BROOKDALE
– SENIOR LIVING SOLUTIONS –
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TO: ED MILLER FROM: SHERLYN BOLDIN

FAX: 919 733 6592 PAGES: 11

PHONE: 919 218 7668 DATE: 5/7/18

RE: PLAN OF CORRECTION

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Comments:

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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
	HAL060085	A. BUILDING: 01 B. WING _____	02/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	5326 PARK ROAD CHARLOTTE, NC 28209

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on February 20, 2018. Records indicate that this facility was first licensed as a Home for the Aged on 06/03/1997. The facility is currently licensed for 56 SCU beds. Based on this information, we are requiring that this facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations and the applicable portions of the 2005 Rules for Adult Care Homes. The facility must meet the 1996 Edition of the North Carolina State Building Code-Section 409.1 Group I, Institutional Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000	Plan of Correction 3/30/2018 The following is the Plan of Correction for Brookdale South Park. This Plan of Correction is in regards to the Statement of Deficiencies dated 2/20/2018. 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 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 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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration. Findings on February 21, 2018: a. Review of DHSR Construction Survey history revealed that the Construction Section Biennial Survey that was conducted on 05/05/2016 identified that on 08/01/2015, locks were installed on the gates creating a secured yard around the entire facility, there was no record of plans being submitted to DHSR Construction or the local Building Inspection Department resulting in a locking system that still does not comply with the NC State Building Code. The gates are secured with magnetic locks and a key pad controller. The secured yard that the gates serve do not have a refuge area so the gates must be evaluated as part of the Exit. As part of the Exit, the gates cannot be equipped with all of the components required for delayed egress hardware as that would create the Code Violation of having more than one door with delayed egress in the path of Exit The gates do not meet the requirements for "Special Locking" because the gates are not equipped with an on/off emergency release switch installed within three feet of the gate, the gates and all doors in the "Special Locking System" are not equipped with an on/off release switch installed at the 'nurse station' or similar location and the "Special Locking System" does not have a wiring diagram and a system components location map posted at the FACP.	C 101	Facility to ensure compliance with state rule areas by the following: Facility currently working with Simplex Grinnell on installing the On/off emergency release switch, and the wiring diagram posted at the FACP. To be completed on 4/30/18	

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C 101	Continued From page 2 It was also unknown at the time of survey if the locking system on the building perimeter doors and the locking system on the gates operate as 'one system' which is a NC State Building Code requirement if there are two doors in the exit path that are locked. b. Three (3) out of the eight (8) perimeter doors of the facility did not have the NC State Building Code required sign mounted on the door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS" Including: Door between Lobby and SCU Exit near Bedroom 39 Garden Path Back Exit These signs were re-mounted during the survey. There was no information provided why the signs had been removed	C 101	Corrected 2/20/18	
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 Observation, the facility failed to keep walls clean and in good repair. Findings on February 21, 2018: a. Boar House Kitchen- the gypsum wall outside	C 164	Corrected 3/5/18	

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C 164	Continued From page 3 corner had been hit with carts and needs to be repaired and finished.	C 164		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. . Findings on February 21, 2018: a. Boat House Bedroom 40 Bathroom - this single occupant bedroom had a broken towel bar.	C 175	Corrected 3/5/18	
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.	C 189		

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C 189	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the doors protecting the opening in the Smoke Barriers do not have the required rabbets or astragal at the meeting edges of the double egress doors. This could affect all by not containing smoke/fire in the compartment of origin. Findings on February 21, 2018: a. Boat House Smoke Barrier - the cross-corridor double-egress doors when closed have a 1/8 inch to 5/8 inch gap between leafs. b. Garden Path Smoke Barrier - the cross-corridor double-egress doors when closed have a 1/8 inch to 1/2 inch gap between leafs. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the openings in the Smoke Barriers are equipped with panic devices that do not latch to the frame when the doors close. This could affect all by not containing the smoke/fire in the compartment of origin.. Findings on February 21, 2018: a. Cottage Place Smoke Barrier - the back leaf, of the double-egress cross-corridor doors, do not latch when the fire alarm system released the doors. b. Garden Path Smoke Barrier - the both leafs, of the double-egress cross-corridor doors, do not latch when the fire alarm system released the doors. c. Country Lane Smoke Barrier - the both leafs, of the double-egress cross-corridor doors, do not latch when the fire alarm system released the doors. 3. Based on observations, the Building fire safety was not maintained in a safe and operating	C 189	Facility currently working with Heritage to replace fire doors that are out of compliance. To be completed by 4/30	

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C 189	Continued From page 5 condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on February 21, 2018: a. Boat House Mech Room - there are gaps around two cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Maintenance Office - there are gaps around many cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Employee Lounge - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 4. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on February 21, 2018: a. Boat House Mech Room - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of fire and smoke. b. Health and Wellness Office - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of fire and smoke. c. Cottage Place Bathroom near Bedroom 31 - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of fire and smoke. d. Maintenance Office - there are two fire sprinkler head missing their escutcheon plates, exposing opens through the fire-resistance-rated ceiling that allows the spread of fire and smoke. e. Garden Path Corridor near Bedroom 23 - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated	C 189	Facility to fire caulk affected areas of Boat House mechanical room, employee lounge and maintenance office. To be completed by 4/30/18 Facility currently working with Simplex Grinnell to replace fire sprinkler escutcheons. Due to buildings age, Simplex had to special order the parts. To be completed by 4/30/18	

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C 189	Continued From page 6 ceiling that allows the spread of smoke and heat. f. Garden Path Linen - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. g. Beauty Shop - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of fire and smoke. 5. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on February 21, 2018: a. Boat House Linen Closet - items stored on the top shelf may obstruct the water discharge pattern from the fire sprinkler system. b. Med room in Large Wellness Office - items stored on the top shelf may obstruct the water discharge pattern from the fire sprinkler system. 6. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on February 21, 2018: a. Many Residents Bedroom Closets - the closet doors are equipped with barrel bolt like hardware, mount high on the door. These locks do not provide an override function allowing exiting from the locked area. 7. Based on Observation, the corridor doors are not maintained in a safe and operating condition.	C 189	Corrected 4/1/18 Facility to remove 1 out of 2 locks on closet in each resident bedroom. To be completed by 4/30/18	

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C 189	Continued From page 7 This affects all by not containing smoke and fire in the room of origin. Findings on February 21, 2018: a. Cottage Place Kitchen - the corridor door, equipped with an electro-magnet hold open device controlled by the fire alarm system, has a large trashcan place in front of it, blocking the closing and latching of the door when the fire alarm activates. Deficiency corrected before Construction Surveyors departed site. b. Garden Path Kitchen - the corridor door handle, on the kitchen side, only spins around and does not engage the latching mechanism to unlatch the door.	C 189	Corrected on site To be corrected by 4/30/18	
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on February 21, 2018:	C 191	Corrected on site	

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C 191	Continued From page 8 a. Business Office - a portable electric heater was found in this room.	C 191		
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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on February 21, 2018: a. Lobby Public Restroom - the required exhaust ventilation system did not work. b. Bio Hazards Room near Activity Office - the required exhaust ventilation system did not work. c. Cottage Place Laundry - the required exhaust ventilation system did not work. d. Mop Closet across from Large Wellness Office - the required exhaust ventilation system did not work.	C 199	Facility currently working with Chad Love Heating and Air to replace exhaust motors. Corporate has approved this item and has issued a PO for completion of project. To be completed by 4/30/18	

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C 199	Continued From page 9 e. Restroom near Large Wellness Office - the required exhaust ventilation system did not work. f. Main Kitchen Mop Closet - the required exhaust ventilation system did not work g. Country Lane Laundry - the required exhaust ventilation system did not work.	C 199	Entire plan to be completed by 4/30/18	