

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL08D129	(02) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(03) DATE SURVEY COMPLETED 04/22/2015
NAME OF PROVIDER OR SUPPLIER RADBOURNE MANOR III		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 CINDY LANE CHARLOTTE, NC 28269		
(04) 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)	(05) COMPLETE DATE
C 000	Initial Comments This Report is of a Biennial Construction Survey done by Bob Geichell on April 22, 2015. Records indicate that plans were submitted on 11/17/1997 for this facility which was built under the 1978 NC State Building Code - Institutional Occupancy. The facility is currently licensed for 12 residents. Based on this information we are requiring the facility to meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code- Institutional Occupancy. Deficiencies were noted which will require a new plan of correction.	C 000	<p style="text-align: center;">CONSTRUCTION SECTION</p> <p style="text-align: center;">JUN 28 2015</p> <p style="text-align: center;">RECEIVED</p>	
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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost.	C 101		<p>The Administrator and or designee will ensure all areas have smoke or heat detectors. Especially areas identified in report listed as follows: activity closet in living room, corridor linen closet, pantry, office closet, corridor bathrooms, private bathrooms off the bedrooms, corridor housekeeping closet.</p> <p>The Administrator and or designee will ensure detectors are working properly by checking them every 6 month.</p>

Division of Health Service Regulation
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Juliana R. Thompson

TITLE

Administrator

DATE

6/18/2015

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2015
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NAME OF PROVIDER OR SUPPLIER: **RADBOURNE MANOR III**
STREET ADDRESS, CITY, STATE, ZIP CODE: **2920 CINDY LANE CHARLOTTE, NC 28259**

(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 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building fire Alarm system was not installed in accordance with the 1978 NCSBC under which our records indicate the facility was built. This would effect all residents if the system did not detect smoke and activate the fire alarm.</p> <p>Findings include: The following areas have no smoke or heat detection: a) Activity Closet in Living Room, b) Corridor Linen Closet, c) Pantry, d) Office Closet, e) Corridor bathrooms, f) Private bathrooms off the bedrooms, g) Comidor Housekeeping Closet.</p> <p>This is not in accordance with the 1978 Building Code detection requirements for complete coverage</p>	C 101		
C 126	<p>Bedrooms-Windows</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(d) The requirements for the bedroom are: (B) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and</p> <p>This Rule is not met as evidenced by:</p>	C 126	<p>The Administrator or designee will ensure all residents windows are operable for ventilations. The Administrator or designee will ensure all windows stay up when open, will check all windows to ensure no windows are painted shut. Monthly inspections of all windows will be conducted by Supervisor In Charge. The Administrator will also spot check windows quarterly.</p>	<p>7/17/2015</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XV) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL000129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2015
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NAME OF PROVIDER OR SUPPLIER: **RADBOURNE MANOR II**
 STREET ADDRESS, CITY, STATE, ZIP CODE: **2920 CINDY LANE CHARLOTTE, NC 28269**

(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)	(X1) COMPLETE DATE
C 128	<p>Continued From page 2</p> <p>1. Based on observation, the building windows were not maintained. This would effect all residents by not having windows operable for ventilation.</p> <p>Findings include: Windows have issues in the following locations: a) Room 3 window will not stay open, b) Room 4 has a window painted shut.</p>	C 128	<p>The Administrator or designee will ensure egress from all areas be maintained in a safe manner. The Administrator will have corridor handrails outside the Office repaired or placed. The Administrator or designee will check all hand rails to ensure they are safe and not exposed to a possible fall hazard by being loose. Administrator and or designee will check handrails weekly to ensure safety.</p>	7/13/2015
C 148	<p>Corridors-Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(1) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having loose handrails. This would effect all residents by exposing them to a fall hazard.</p> <p>Findings include: a. The corridor handrail outside the Office is coming loose from the wall.</p>	C 148	<p>The Administrator or designee will ensure egress from all areas be maintained in a safe manner. All doors will be equipped with single motion door knobs in the direction of egress. Administrator will ensure kitchen exit door has a door knob that is single motion.</p>	7/13/2015
C 153	<p>Exit Door Locks-Single Hand Motion</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by</p>	C 153		

FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2015
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NAME OF PROVIDER OR SUPPLIER RADBOURNE MANOR II	STREET ADDRESS, CITY, STATE, ZIP CODE 2920 CINDY LANE CHARLOTTE, NC 28209
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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 153	<p>Continued From page 3</p> <p>a single hand motion, from the inside at all times without keys; and</p> <p>This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having doors that are not equipped with single motion door knobs in the direction of egress. This would effect all residents by not allowing free egress in an emergency.</p> <p>Findings include: a. The Kitchen Exit door has a door knob that is not single motion.</p>	C 153	<p>The Administrator or designee removed the deadbolt off the exit door on the right end and informed all staff no deadbolts are allowed on doors due to safety of residents.</p>	4/22/15
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(e) 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: 1. Based on observation, egress from all areas was not maintained in a safe manner by having an egress door that could be locked in the direction of egress. This would effect all residents by not allowing free egress in an emergency.</p>	C 189	<p>The Administrator or designee will ensure all doors close properly to contain smoke and fire. Administrator will check/audit all doors monthly to ensure working properly.</p>	7/13/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2015
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NAME OF PROVIDER OR SUPPLIER
RADBOURNE MANOR III

STREET ADDRESS, CITY, STATE, ZIP CODE
**2920 CINDY LANE
CHARLOTTE, NC 28269**

(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 189	<p>Continued From page 4</p> <p>Findings include: The Exit door on the right end of the building has a deadbolt. (Removed immediately)</p> <p>2. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin.</p> <p>Findings include: The following doors have issues: a) Living Room corridor door missing casing, b) Room 1 corridor door won't close and latch, c) Corridor bath door scrubs frame and won't latch, d) Room 3 corridor door closer bound up and won't allow door to close, e) Tub room door on the corridor is damaged, f) Room 4 corridor door scrubs frame and won't latch, g) Laundry door won't latch, h) Right and Corridor toilet door scrubs frame and won't latch</p> <p>3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include: There are unprotected penetrations in the walls and ceilings in the following locations: a) Activity Closet in Living Room has wall/ceiling joint separating, b) Middle Closet in Room 1 has wall/ceiling joint separating, c) Room 1 has unprotected ceiling penetrations over both beds, d) Corridor ceiling has gaps around repairs, e) Laundry ceiling has gaps around repairs, f) Room 2 has unprotected ceiling penetrations by</p>	C 189	<p>The Administrator or designee will have a licensed contractor correct the unprotected openings in ceilings and walls with the requirement to use through penetration fire stop system that has been tested in accordance with ASTM-814. The Administrator will ensure unprotected penetrations in walls and ceilings are conformance with fire stop system. Administrator will ensure all repairs are with a licensed contractor.</p> <p>The Administrator will ensure the building exit signage be maintained in a safe manner. Administrator or designee will ensure kitchen exit door light bulb is replaced due to being burned out and the exit sign is replaced over the left exit door. Administrator will monitor the area monthly to ensure compliance.</p>	<p>7/13/2015</p> <p>7/13/2015</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2016
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NAME OF PROVIDER OR SUPPLIER RADBOURNE MANOR III	STREET ADDRESS, CITY, STATE, ZIP CODE 2920 CINDY LANE CHARLOTTE, NC 28269
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C 188	<p>Continued From page 5</p> <p>conduit, g) Office has unprotected ceiling penetrations by conduit and wire, h) corridor bathroom has wall/ceiling joints separating, i) Part of interior wall in corridor Linen Closet missing, j) Room 4 has unprotected ceiling penetration by CATV cable, k) Laundry has plastic service box adjacent to bedroom (replace with metal to maintain 1-hour fire resistance rating of wall), l) Corridor toilet room at end of hall has unprotected ceiling penetrations, m) Housekeeping closet has wall/ceiling separating and unprotected ceiling penetrations.</p> <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>4. Based on observation, the building exit signage was not maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency.</p> <p>Findings include: Exit signs have issues in the following locations: a) Exit sign at kitchen exit door has the bulbs burned out, b) The exit sign is missing over the left exit door</p> <p>6. Based on observation, the building fire extinguisher equipment was not maintained in a safe manner. This would effect all residents by not having fire extinguishers available in an emergency.</p> <p>Findings include: The tags on the fire extinguishers indicate that monthly checks are not being performed as required by NFPA 10.</p>	C 189	<p>Administrator will ensure the building fire extinguisher equipment is maintained in a safe manner. The Administrator or designee will complete monthly checks on fire extinguishers as required by NFPA 10.</p> <p>Administrator will ensure all doors including fire rated doors close completed and will be monitored daily to ensure compliance.</p> <p>Administrator will ensure the door to the dining room corridor be reinstalled to meet the requirements from licensure. (note: this door has been removed for over 6 yrs and was never brought to Administrator attention until current survey)</p> <p>Administrator or designee will ensure facility remain in a safe manner by having fire rated panels in the attic. All prior construction damage will be repaired to contain smoke and fire in the fire compartment or room of origin.</p>	<p>4/22/15</p> <p>7/13/2015</p> <p>7/13/15</p> <p>7/13/15</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060129	(G2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2015
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NAME OF PROVIDER OR SUPPLIER: **RADBOURNE MANOR III**
 STREET ADDRESS, CITY, STATE, ZIP CODE: **2020 CINDY LANE CHARLOTTE, NC 28269**

(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 189	<p>Continued From page 6</p> <p>6. Based on observation, the facility was not maintained in a safe manner by having fire rated doors that did not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin.</p> <p>Findings include:</p> <p>a) The Dining Room has had the door to the corridor removed. Licensure rules require dining rooms to be enclosed with walls and doors. b) Kitchen door is wedged open. c) Kitchen corridor door has deadbolt only, and can not close and latch automatically.</p> <p>7. Based on observation, the facility was not maintained in a safe manner by having fire rated construction damaged in the attic. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin.</p> <p>Findings include the following: a) The 1-hour "tunnel" on the top of the attic trusses over the corridor has been damaged. b) A 5-sided gypsum box has been removed from an exhaust fan and the exhaust duct is disconnected.</p> <p>8. Based on observation, the building electrical equipment in the attic was not maintained in a safe manner. This would affect all residents by potentially causing a fire due to improper wiring methods.</p> <p>Findings include the following:</p> <p>a. There is a junction box in the attic missing a cover plate. b) There are electrical wire junctions that are not enclosed inside a mounted junction box.</p>	C 189	<p>Administrator or designee will ensure the 1-hour tunnel on the top of the attic trusses over the corridor be replaced or replaced. will also ensure a 5-sided gypsum box be reinstalled which connects to an exhaust fan. Will also reconnect exhaust duct.</p>	7/13/15

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NAME OF PROVIDER OR SUPPLIER **RADBOURNE MANOR III** STREET ADDRESS, CITY, STATE, ZIP CODE **2920 CINDY LANE CHARLOTTE, NC 28259**

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C 189	<p>Continued From page 7</p> <p>9. Based on observation, all of the building interior and exterior doors were not maintained operable. This would affect all residents in affected bedrooms or staff using affected service areas.</p> <p>Findings include the following: a) Soiled Linen door in Laundry room scrubs frame and won't latch. b) Pantry door hits frame and won't close and latch. c) Room 1 closet door scrubbing floor and won't latch. Room 4 closet door scrubbing floor and won't latch. d) The left end Exit door will not close and latch.</p>	C 189	<p>Administrator will ensure all electrical equipment is working properly by a licensed electrician. Electrician will check attic equipment, replace junction box plate cover in attic that was missing, and will ensure all electrical wire junctions are enclosed inside a mounted junction box. Administrator will ensure all electrical work is completed by licensed electrician.</p>	7/13/2015
C 189	<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: (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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule.</p>	C 189	<p>Administrator will ensure all of the building interior and exterior doors are maintained operable. Contractor will soiled linen door in laundry room frame latch, will ensure pantry door close and latch, will ensure room 1 closet door not scrubbing the floor and latch, will ensure left end exit door close and latch. Administrator will check all areas monthly to ensure compliance.</p>	7/13/2015

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C 199	Continued From page 6 Findings include: The exhaust fan in the Housekeeping Closet is not working.	C 199	Administrator or designee will ensure the building exhaust ventilation be maintained and working properly in the housekeeping closet. Administrator designee will check all areas monthly to ensure compliance.	7/13/15