July 23, 2018

Suzanna Fay
NC DHSR
2705 Mail Service Center
Raleigh NC 27699-2705

Dear Ms. Fay;

Attached please find the POC for Aldersgate's Parker Terrace assisted living unit. There are also several supporting documents to show dates of accomplishment of several of the items.

I will be reaching out to you regarding one of the items on the survey to get a better understanding as we move forward.

Please feel free to reach out to me if you have any questions or concerns. I can be reached at 704.532.5418. I will be out of the office from 7/26-8/5. Thank you for the work you do to provide seniors with the safest environments possible.

Sincerely,

Jeff Weatherhead

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
	HAL060054	A. BUILDING: 01 B. WING _____	06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER TERRACE	3800 SHAMROCK DRIVE CHARLOTTE, NC 28215

(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 conducted by Suzanna Fay on June 20, 2018. Records indicate that this facility was first licensed as a Home for the Aged on November 9, 1999. The facility is currently licensed for 53 beds (Located on the 2nd and 3rd floors of the Epworth building). Based on this information, we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes, and the 1996 w/ '99 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I. Deficiencies were noted which require a Plan of Correction.	C 000		
C 134	Bathrooms-Roll-in Shower SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (7) Each home shall have at least one bathroom opening off the corridor with: (A) a door of three feet minimum width; (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet; (C) a bathtub accessible on at least two sides; (D) a lavatory; and (E) a toilet. (8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet; This Rule is not met as evidenced by:	C 134		

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C 134	Continued From page 1 1. Observations revealed that the facility does not meet the requirements for bathrooms and toilet rooms. The bathroom off of the corridor has been converted to use as a laundry room. Findings on June 20, 2018: a. There is one community bathroom located on the second level. The bathroom has been modified for use as a laundry. The shower walls are intact, but the hardware has been removed. Verify that the facility has provided a bathroom off of the corridor with a three foot by three foot roll-in shower for residents who need assistance. b. The community bath toilet had been removed.	C 134	Aldersgate will remove the washer and dryer in the existing room and install the shower hardware to create an operable roll in shower and will reinstall a toilet to gain compliance with the regulation	
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. Observations revealed that the walls and ceilings were not kept clean and in good repair. Findings on June 20, 2018: a. Stair C2 - there is an old leak at the ceiling of the landing between the 2nd and 3rd floors. The ceiling is stained and cracked. The leak had run down the wall, staining the wall and causing the paint to bubble. b. Stair C2 - there are excessive amounts of	C 164	After replacing the roof on the building in early June, the Aldersgate Maintenance Department repaired the ceiling and walls and painted these areas in Stair C2 on 6/21/18. To ensure compliance the stairwell will be inspected monthly for any maintenance needs in resident living areas and in the non resident use areas as well	

Jay Weatherhead Admin/COO 7/23/18

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C 164	Continued From page 2 spider webs in the stairwell windows. 2. Observations revealed that the facility was not maintained free of unpleasant odors. Findings on June 20, 2018: a. 2nd Floor, Housekeeping C245 - the room has a strong unpleasant odor. 3. Observations revealed that the furnishings were not maintained in good repair. Findings on June 20, 2018: a. Room C238 bath - the bar supporting the hand held shower nozzle is broken.	C 164	1.On 6/20/18 the Aldersgate Housekeeping staff cleaned the interior of the stairwell windows to remove spider webs. The annual window washing project had been delayed due to the construction of new apartment which created additional dust. Housekeeping staff will inspect monthly and remove spider webs on the interior windows 2.On the date of the inspection when there was an unpleasant odor in a housekeeping closet the Housekeeping staff removed the trash that had accumulated that morning and disinfected and deodorized the room. Each houskeeping closet will be monitored daily to ensure no chronic unpleasant odors are present.	
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: 1. Review of records revealed that the facility did not conduct and record fire rehearsals in accordance to the licensure rules.	C 185		

Admin/COO 7/23/18

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C 185	Continued From page 3 Findings on June 20, 2018: a. Rehearsals were not being conducted on each shift per quarter. Available records showed that the second floor conducted drills on the first and third shift of the first quarter of 2018. No records were available for the third floor. Records showed that for the second quarter of 2018, the second floor conducted drills on the second and first shifts only. The third floor conducted 2 drills on the first shift only. b. The fire rehearsals did not include a short description of what the rehearsal involved.	C 185	The Risk Management Coordinator conducted the fire drill on Parker Terrace on 6/29/18 and has ongoing drills scheduled to keep us in compliance	
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 building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings and walls could allow fire and smoke to spread beyond the area of origin. Findings on June 20, 2018: a. C2 Stair - there was one unsealed penetration where the sprinkler pipe entered the stairwell wall. b. Electrical Room off of Med Room (2nd Floor) -	C 189	on 6/21/18 the holes, gaps, and penetrations were repaired. a.the unsealed penetration was repaired on 6/21/18	

Jg Weatherhead Admin/CO 7/23/18

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C 189	Continued From page 4 the penetrations are sealed with wool or some other fire resistant material. The material is falling out of the openings compromising the rating. c. TV area (2nd Floor) - one of the sprinkler heads is missing its escutcheon plate leaving a hole in the ceiling tile. d. Activity Storage (2nd Floor) - the sealant is coming out of the ceiling expansion joint. e. Mechanical closet (3rd Floor) - the 6" duct penetration through the ceiling assembly does not have a flange around the duct to seal the opening. f. Third Floor - the base for the exit sign at Stair B3 is missing.	C 189	b. The opening in the electrical room was sealed on 6/21/18 c.The missing escutcheon plate was replaced on 7/19/18 d.The sealant in the expansion joint was repaired on 7/19/18 e. the penetration in the mechanical closet had a flange placed around the duct on 7/23/18 f. The exit sign at Stair B3 was replaced on 6/25/18	
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 did not provide adequate ventilation in required areas.	C 199		

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C 199	Continued From page 5 Findings on June 20, 2018: a. 2nd Floor staff restroom off of C263 - the exhaust fan is not working. b. 3rd Floor, Housekeeping - the fan is not working. c. 3rd Floor, Utility Room - the fan is not working.	C 199	Exhaust fans in the 2nd floor staff rest room, 3rd floor housekeeping and 3rd floor utility room were repaired between 6/22/18 and 7/20/18. Maintenance will inspect quarterly for proper function of the fans to provide adequate ventilation	

Jeff Weatherhead Admin/COO 7/23/18

Fire Drill Evaluation Report

Parker Terrace 2 Facility Name	2125 Cole Drive Facility Address
Marvin Clinkscales Facility Contact	6/28/18 Date 1st 2:15 pm Time of Day
Lori Furr Drill Evaluator	704-532-7035 Telephone 2nd Floor - Rm. Area / Floor(s) of drill

All persons removed from fire room or immediate danger to a safe location		(10)	7	4	0
Door to fire room and doors to other areas closed but not locked		(10)	7	4	0
Fire alarm activated without delay or automatic activation occurs		(10)	7	4	0
Fire location communicated to other staff by public address system or other means		10	(7)	4	0
Staff reports to area of alarm origin to assist and search or begins assigned duties		(10)	7	4	0
Hallways, corridors, exit doors and all paths of egress cleared of obstructions		10	(7)	4	0
A staff person took charge and made assignments as necessary		(10)	7	4	0
All fire doors and other life safety equipment operated properly		(10)	7	4	0
Staff called 9-911 and Security 7045		(10)	7	4	0
Call from monitoring company to 911 – received _____ (within 2 minutes)		10	7	4	0
Time: Min ___ Sec 52	Up to 4min =5 4:01 – 5:30 =2 >5:30 =0		5	2	0
Score – Add columns together and enter total				%	
(100-93-Very Good) (92-82-Good) (81-70-Acceptable) (69 and below – Unacceptable and will be redrilled)					

Lori Furr
Safety Committee Observer 1

Safety Committee Observer 2

Comments:
Simulated fire drill conducted on PT2 - "Fire" in Room 237. Staff responded appropriately called Security & 911 (after pulling alarm) removed residents from area of immediate danger.

Fire Drill Evaluation Report

Parker Terrace 3	2125 Cole Drive		
Facility Name	Facility Address		
Nanni Clinkscales	6/28/18	2nd 6:47 pm	
Facility Contact	Date	Time of Day	
Lori Furr	704-532-7035	3rd fl - Rm 314	
Drill Evaluator	Telephone	Area / Floor(s) of drill	

All persons removed from fire room or immediate danger to a safe location		10	7	4	0
Door to fire room and doors to other areas closed but not locked		10	7	4	0
Fire alarm activated without delay or automatic activation occurs		10	7	4	0
Fire location communicated to other staff by public address system or other means		10	7	4	0
Staff reports to area of alarm origin to assist and search or begins assigned duties		10	7	4	0
Hallways, corridors, exit doors and all paths of egress cleared of obstructions		10	7	4	0
A staff person took charge and made assignments as necessary		10	7	4	0
All fire doors and other life safety equipment operated properly		10	7	4	0
Staff called 9-911 and Security 7045		10	7	4	0
Call from monitoring company to 911 – received _____ (within 2 minutes)		10	7	4	0
Time: Min ___ Sec 46	Up to 4min =5 4:01 – 5:30 =2 >5:30 =0		5	2	0
Score – Add columns together and enter total				%	

(100-93-Very Good) (92-82-Good) (81-70-Acceptable) (69 and below – Unacceptable and will be redrilled)

Lori Furr
Safety Committee Observer 1

Safety Committee Observer 2

Comments:
Simulated fire drill on PT3 - "Fire" in Room 314. Staff responded quickly, removed residents from danger, closed doors, called 911 (forgot to call security) pulled alarm. Needed reminder on where extinguishers are located. Did head count at conclusion of drill

Fire Drill Evaluation Report

Parker Terrace 2 Facility Name	2125 Colc Drive Facility Address
Marvin Clinkscales Facility Contact	6/29/18 Date
	3rd - 6:08 am Time of Day
Lori Furr Drill Evaluator	704532-7035 Telephone
	2nd fl - RM. Nurse station Area / Floor(s) of drill

All persons removed from fire room or immediate danger to a safe location		(10)	7	4	0
Door to fire room and doors to other areas closed but not locked		(10)	7	4	0
Fire alarm activated without delay or automatic activation occurs		10	(7)	4	0
Fire location communicated to other staff by public address system or other means		(10)	7	4	0
Staff reports to area of alarm origin to assist and search or begins assigned duties		(10)	7	4	0
Hallways, corridors, exit doors and all paths of egress cleared of obstructions		(10)	7	4	0
A staff person took charge and made assignments as necessary		(10)	7	4	0
All fire doors and other life safety equipment operated properly		(10)	7	4	0
Staff called 9-911 and Security 7045		(10)	7	4	0
Call from monitoring company to 911 – received _____ (within 2 minutes)		10	7	4	0
Time: Min ___ Sec 49	Up to 4min =5 4:01 – 5:30 =2 >5:30 =0		5	2	0
Score – Add columns together and enter total				%	

(100-93-Very Good) (92-82-Good) (81-70-Acceptable) (69 and below – Unacceptable and will be redrilled)

Lori Furr
Safety Committee Observer 1

Safety Committee Observer 2

Comments:
Announced drill took place in Nurse's station on 2nd Floor - Staff did a great job responding demonstrated RACE procedure to put out small trash can fire. ~~Was~~ were knowledgeable about location of pull stations/ extinguishers. Called 911/ Security as required.

Service Requester

Marvin Clinkscales

Aldersgate

Service Request Status Detail

To return to your list of Service Requests, click the **BACK** button. To see if there has been any updates to this Service Request since this page loaded, click the **REFRESH** button.

Work Order #
17325

Reason:
Room C238 bath - the bar supporting the hand held shower nozzle is broken.

Type:
Corrective

Priority:
2 - Normal

Status:
Closed Wednesday, July 18, 2018

Assigned?:

Yes:	Hogan, Eddie	Wednesday, July 18, 2018	(eddieh@aldersgateccrc.com (mailto:eddieh@aldersgateccrc.com?subject=Work Order Request #17325))

Target Date:
Saturday, July 21, 2018

Location / Asset:
Aldersgate
Epworth Place Tower
2nd Floor

Outcome:
Replaced bar and hand held shower head complete

No notes have been recorded.

Service Requester

Marvin Clinkscales

Aldersgate