STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060085	A. BUILDING: **01** B. WING _____	**01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	**5326 PARK ROAD CHARLOTTE, NC 28209**

(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 a Construction Section Biennial Survey by Ed Miller, conducted on January 24, 2023. Records indicate that this facility was first licensed as a Home for the Aged, on June 3, 1997. The facility is currently licensed for 56 Special Care Unit (SCU) beds. Based on this information, we are requiring this facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations and the applicable portions of the 2005 Rules for Adult Care Homes. The facility must meet the 1996 Edition of the North Carolina State Building Code-Section 409.1 Group I, Institutional Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the building does not meet code requirements for Delayed Egress Locking System, when last modified. Findings on January 24, 2024: a. Country Lane, Exit near Bedroom 11 - a force greater than 15 pounds was applied to the delayed egress door's releasing device, for more than three seconds. The system did not initiate an irreversible process to release the door. The door unlocked on fire alarm system activation and keypad operation. b. Center Section, Exit near Clare Bridge Program Director Office - a force greater than 15 pounds was applied to the delayed egress door's releasing device, for more than three seconds. The system did not initiate an irreversible process to release the door. The door unlocked on fire alarm system activation and keypad operation.	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. Based on observation, and interview with Maintenance Director corridors were not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on January 24, 2024: a. Boat House Cove, Corridor near Kitchen-	C 150		

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C 150	Continued From page 2 there was an unattended medication cart, obstructing the required six feet wide corridor to five feet and four inches. b. Country Lane, Short Corridor to Exit - a chair was obstructing the required six feet wide corridor to four feet and four inches. c. Garden Path, Corridor near Kitchen- there was an unattended medication cart, obstructing the required six feet wide corridor to five feet and six inches. b. Garden Path, Short Corridor to Exit - a wheelchair was obstructing the required six feet wide corridor to four feet and two inches. Facility Staff corrected this deficiency before the Construction Surveyor left the site.	C 150		
C 160	Outside Premises-Clean, Safe 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. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on January 24, 2024: a. Cottage Place, Exterior Exit near Bedroom 40 - the door's wood trim appears to have rotted and water was infiltrating the wall.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	C 164		

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C 164	Continued From page 3 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 mechanical systems were not kept clean and in good repair. Findings on January 24, 2024: a. Boat House Cove, Laundry Room - the exhaust ventilation system grille with its radiation damper had an excessive accumulation of dust/lint. b. Garden Path, Spa - the exhaust ventilation system grille with its radiation damper had an excessive accumulation of dust/lint.	C 164		
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. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, because general	C 166		

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C 166	Continued From page 4 maintenance was not being done or has not been completed. This could affect all residents, staff, and visitors if items were broken or partially removed and left where they could cause harm. Findings on January 24, 2024: a. Boat House Cove, Bedroom 51 - the mounting bracket for the missing towel bar, remains attached to the wall. This bracket was rough and had sharp edges, which provides potential to cause harm. b. Cottage Place, Smoke Barrier near Bedroom 42 - a panic hardware device was missing its end cover exposing sharp edges which provides potential to cause harm. c. Cottage Place, Smoke Barrier near Bedroom 28 - both panic hardware devices were missing their end covers exposing sharp edges which provides potential to cause harm.	C 166		
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. Based on Record review and interview with	C 185		

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C 185	Continued From page 5 the Maintenance Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on January 24, 2024: a. In the 1st quarter during the last 12 months, no rehearsal occurred during the 2nd shift. b. In the 2nd quarter during the last 12 months, no rehearsal occurred during the 2nd shift.	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, the facility was not maintained in a safe manner because the smoke barrier doors do not fit well enough when closed to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on January 24, 2024: a. Boat House Cove, Smoke Barrier near Bedroom 42 - there was a 3/8-inch gap between the door leaves. b. Country Lane, Smoke Barrier near Bedroom 1 - there was a 3/8-inch gap between the door leaves. c. Garden Path, Smoke Barrier near Bedroom 15 - there was a 1/4-inch gap between the door	C 189		

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C 189	Continued From page 6 leaves. d. Cottage Place, Smoke Barrier near Bedroom 28- there was a 1/4-inch gap between the door leaves. 2. Based on observation, the facility was not maintained in a safe manner because the smoke barrier doors have been damaged and may not function properly. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on January 24, 2024: a. Boat House Cove, Smoke Barrier near Bedroom 42 - the front leaf was missing the top rod guard. b. Boat House Cove, Smoke Barrier near Bedroom 42- there were many holes in the face of the door leaf from removal of hardware. c. Cottage Place, Smoke Barrier near Bedroom 28 - Both leaves were missing their top rod guards. 3. Based on observations, the fire-resistance-rated construction enclosures providing protection from hazardous areas were not being maintained in a safe and operating condition by providing one-hour rated fire-resistant-rated construction and 45-minute rated self-closing doors. This could affect all if smoke/flames are not contained to the room of origin. Findings on January 24, 2024: a. Boat House Cove, Laundry to Electrical Room - the 45 min rated, self-closing door, hit its frame and did not close and latch into its frame, under its own power. a. Boat House Cove, Laundry Room - there was a large hole in the fire-resistance-rated wall behind the washing machine.	C 189		

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C 189	Continued From page 7 b. Country Lane, Laundry to Water Heater Room - the 45 min rated, self-closing door, did not latch into its frame, under its own power. c. Country Lane, Clean Linen - the 45 min rated, self-closing door, did not latch into its frame, under its own power. 4. Based on observation and interview with the Maintenance Director, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system. Findings on January 24, 2024: a. Country Lane, Water Heater Room - the fire alarm system's smoke detector was dangling from the ceiling by its circuit conductors. b. Front Center Section, Electrical Room - the fire alarm control panel (FACP) shows a trouble signal. Per the Maintenance Director, the trouble signal was caused by a tamper switch that failed due to the recent cold weather snap. Parts have been ordered and are to arrive next week. 5. Based on observation, the building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system does not work properly when needed. Findings on January 24, 2024: a. Front Center Section, Kitchen -since October 2023, when the last semi-annual maintenance was performed on the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/owner inspections.	C 189		

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C 189	Continued From page 8 6. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on January 24, 2024: a. Central Section, Break Room Maintenance Shop - there was a sleeve with two different types of sealants used to fill the sleeve. b. Center Section, Clare Bridge Program Director Office - there was a large hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on January 24, 2024: a. Boat House Cove, Dining - the pair of corridor opposite-swing doors enclosing the Dining Room did not latch into their frame when the fire alarm system released the hold-open devices. In addition, the flush bolts must be cocked, so when the doors close, the latch bolts can be projected. b. Country Lane, Bedroom 3 - the corridor door has a 1/8-inch gap between the jamb doorstop and the lock side of the door leaf. c. Country Lane, Bedroom 11 - the corridor door does not latch into its frame when closed. d. Garden Path, Kitchen - the corridor door was missing its latch bolt; therefore, the door does not have positive latching. e. Garden Path, Dining - the pair of corridor opposite-swing doors enclosing the Dining Room did not latch into their frame when the fire alarm system released the hold-open devices. In addition, the flush bolts must be cocked, so when the doors close, the latch bolts can be projected. f. Garden Path, Bedroom 22 - when the corridor door was closed, there was a 5/8-inch gap between the face of the door leaf and the	C 189		

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C 189	Continued From page 9 doorframe stop. This exceeds the allowable gap of 1/2 inch for a sprinklered building. g. Cottage Place, Bedroom 29 - the corridor door has a gap between the top of the door and the bottom of the header stop. No gap is allowed. h. Cottage Place, Bedroom 36 - the corridor door's latch bolt was installed backwards, making it impossible to automatically latch into its frame, unless the door handle was operated. i. Back Center Section, Community Center - the pair of doors to the corridor, do not positively latch into their frame when closed. 8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on January 24, 2024: a. Center Section, Breakroom - the fluorescent light fixture lens/diffuser was not secured to its light fixtures. b. Boat House Cove, Kitchen - the ground-fault circuit-interrupter (GFCI) electrical power receptacle near the microwave, did not trip when the test button was pushed and when tested with a ground fault receptacle tester. c. Boat House Cove, Living Room- the dimmer light switch was missing parts of its protective cover, allowing access to energized components that are not guarded against accidental contact. d. Boat House Cove, Living Room- the dimmer light switch was missing its cover plate. e. Boat House Cove, Bedroom 51-Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle, did not trip when the test button was pushed and when tested with a ground fault receptacle tester. f. Country Lane, Kitchen - an electrical power receptacle, near the refrigerator and over a countertop was without ground fault protection. g. Country Lane, Kitchen - the ground-fault	C 189		

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C 189	Continued From page 10 circuit-interrupter (GFCI) electrical power receptacle was not secured to its junction box. h. Country Lane, Living Room- the dimmer light switch was missing parts of its protective cover, allowing access to energized components that are not guarded against accidental contact. i. Garden Path, Water Heater Room - there were two electrical junction boxes with energized components, missing their cover plates. j. Garden Path, Kitchen - the ground-fault circuit-interrupter (GFCI) electrical power receptacle near the bar sink, did not trip when the test button was pushed and when tested with a ground fault receptacle tester. k. Cottage Place, Water Heater Room - electrical panel A2 had an open slot where a breaker had been removed or the blank had fallen out. This allows access to energized components that are not guarded against accidental contact. l. Back Center Section, Community Center-Storage Room - the fluorescent light fixture was missing its protective cover exposing the ballast and wiring. 9. Based on observations, the fire sprinkler system was not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on January 24, 2024: a. Center Section, Breakroom Closet near Rest Room - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 10. Based on observation, the fire safety equipment was not being maintained to ensure safety. This could hamper the staff's ability to	C 189		

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C 189	Continued From page 11 extinguish a small fire, permitting it to grow. Findings on January 24, 2024: a. Front Center Section, Kitchen - the last annual maintenance, performed on the portable fire extinguisher was July 2023. Since that time there has been no documentation of the monthly in-house/owner inspections. b. Front Center Section, Kitchen - the "K" fire extinguisher was missing its annual maintenance tag. c. Front Center Section, Kitchen - the "ABC" fire extinguisher was missing its annual maintenance tag. d. Back Center Section, Wellness Room - the fire extinguisher was missing its annual maintenance tag. 11. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin. Findings on January 24, 2024: a. Center Section, Breakroom - two fire sprinkler escutcheon plates have dropped from the ceiling, exposing openings around the sprinklers allowing fire and smoke to spread into the attic. b. Back Center Section, Wellness Office - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling providing an opening that allows the spread of smoke and heat. c. Garden Path, Clean Linen - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling providing an opening that allows the spread of smoke and heat. d. Garden Path, Living - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling	C 189		

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C 189	Continued From page 12 providing an opening that allows the spread of smoke and heat. e. Cottage Place, Exterior Courtyard - the fire sprinkler was missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of fire and smoke.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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, in interview with Maintenance Director, the Facility hot water, at fixtures used by residents, was not maintained in the operating temperature range of 100 degrees Fahrenheit to 116 degrees Fahrenheit. Findings on January 24, 2024: a. Boat House Cove, Bedroom 40 - the sink's hot water temperature reached 158 degrees Fahrenheit. The water heater was set at 177 degrees Fahrenheit. b. Boat House Cove, Bedroom 46 - the sink's hot water temperature reached 158 degrees	C 195		

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(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 195	Continued From page 13 Fahrenheit. The water heater was set at 177 degrees Fahrenheit.	C 195		
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. Based on observation and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on January 24, 2024: a. Cottage Place, Spa - the exhaust ventilation system was not working.	C 199		