STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060101	A. BUILDING: **01** B. WING _____	**09/19/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH CHARLOTTE	**5515 REA ROAD CHARLOTTE, NC 28226**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on September 19, 2019. Records indicate this facility was first licensed on November 25, 1996. The facility is currently licensed for 82 Beds including a 15 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1991 (1995 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy.	C 000	This plan of Correction is in regards to the Statement of Deficiencies dated 9/19/19. This plan of correction is not to be construed as an admission of or agreement with the findings and the conculsions in the State of Deficiencies. or any related sanction of fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that the facility had throw rugs in use in one location. Findings on September 19, 2019: a. A throw rug was on the floor outside of Room 210. The rug was removed at the time of survey.	C 155	A. Throw rug was removed at the time of survey.	
C 160	Outside Premises-Clean, Safe	C 160		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Laura Lewis		10/9/19

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C 160	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Findings on September 19, 2019: a. SCU Courtyard - a patio table and chairs were sitting over the sidewalk leading to the exit gate blocking the path of egress. The furniture was moved at the time of survey. b. SCU Courtyard - the sidewalk drops about 2" at the path to the gate creating a trip hazard. c. Dining Room Porch - the flange around one of the fan bases is missing or was replaced leaving a large hole for pests to enter the porch ceiling. d. Front entry - a vehicle has hit the canopy damaging a section of the beam. 2. Observations revealed that the fence around the premises was not maintained free of hazards. Findings on September 19, 2019: a. The fence around the chiller was leaning and the gate did not appear to be operable.	C 160	A. SCU Courtyard-patio table and chairs were moved at the time of survey. Correction made on 9.19.19 B. Sidewalk drops 2"-called in a company to review and correct the walkway. Waiting on quotes. Will be repaired within 45 days of this survey. C.Dining Room Porch-the flange around the fan base was replaced and fixed on 10.1.19 D. Front entry-we are obtaining a quote to fix the front canopy. Will be fixed within the 45 days of this survey. A. We have called for quotes on the fence and it will be corrected by the 45 days of this survey.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

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C 164	Continued From page 2 (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 furnishings are not kept in good repair. Findings on September 19, 2019: a. Room 325 - the door to the corridor needs adjusting. b. Room 317 - the door to the corridor needs adjusting. c. Room 228 - the door to the corridor needs adjusting. d. Room 205 - the door to the corridor needs adjusting. e. Kitchen - the top hinge on the door to dining is loose and needs adjusting. 2. Observations revealed that the ceilings were not kept clean and in good repair. Findings on September 19, 2019: a. Second Floor Spa - exhaust fan grille has a heavy accumulation of dust. b. Kitchen - the R/A grilles over the prep and coffee bar areas have an accumulation of grease.	C 164	A. Room 325- Adjusted the door and repair completed on 10.1.19. B. Room 317-Adjusted the door and repair completed on 10.1.19. C. Room 228-Adjusted the door and repair completed on 10.1.19. D. Room 205-Adjusted the door and repair completed on 10.1.19. E. Kitchen-hinge was adjusted and repair completed on 10.1.19. A. Second Floor spa-exhaust fan grill was cleaned off and in good repair on 10.1.19 B. Kitchen-R/A grilles were cleaned thoroughly and in good repair on 10.1.19.	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	Continued From page 3 (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 failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on September 19, 2019: a. At the time of the survey, the fire alarm panel was indicating trouble on the system. The fire alarm vendor was on site trying to repair the issue. A fire alarm spot test was conducted and all systems responded correctly. 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 could allow fire and smoke to spread beyond the area of origin. Findings on September 19, 2019: a. Room 310 - the sprinkler head in the living room area has a gap along the edge of the escutcheon leaving a sliver of a hole in the rated ceiling assembly. The sprinkler head in the closet has dropped leaving a gap in the rated ceiling assembly. b. Beauty Salon - there are two small holes in the ceiling at the perimeter of the sprinkler head cap.	C 189	A. Fire alarm vendor was on site and completed. All panels are in working order as of 9.19.19. A. Room 310-The sprinkler head was chaulked and repaired as of 10.1.19. The sprinkler head was rehung and in working order as of 10.1.19 B. Beauty Salon-the two small holes were chaulked with the approved fire grade caulking on 10.1.19	

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C 189	Continued From page 4 c. Room 314 - the sprinkler head has dropped down one to two inches leaving a hole in the ceiling. d. First Floor - there was a pattern of unsecured access panels in the ceiling. The unsecured panels leave a gap in the rated ceiling assembly. e. Exterior Mechanical Room - there are several hanger rods threaded through ceiling patches over the water heaters that have not been sealed where they penetrate the ceiling. f. Laundry Room - there are two unsealed pipe penetrations behind the duct over the commercial washer. g. Life Enrichment Coordinator's Office - there is a small hole at the sprinkler head. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on September 19, 2019: a. Physical Therapy - the exit sign over the door did not illuminate on battery test. b. Kitchen - the exit sign over the dining door did not illuminate on battery test. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 19, 2019: a. Residential Laundry by Room 324 - the door has dropped and hits the frame so that it no	C 189	C. Room 314-The sprinkler head was rehund and in working order on 10.1.19. D. First Floor-All panels were secured and corrected on 10.2.19. E. Exterior Mechanical Room-Hanger rods have been fire chaulked and in good repair as of 10.2.19 F. Laundry Room-The two unselaed pipes were fire chaulked and in good repari as of 10.2.19 G. Life Enrichments Office-the small hole was fire chaulked and in good repair on 10.2.19. A. Phyical Therapy room-exit sign was replaced on 10.2.19. B. Kitchen-Exit Sign was replaced on 10.2.19. A. Laundry Room by 324-Door was repaired and in working order on 10.2.19.	

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C 189	Continued From page 5 longer closes. b. Room 113 - the door does not close and latch. c. Second Floor Clean Linen - the door does not latch when closed. d. Front Office - the corridor door does not latch when closed. e. Exit door by South Stair - the weatherstripping is loose at the top of the door and prevents the door from closing unless adjusted. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on September 19, 2019: a. Storage across from Room 318 - items were stored to within 6" of the ceiling. b. Activity Office - items were stored to the ceiling. 6. 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 walls could allow fire and smoke to spread beyond the area of origin. Findings on September 19, 2019: a. Second Floor Stair Towers - both towers have two bolt holes in the wall that are in need of filling. 7. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All the occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of	C 189	B. Room 113-Door was adjusted and in working order as of 10.2.19. C. Second Floor Clean Linen-Replaced latch and is in working order 10.2.19. D. Front office-The latch was repaired and in working order as of 10.2.19. E. Exit door by South Stair-repaired the weatherstripping and is in working order as of 10.2.19. A. Storage across Room 318-items were corrected and at the correct height as of 10.2.19. B. Activity Office-items were corrected and at the correct height as of 10.2.19. A.Second Floor Stair Towers-holes were filled in and in working order as of 10.2.19.	

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C 189	Continued From page 6 origin. Findings on September 19, 2019: a. Wellness Center - the door was held open using a wedged device.	C 189	.A. Wellness Center-wedge was removed at the time of survey and associates in-serviced on why not to prop a door open. Completed on 10.2.19.	
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: 1. Observations revealed that the facility did not maintain exhaust ventilation in required areas. Findings on September 19, 2019: a. Third Floor Residential Laundry by Room 305 - the exhaust fan is not working.	C 199	A. Third Floor Laundry Room by 305-Fan belt was replaced and working correctly on 10.2.19.	