

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/29/2018
NAME OF PROVIDER OR SUPPLIER PARKER TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Biennial Follow Up Construction Survey by Dennis Harrell on 8-29-2018. Some deficiencies were not corrected. Further action is required.	{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: 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 8-29-2018: 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.	{C 134}		

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

TITLE

(X6) DATE

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{C 134}	Continued From page 1 b. The community bath toilet had been removed.	{C 134}		
{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. 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. Findings on 8-29-2018;	{C 185}		

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{C 185}	Continued From page 2 There were no records available onsite after April of 2018.	{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 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: b. Electrical Room off of Med Room (2nd Floor) - There was an unsealed conduit sleeve, a hole in the wall and an unsealed opening to the 3rd floor.	{C 189}		