of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060042	A. BUILDING: 01 B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEDDINGTON PARK	2404 PLANTATION CENTER DRIVE MATTHEWS, NC 28105

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on February 28, 2019. Records indicate the facility licensed on 08/18/1998 for 83 residents. Based on this information, we are requiring that this facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 w/98 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I. Deficiencies were cited that require a Plan of Correction.	C 000		
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. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on February 28, 2019: a. Exit near Bedroom 45 - when the door is open it hit a walk-off mat on the sidewalk and would not open without much force. Mat relocate from under door swing so door function as designed. b. D Hall - Back Exit was blocked with a medium size box. Deficiency corrected before	C 150	✓ 1a. Corrected on site ✓ b. Corrected on site	2-28-19 2-28-19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer Fitchett — TITLE: Executive Director — (X6) DATE: 3/25/19

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C 150	Continued From page 1 Construction Surveyors departed site.	C 150		
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 building mechanical systems are not kept clean and in good repair. Findings on February 28, 2019: a. Laundry/Chemical Storage - the ventilation system with its radiation damper have an excessive accumulation of dust/lint. b. Women Pubic Restroom - the ventilation system with its radiation damper have an excessive accumulation of dust/lint.	C 164	✓ 1. a Vacuumed out and cleaned vent. ✓ b. Vacuumed out and cleaned vent	3-26-19 3-26-19
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 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166		

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C 166	Continued From page 2 This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on February 28, 2019: a. C Hall Mech Room - a large portable helium cylinder is standing up on the floor, secured only with cordage attached to shelf.	C 166	1. a Helium cylinder has been chained to wall stud.	3-25-19
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on February 28, 2019: a. Basement - the portable fire extinguisher has not received its annual maintenance since September 2017.	C 183	4. a Fire extinguisher has been inspected and updated.	3-14-19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT	C 185		

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C 185	Continued From page 3 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. Based on Record review and interview with Executive Director/Administrator/Maintenance Technician/Manager the Facility failed to document the duration, location and response of what the rehearsal involved. Findings on February 28, 2019: a. Some quarters had duration and location documentation. b. No quarters had documented staff responses.	C 185	1. a & b Fire drills have been corrected and printed from tels for past 12 months.	3-25-19
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, 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's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on February 28, 2019: a. Control Doors to B & C Halls - the cross-corridor double-acting doors do not have signs directing you to egress through the doors on either side. On either side of the doors, you cannot see any exit signs. b. Control Doors to A & D Halls - the cross-corridor double-acting doors do not have signs directing you to egress through the doors on either side. On either side of the doors, you cannot see any exit signs. c. Rehab Serviced - the ceiling mounted self-contained combination exit sign/emergency light unit did not illuminate on backup power when the test button is pushed and the red charging light is not lit up. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on February 28, 2019: a. D Hall Smoke Barrier - the left leaf, of the double-egress cross-corridor doors, did not release its bottom latch when the push bar was depressed. 3. Based on observations, the Building fire safety was not maintained in a safe and operating	C 189	1. a. Ordering Signs for all directions. Will take another 5 weeks to get installation. Projected date of completion is may 3, 2019 B. ↓ Same C. Exit sign/emergency Old Battery was replaced with a new battery. 3-8-19 2a. D-Hall Smoke door Latch was ajusted and works ~~correctly~~ correctly. 3-12-19	

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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 28, 2019: a. C Hall Mech Room - there are 6 open-ended sleeves with cable bundles not completely firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. C Hall Mech Room - two PCV pipes had their fire collars dislodged leaving the pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. C Hall Mech Room - two fire collars on two PCV pipes only have one tab holding them to the fire-resistance-rated ceiling assembly. d. Riser Room - there is a gap around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. A Hall Housekeeping - there are holes not firestopped as they penetrate the fire-resistance-rated wall assembly. f. Main Electrical Room - there are serveral open-ended sleeves with cable bundles not completely firestopped as they penetrate the fire-resistance-rated ceiling assembly. 4. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on February 28, 2019: a. Kitchen - the door to Dining is held open with mechanical "kick-down." 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on February 28, 2019: a. Life Enrichment - the pair of corridor doors is missing its active leaf's latch bolt, therefore the	C 189	3a. Fire caulk was applied to the open-ended sleeves. 3-12-19 3b. Fire collars were rescured to ceiling. 3-12-19 3c. Fire collars were Rescured to ceiling. 3-12-19 3d. Fire caulk was applied around pipe at ceiling. 3-12-19 3e. Holes were patched. 3-12-19 3f. Fire caulk was applied on the open-ended sleeves. 3-12-19 4a. Mechanical "kick-down" stop was removed. 3-11-19 5a. Latch bolt was installed in door 3-11-19	

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C 189	Continued From page 6 door cannot latch to its frame. b. Beauty Shop - the corridor door is missing its latch bolt, therefore the door cannot latch to its frame. c. D Hall Storage near Bedroom 19 - the corridor door has a zero to 1/8 inch gap between the top of the door and the bottom of the doorframe's head stop. d. Bedroom 16 - the corridor door has a zero to 1/4 inch gap between the top of the door and the bottom of the doorframe's head stop. e. Bedroom 12 - the corridor door has a zero to 1/4 inch gap between the top of the door and the bottom of the doorframe's head stop. f. Avery Place - the pair of corridor doors has its active leaf's latch bolt retracted , therefore the door cannot latch to its frame. g. A Hall Housekeeping - the corridor door is missing its strike plate. 6. Based on observation, the outside grounds are not maintained in a clean and safe condition. Findings on January 9, 2019: a. Exterior near Basement stairs - there an old lamppost with energized wires not protected for accidental contact. 7. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on February 28, 2019: a. Med Room - the corridor door has a large trash can holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.	C 189	5b. Latch bolt was installed in door.	3-11-19
			5c. Weather stripping was Installed to close gap.	3-26-19
			5d. Weather stripping was Installed to close gap.	3-26-19
			5e. Weather stripping was Installed to close gap.	3-26-19
			5. f. Door Latch was Ajusted and now works.	3-26-19
			6a. Lamppost nub & wires were dug up and removed.	3-11-19
			7a. Trash can was relocated away from door.	3-4-19