Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060101	A. BUILDING: 01 B. WING _____	07/13/2017

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BROOKDALE SOUTH CHARLOTTE	5515 REA ROAD CHARLOTTE, NC 28226

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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	This Plan of Correction is in regards to the Statement of Deficiencies dated 7.13.17. This plan of correction is not to be construed as an admission of or agreement with the findings and the conclusions in the State of Deficiencies, or any related sanction of 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 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	1. Front Canopy ceiling- the ceiling crack has been repaired as of August 1, 2017.	
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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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	C164 Section .0300 A. Room 230-the door hinge has been repaired and the door no longer drags as of August 1st, 2017. B. Resident Care Coordinator door-the door hinge has been repaired and the door no longer drags as of August 1st, 2017. C. Room 206-the door hinge has been repaired and the door no longer drags as of August 1st, 2017. D. Resident Laundry room door-the door has been replaced and no longer drags as of August 1st, 2017. E. 2nd floor storage room-installed weather strip on the top of the door frame and door hinge has been repaired and the door no longer drags as of August 1st, 2017. F. Room 104-the door hinge has been repaired and the door no longer drags as of August 1st, 2017. G. SCU exit door-the door hinge has been repaired and the door no longer drags as of August 1st, 2017.	
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	C166 A. Health Care Coordinators Office-Medic has picked up their oxygen tank that they left behind and is not longer in the building as of August 1, 2017. B. SCU- Carpet has been repaired and is no longer an issue or unraveling as of August 1st, 2017.	
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	C185 A. The evacuation drill log will now have further information as to what, where, when and how the evacuation process went. If there is not enough room on the front, there will be more information written on the back of the form. This was updated and complete as of August 1st, 2017.	
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	C189 A. Room 303-the holes around the sprinkler head in the bedroom, the closet and at the linen shelf alcove were repaired and in compliance with fire code as of August 1st, 2017. B. Pattern of holes where the cable for the WIFI boxes were installed were repaired and are now in compliance with fire code as of August 1, 2017	

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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	C. Stairwell A, third floor-The gap around the sprinkler head at the landing has been repaired and is now in compliance with fire code as of August 1, 2017. D. First storage room on left before room 321-The ceiling has been repaired around the sprinkler head and is now in compliance with fire code as of August 1, 2017. E. Second storage room on left before room 321-the open penetration at the sprinkler pipe hanger has been repaired and is now in compliance with fire code as of August 1, 2017. F. Room 320-the bathroom light fixture has been fixed leaving no holes in the ceiling as of August 1, 2017. G. Room 324-the bathroom light fixture has been fixed leaving no hold in the ceiling as of August 1, 2017. H. Attic Access room across from 318- adjusted sprinkler head and put back into position as of August 1, 2017. I. Room 218- the ceiling has been repaired and caulking around sprinkler head as of August 1, 2017. J. Electrical room 2nd floor-the area has been re-chalked with 3M fire barrier chalk as of August 1, 2017. K. Pattern of dropped sprinklers in the building-all sprinkler heads have been adjusted and are in normal position as of August 1, 2017. L. Corridor outside room 201-the ceiling area has been re-caulked with fire barrier as of August 1, 2017. M. Corridor outside room 201-the screws are in place and re-caulked opening as of August 1, 2017. N. SCU vestibule to garden-this area has been caulked and fixed as of August 1, 2017. O.-SCU- Ceiling hatches have been closed and are no longer down as of August 1st, 2017.	

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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	P. SCU Room 104-this has been fire caulked and was repaired by August 1, 2017. Q.SCU shower room-this has been fire caulked and completed as of August 1, 2017. R-SCU soiled linen room-installed the escutcheon that was missing as of August 1, 20017. S. Kitchen janitors closet-caulked the area and is in good repair as of August 1, 2017. T.- Main Mechanical room-hangers have been re-caulked with fire barrier as of August 1, 2017. U.- Main Mechanical room-there was compound used to cover the hole and is in good repair as of August 1, 2017. V. Main Electrical Room, first floor-metal plate with metal screws were installed as of August 1, 2017. A. Storage Room beside room 308-repaired frame and now latches and unlatches with no problem as of August 1, 2017. B. Mechanical room outside of the bistro-this area was patched to seal the hole and is now repaired as of August 1, 2017 A. Room 229-a weather strip was applied at the top of the door and the gap has been eliminated as of August 1, 2017. B. Clean Linen Room, 2nd floor-a weather strip was applied at the top of the door and the gap has been eliminated as of August 1, 2017.	

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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	#4 A. Room 113 (SCU)-the latch was replaced and now works properly as of August 1, 2017. B. Ice Cream Parlor-Adjusted the hinges on the door to allow them to close properly as of August 1, 2017. #5 A. SCU cross corridor doors-simplex grinnell adjusted the magnet but a new magnet has been ordered and will be installed by August 9th, 2017. B. SCU cross Corridor doors-A sign was added to both doors entering and exiting the SCU as of August 1, 2017. C. SCU bathroom-the pink fiber was removed from the sprinkler and in good repair as of August 1, 2017. D. The exit light/sign outside of the Employee Lounge was replaced and can be tested with the battery back up testing as of August 1st, 2017.	

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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	E. All the deficiencies were corrected by Simplex Grinnell as of August 1, 2017. A. Business Office Coordinator's Office- the wedge was taken out of the office and a door magnet was added as of August 1, 2017. B. Kitchen door to dining room-the wedge was taken out of the dining room and a self closer is on the door as of August 1st, 2017. C. Kitchen door to side corridor-the door has a new magnet holder as of August 1, 2017. A. Drain line to the kitchen ice-maker has been raised 2 inches from drain and now meets the requirement as of August 1, 2017.	

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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	A. The dishwasher in the kitchen has been repaired. The pipes were caulked and the floor was repaired so that the water could not go under the wall and into the elevator area. This was completed as of August 1, 2017.	
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	A. Third floor, resident laundry-the fan has been repaired and is now work in the laundry room. B. Second floor, housekeeping by the electrical room-Maintenance technician will remove the sink in the area so that an exhaust fan is not needed	

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