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
	HAL060016	A. BUILDING: 01 B. WING _____	01/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CARRIAGE CLUB PROVIDENCE	5802 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226

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C 000	Initial Comments Report of Construction Section Biennial Inspection by Dennis Harrell and Ed Miller on 1-10-2019. Records indicate this facility was first licensed on 7-18-1996, for 108 beds. Therefore, we are requiring that this facility meet the 1996 "Regulations for Homes for the Aged and Disabled ; Minimum Standards and Regulations and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code Volume I - Section 409 Institutional Occupancy (Group I).	C 000		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: Based on observation, the shower room on the upper floor was so completely full of storage that entry into the room was not possible.	C 135	C-135 All items removed by 1/14/19 to comply with this requirement As room has been cleared of storage. Resolved 1/14/2019	01/14/19
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	C 166		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Greg Cunningham TITLE Executive Director (X6) DATE 2.7.19

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C 166	Continued From page 1 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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 1-9-2019: a. Several (8) portable medical oxygen cylinders were stored in an unapproved plastic crate in room 334 b. One large medical oxygen cylinder was stored freestanding without a base in room 334. c. One large medical oxygen cylinder was stored freestanding without a base in room 351. d. One portable portable medical oxygen cylinder was stored in no rack or container in room 351. 2. Based on observation, an exterior exit path was not maintained uncluttered and free of obstructions. Finding on 1-9-2019; There were 15 chairs stored directly in and blocking the exterior exit pathway from the Activity room. 3. Based on observation, a required exit was not maintained free of hazard and possible obstruction. Finding on 1-9-2019; A required exit at the end of corridor with resident bedrooms was marked with a sign that stated, "Stop, Staff Exit Only."	C 166	C-166 #1: Audit was initiated of All rooms using Oxygen. Vendors removed extra tanks and provided appropriate storage/ rack for storage. Resolved 1/23/19 #2: Chairs and items removed to designated patio Area to clear the path of egress. Resolved 1/11/19 #3: Signs were removed from doors and disposed. Resolved 1/11/19 #4: Page 3 !	1/23/19 1/11/19 1/11/19

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C 166	Continued From page 2 4. Based on observation, the facility was not maintained in a safe condition because of decorations tied to and hanging from fire sprinkler heads. Anything hanging from sprinkler heads could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 1-9-2019: Decorations were hanging from all of the sprinkler heads in the Activity room.	C 166	C-166 #4: Decoration items were removed on JAN. 10, 2019. And the hooks located in the ceiling grid work will be used for such purposes. This has been reviewed with Occupants/ Users of this Activity Area. Resolved 1/11/19	1/11/19
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: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	C-185 the audit of documentation did reflect A need for improvement of written scenarios, such as 2/22/16 and 2/24/17, As examples. An In-service review with Staff in Maintenance was completed on February 4, 2019 to assure understanding of this compliance item. To include more details As; specific locations, participation, what initiated alarm, pull or smoke detector, coded Announcements, and functionality of Audio/Visuals and smoke doors, etc. Resolved on February 4, 2019	2/4/19
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,	C 189		

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C 189	Continued From page 3 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, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings on 1-9-2019: There was a pattern throughout the building of exit signs not working on battery when tested. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 1-9-2019; a. One of the smoke barrier doors near the dining room did not latch at the top when closed by the fire alarm system. b. The astragal on smoke barrier doors near the dining room is loose and cannot resist the passage of smoke. c. One of the smoke barrier doors near room 337 did not latch when closed by the fire alarm system. d. The double doors to the dining room are equipped with deadbolts only and cannot automatically latch when closed. e. One of the doors to the Activity room does not latch when closed.	C 189	C-189 #1: Replacement of All exit Signs has been Approved and ordered for installations. Estimated date of All Signs to Carriage Club is Febry 13, 2019. Contingent recipt of All 23 fixtures Contractor is Schedule to install on February 18, 2019. Resolution date of Febvay 22, 2019 #2 Maintenance Staff Addressed the listed items of (a., b., c.,) as repair items. and Adjustment of hardware. (d.) Dining Room door have been equipped with New exit devices on January 24, 2019. (e.) Adjustment to door hardware to Assure positive latch. (f.) Medication Room is now locked at all times when not occupied effective immediately. Lock Set has been replaced to Storage Type to prevent a dis-engagement of lock-feature.	2/22/19 1/22/19 1/24/19 1/22/19 2/5/19

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C 189	Continued From page 4 f. The door to the medroom was wedged open. 3. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding on 1-9-2019; Items had been stacked to within 4 inches of the ceiling in the "Linen Services" room. Note; This deficiency was corrected during the survey. 4. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 1-9-2019 a. A portion of the ceiling was missing in the upper public men's bathroom, b. A portion of the ceiling was missing in the "Brookdale Therapy" room.	C 189	C-189 #3 Linen Service Room storage items were removed by Executive Director At time of inspection on 1/10/19. Followed by the removal of the top shelves in room and clearly marked the wall with a 'red line' indicator. Resolved 1/24/19 #4 Ceiling tiles have been replaced in the locations identified AND other audited Areas of Assisted Living Building. Resolved 2/4/19	1/24/19 2/4/19
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	C 191	C-191 Portable heaters were removed from the building by occupants on 1/10/19. Resolved 1/10/19	1/10/19

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C 191	Continued From page 5 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Finding on 1-9-2019: There was a portable electric heater found in the DHR office.	C 191		1/10/19
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: Based on observation the facility failed to maintain required exhaust in a working condition. Finding on 1-9-2019; The exhaust provided was not working in the bathroom off room 308.	C 199	C-199 The exhaust fan has been replaced with new fan unit in Room 308. Resolved by Maintenance Staff Associate. Resolved on 1/16/19	1/16/19

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D 378	10a NCAC 13F .1006 (b) Medication Storage 10a NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration This Rule is not met as evidenced by: Based on observation, the facility failed to keep medications under locked security when not under direct physical supervision. Finding on 1-9-2019; The med room door was found wedged open with no staff in sight. There was a cardboard box visible on the counter in the med room that contained many cards of various prescription and non-prescription medications.	D 378	D-378 Wedge was removed and disposed. The door lock set has been replaced with a Storage Type to prevent dis-engagement of lock features. Medication Room is now locked at All times when not occupied effective immediately. Resolved on 2/5/19 by Locksmith Services.	2/5/19