STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: **01** B. WING _____	R **09/07/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	**6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210**

(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 9-7-2018. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, renovation or alteration. Findings on June 21, 2018: a. Residential Laundry (2nd and 3rd Floors) - thru-wall exhaust vents were installed in the corridor walls. Building Code requires corridors to resist the passage of smoke. Transfer grilles	{C 101}		

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{C 101}	Continued From page 1 are not permitted. Finding on 9-7-2018; The facility had installed fire dampers in the openings. Fire dampers are not capable of resisting the passage the smoke. Findings on June 21, 2018: d. AL Courtyard by dining - the key for the manual override at the locked gate is maintained in a lockbox at the gate. Two of two staff interviewed knew the code to open the lockbox. Finding on 9-7-2018; Some staff interviewed did not know the code to open the lockbox and did not know the purpose of the lockbox.	{C 101}		
{C 150}	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of all equipment and other obstructions. At least 6 feet of clear space shall be maintained at all times. Findings on June 21, 2018: a. The exit corridor by Maintenance had a large ride-on vacuum cleaner stored in it. b. The service corridor had many things stored in it reducing the clear width down to 3 feet 3 inches.	{C 150}		
{C 189}	Building Equipment Maintained Safe, Operating	{C 189}		

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{C 189}	Continued From page 2 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: 2. 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 or walls could allow fire and smoke to spread beyond the area of origin. Findings on 9-7- 2018: e. Janitor Closet (Second Floor) - the seal around one of the HVAC ducts has come loose leaving a small hole in the ceiling. l. Large Maintenance Storage - there is a 6" x 12" hole in the wall at the back corner of the room. New finding on 9-7-2018: The bottom 6 inches had been removed from all the walls on the lower floor at the right end on the facility due to a recent roof drain leak. 7. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. 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.	{C 189}		

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{C 189}	Continued From page 3 Findings on 9-7- 2018: a. Bistro - the doors were propped open using an unapproved device. Further investigation revealed that these doors have magnetic hold open devices that release on activation of the fire alarm. The magnets were missing from the doors so that they no longer operated as intended. b. The kitchen door was being held open with a kickdown device attached to the door. 9. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. 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 9-7- 2018: a. Third Floor, right door of fire doors by Room 310 did not latch when released by the fire alarm.	{C 189}		