

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060101 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 05/07/2015 |
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| NAME OF PROVIDER OR SUPPLIER BROOKDALE SOUTH CHARLOTTE | STREET ADDRESS, CITY, STATE, ZIP CODE 5515 REA ROAD CHARLOTTE, NC 28226 |
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| C 000 | <p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on May 7, 2015.</p> <p>Records indicate that the Facility was first licensed or submitted for licensure on or about November 25, 1996 for Eighty-eight (88) Beds. On or about May 31, 2000 a request was made and approved to change Thirty-Seven (37) Beds to Independent Living leaving the total licensed beds to Fifty-One (51) Beds, including Fifteen (15) Special Care Beds. On December 31, 2014 the Faculty was licensed for 82 beds, including Fifteen (15) Special Care Beds. Based on the above information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p> | C 000 | | |
| C 101 | <p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>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</p> | C 101 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| C 101 | <p>Continued From page 1</p> <p>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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, the facility failed to meet the Building Code requirements of Section 409.1.5 and Table 409.1.5 of the 1996 NC State Building Code for "Protection From Hazardous Areas". This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on May 7, 2015: <ol style="list-style-type: none"> a. The Storage Room near 312 was over 100 sq. ft. and does not have a 45 minute rated "C" label fire rated door protecting its opening, 2. Based on observation, the facility is equipped with Special Locking (Magnetic Lock) and not all doors were equipped with an emergency release. This could affect all residents, staff and visitors if the facility if they cannot egress quickly during an emergency. Findings on May 7, 2015: <ol style="list-style-type: none"> a. Section 1012.6.1. 4. E. requires an "emergency release switch shall be provided for each locked door and located within 3 ft. of the door." There was no emergency release switch provided within three feet of the Gate. 3. Based on observation, the building failed to meet NC State Building Code concerning delayed egress at the time of initial Licensing. Findings on May 7, 2015: <ol style="list-style-type: none"> a. The delayed egress door(s) do not have the required signage saying, "PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 | C 101 | | |

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| C 101 | Continued From page 2 SECONDS" at most of the exits in the SCU. 4. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on May 7, 2015: a. The gate in the SCU has a magnetic lock installed and the central emergency release switch requires a key to operate located at the nurse station. Interview with staff in the area revealed that they did not have keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of a locked unit must carry keys at all times. | C 101 | | |
| C 111 | Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director/Maintenance Director/Manage of the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. | C 111 | | |

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| C 111 | Continued From page 3 Findings on May 7, 2015: a. Maintenance Director could not find the Annual Building Sanitation Report for review. b. Maintenance Director could not find a more current Annual Fire Alarm System Report than 10/30/2012. | C 111 | | |
| C 132 | Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures have curtains to provide privacy. Findings on May 7, 2015: a. In the Second Floor Shower Room, the tub was not equipped with a curtain. b. In the SCU Restroom there was no curtain in the shower. | C 132 | | |
| C 133 | Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all | C 133 | | |

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| C 133 | Continued From page 4 commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on May 7, 2015: a. In the SCU Restroom the commode grip was broken. | C 133 | | |
| 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, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on May 7, 2015: a. A chair was restricting the corridor's width to 52 inches at the Second Floor East Stair Tower. Deficiency corrected before Construction Surveyors departed the site. | C 150 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired | C 164 | | |

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| C 164 | <p>Continued From page 5</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions, and building in disrepair.</p> <p>Findings on May 7, 2015:</p> <p>a. In the Residents' Laundry near Bedroom 211, there was lint and clothing behind the dryer.</p> | C 164 | | |
| C 183 | <p>Fire Extinguishers</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order.</p> <p>Findings on May 7, 2015:</p> | C 183 | | |

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| C 183 | Continued From page 6 a. The fire extinguisher cabinet was missing its handle making it difficult to open, near Bedroom 225. | C 183 | | |
| C 189 | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on May 7, 2015: a. The exhaust fan did not completely cover the hole through the ceiling in the Bathroom in Bedroom 228.</p> <p>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 smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on May 7, 2015:</p> | C 189 | | |

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| C 189 | <p>Continued From page 7</p> <p>a. The cross-corridor double-egress doors in the Smoke Barrier near the Beauty Shop did not have astragals to provide acceptable clearances between the meeting edges of the doors when the fire alarm system released the doors.</p> <p>3. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on May 7, 2015:</p> <p>a. The corridor door assembly to the Bedroom 219 had a 1/4 inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.</p> <p>b. The corridor door assembly to the Bedroom 204 had a 3/8 inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.</p> <p>c. The corridor door assembly to the Sale Office had a 1/4 inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on May 7, 2015:</p> <p>a. The corridor doorframe was missing its strike plate at Storage across from Bedroom 228.</p> | C 189 | | |

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| C 189 | <p>Continued From page 8</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on May 7, 2015: a. Some exit signs have inappropriate chevrons graphics that misrepresent the way out of the building during an emergency at the following locations to include but not limited to: i. Bio/Haz near Bedroom 219, ii. Second Floor near Housekeeping, iii. First floor near Houskeeping b. The exit sign was not working on normal power at the Dining room Exit.</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors the 1996 NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin Findings on May 7, 2015: a. The Kitchen to Dining room door did not have a door closure and Dining was open to the corridor. b. The Corridor door to Storage room 321 did not latch. Deficiency corrected before Construction Surveyors departed the site.</p> <p>7. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing</p> | C 189 | | |

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| C 189 | <p>Continued From page 9</p> <p>smoke and fire in the room of origin. Findings on May 7, 2015:</p> <ul style="list-style-type: none"> a. Corridor door to the bedroom 201 was wedged open, b. Corridor door to Business Office was wedged open, c. Service Corridor door to the kitchen was held open with mechanical "kick-downs." <p>8. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on May 7, 2015:</p> <ul style="list-style-type: none"> a. The exit sign did not completely cover the hole through the ceiling at the following locations to include but not limited to: <ul style="list-style-type: none"> i. Business Office Manager's Closet ii. b. The HVAC grille did not completely cover the hole through the ceiling at the following locations to include but not limited to: <ul style="list-style-type: none"> i. Business Office Manager's Closet <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on May 7, 2015:</p> <ul style="list-style-type: none"> a. The fire sprinkler escutcheon plate had dropped down from the ceiling at the following locations to include but not limited to: | C 189 | | |

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| C 189 | <p>Continued From page 10</p> <ul style="list-style-type: none"> i. Dining. ii. Out the North most Public Toilet Room, <p>b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> i. Bedroom 303 walk-in closet, ii. Beauty Shop, iii. Executive Office closet, <p>c. The fire sprinkler escutcheon plate was missing at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> i. Kitchen, ii. Dining. iii. Solid Linen in SCU, iv. Front Sun Porch. <p>10. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on May 7, 2015:</p> <ul style="list-style-type: none"> a. The corridor door to the Wellness Center had a 1/2 inch diameter hole through the it. | C 189 | | |
| C 199 | <p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <p>(1) soiled linen storage;</p> | C 199 | | |

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| C 199 | <p>Continued From page 11</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on May 7, 2015: a. There was no ventilation to the following areas. Locations of specific examples include but are not limited to: i. Bio/Haz Room near Bedroom 219, ii. Residents Laundry Third Floor South Wing, iii. Residents Laundry Third Floor North Wing, iv. Residents Laundry Second Floor South Wing, v. Residents Laundry Second Floor North Wing,</p> <p>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on May 7, 2015: a. The exhaust ventilation was not working in the following areas. Locations of specific examples include but are not limited to: i. Housekeeping on Second Floor. ii. Housekeeping on Third Floor</p> | C 199 | | |