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
	HAL060138	A. BUILDING: 01 B. WING _____	06/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD AT PROVIDENCE	11945 PROVIDENCE ROAD CHARLOTTE, NC 28277

(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 Billy S. Bryant and Frank Strickland conducted on 06/14/2017. Records indicate this facility was first licensed on 04/01/2015. The facility is currently licensed for 80 Beds including a 26 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 in effect at the time of initial licensure and applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy.	C 000	SEE ATTACHED PLAN	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation the facility does not meet the building code requirements for special	C 101		

* RECEIVED SOD 8/14/17 DUE TO ERROR WITH EMAIL INCORRECTLY SPELLED.

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C 101	Continued From page 1 locking. The building code states that "An additional on/off emergency release switch shall be provided for each locked door and located within 3 feet (914mm) of the door and shall not depend on relays or other devices to cause the interruption of power. " Findings on 06/14/2017: 1. The emergency release devices for the magnetically locked door are push to open momentary type switches that re-energize the magnetic locks on the doors when the the push button is released. The emergency release switches must be of a type that remain off once turned to an off position and does not re-energize the magnet until manually switched back to an on position. 2. Based on observation facility does not meet the building code requirements for special locking. The building code states that "Release switches shall be shall be located and identified at each nurses' station serving the locked unit and any other control situation responsible for evacuation of the occupants of the locked units that are manned 24 hours". Finding on 06/14/2017: a. There are no release switches located and identified at the nurse's station.	C 101		
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;	C 164		

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C 164	Continued From page 2 (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 observation a wall is not being kept in good repair. Finding on 07/14/2017: a. S.C.U., Adjacent to Room #1044 - Near the cross corridor doors there is a hole in the fire resistant rated corridor wall at an unused junction box.	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 observation the facility was not maintained free from hazards due to oxygen bottles that are stored without any means of restraint to prevent them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Finding on 06/07/2017: a. Room 1006 - Oxygen cylinders were stored standing upright and without any means of	C 166		

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C 166	Continued From page 3 restraint to prevent them from falling over.	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 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. Finding on 06/14/2017: a. The first 10 doors with automatic closers that were surveyed were held open by wedges. 2. Based on observation the facility's fire safety systems are not maintained in a safe condition. Failure to maintain fire safety systems in a safe condition could effect occupants of the facility if the system did not provide the required fire resistant rated protection. Finding on 06/14/2017: a. S.C.U., Adjacent to Room #1044 - The glass vision panel in one leaf of the cross corridor fire resistant rated double doors was cracked.	C 189		

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C 189	Continued From page 4 3. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Findings on 06/07/2017: a. S.C.U. Storage room #180 - There is gap/hole in the ceiling where the fire sprinkler head is missing its escutcheon. b. Lobby Atrium Ceiling - A displaced fire sprinkler head escutcheon has created a gap in the fire resistant rated ceiling. 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 close completely 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. Finding on 06/14/2017: a. Room C145 - The automatic door closer was damaged and prevents the door from completely closing and latching. 5. Based on observation the facility did not maintain electrical emergency/safety equipment in a safe operating condition. This could effect occupants of the facility if exit signs did not indicate the location of exit paths for emergency egress. Findings on 06/14/2017:	C 189		

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C 189	Continued From page 5 a. 2nd Floor, Stair #5 Adjacent to Dining Room - A directional exit sign is not installed outside the corridor door that opens into the stairwell. b. Adjacent to Room C112 - The exit sign does chevrons to indicate the direction of travel to the emergency exit.	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 the facility failed to provide the required exhaust ventilation equipment in spaces required to be mechanically exhausted by rule. Finding on 06/07/2017: 1. Staff Lounge, Women's Bathroom - The exhaust fan is not working.	C 199		

Plan of Correction: Waltonwood Providence

RE: HA Biennial Survey

Charlotte – Mecklenburg County

FID#100530 HAL060138

Administrator: Jeffrey Plummer

Plan of Correction as follows:

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

C 101 – 1- New emergency release device installed at front door 8/21/17 that is compliant. Emergency devices ordered for all other doors in community scheduled for delivery on 9/11/17 with installation completed by 9/15/17.

C 101 – 2- Release switch at nurses station serving locked unit were labeled appropriately on 6/15/17.

All emergency release devices will be tested on a monthly basis by Director of Maintenance, while on-going compliance will be monitored on a quarterly basis by Executive Director and put into monthly QA report.

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS

C164 – 1(a) – Cover installed on unused junction box adjacent to Room #1044 on 6/15/2017.

Safety committee will inspect walls weekly to ensure all walls are being kept in good repair. Director of Maintenance will inspect walls monthly while results will be recorded in monthly QA report.

C166 – 1(a) – All oxygen cylinders in facility were secured on 6/14/17.

Resident Care Staff will conduct daily checks of all oxygen cylinders to ensure that a restraint to prevent them from falling over. Resident Care manager will provide on-going compliance checks on a weekly basis.

SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS

C189 – 1(a) – All doors with automatic closers were cleared of wedges and door stops on 6/21/17.

All doors with automatic closers will be inspected on a weekly basis by Director of Maintenance to ensure that no wedges are being used, while on-going compliance will be monitored on a quarterly basis by Executive Director and put into monthly QA report.

C189 – 2(a) – Glass for vision panel of the cross corridor fire resistant rated double doors was ordered 6/23/17 and replacement completed by 8/31/17.

Safety committee will inspect vision panels weekly to ensure all fire resistant rated double doors are being kept in good repair. Director of Maintenance will inspect walls monthly while results will be recorded in monthly QA report.

C189 – 3(a) – Fire sprinkler head escutcheons will be installed no later than 8/31/17

C189 – 3(b) – Fire sprinkler head escutcheons will be installed no later than 8/31/17

All fire sprinkler head escutcheons will be inspected on a monthly basis by Director of Maintenance, while on-going compliance will be monitored on a quarterly basis by Executive Director and put into monthly QA report.

C189 – 4(a) – Automatic door closer for room C145 was repaired on 6/22/17.

All automatic doors will be inspected on a monthly basis to ensure that each close and latch by Director of Maintenance, while on-going compliance will be monitored on a quarterly basis by Executive Director and put into monthly QA report.

C189 – 5(a) – A directional exit sign was installed on 8/24/17.

C189 – 5(a) – A directional chevron was added to exit sign adjacent to C112 on 6/15/17

Safety committee will inspect all directional exit signs weekly to ensure all directional exit signs are being kept in good repair. Director of Maintenance will inspect walls monthly while results will be recorded in monthly QA report.

C199 – 1- Women's bathroom in staff lounge exhaust fan was repaired 6/16/17.

Safety committee will inspect all exhaust fans on a monthly basis to ensure that each is in proper working order, while the director of maintenance will inspect each exhaust fan on a quarterly basis and note in QA monthly report.