close and latch. b. Ice Cream Parlor - the right hand leaf of the double doors does not close and latch. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not operate properly to provide the required protection function. Findings on July 13, 2017: a. SCU cross corridor doors - the doors are on a delayed egress locking system. The delayed egress was not working on the SCU side. b. SCU cross corridor doors - these doors operate on a delayed egress system. The doors are not labeled with instructions for operating the doors. c. SCU bathroom - the sprinkler head is obstructed with strands of pink fiber wrapped around the the head. The fibers may prevent the head from operating in the case of a fire. d. The exit light/sign outside of the Employee Lounge was not lit and did not appear to light on battery back up testing. e. Review of records revealed that the last Fire Alarm inspection was conducted on October 3,	C 189		

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C 189	Continued From page 7 2016. Five deficiencies were noted that required the facility to repair. At the time of this survey, one deficiency remained. The deficiency noted that the kitchen test plates failed during testing. 6. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device that is used to keep a door open is an impediment to quickly closing a door to aid in containing smoke and/or fire. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on July 13, 2017: a. Business Office Coordinator's Office - the corridor door was propped open using a wedge. b. Kitchen door to dining - the door was propped open using a wedge. The dining room is open to the corridor so that the kitchen door is in a corridor wall. c. Kitchen door to side corridor - the door was propped open using a wedge. The wedge was removed at the time of this survey. 7. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if the domestic water supply became contaminated. Findings on July 13, 2017: a. The drain line for the kitchen icemaker did not have a minimum 2" air gap between the drain line and the floor drain. 8. Observations revealed that the plumbing equipment was not maintained in operating	C 189		

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C 189	Continued From page 8 condition. Findings on July 13, 2017: a. The dishwasher in the kitchen was leaking. The carpet in front of the elevator was heavily soaked due to water seeping from the kitchen equipment.	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. Observations revealed that the facility failed to provide exhaust ventilation at the rate of two cubic feet per minute per square foot in all areas required to have mechanical ventilation. Findings on July 13, 2017: a. Third Floor, Resident Laundry - the exhaust fan was not working. b. Second Floor, Housekeeping by the Electrical Room - the exhaust fan was not working.	C 199		

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C 199	Continued From page 9 c. Second Floor, Resident Laundry - the exhaust fan was not working.	C 199			