

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2017
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NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
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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
D 000	Initial Comments The Adult Care Licensure Section conducted follow-up survey on April 21, 2017.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 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; This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure 6 of 53 occupied resident room doors in the facility closed properly with less than a 1/8 inch gap around the doors to comply with fire code. The findings are: Observation on 4/21/17 at 10:00am of the door leading into the suite of Rooms #208A and 208B revealed when pulled closed, the door had an approximate 1/4 inch gap at the top. Observation on 4/21/17 at 10:01am of Resident Room #208A revealed when pulled closed, the door had an approximate 1/4 inch gap at the top. Observation on 4/21/17 at 10:10am of Resident Room #209 revealed when pulled closed, the door had an approximate 1/4 inch gap at the top. Observation on 4/21/17 at 10:15am of Resident Room #218 revealed when pulled closed, the door had an approximate 1/4 inch gap at the top.	D 074	Each door will be closed properly with less than a 1/8 inch gap around the doors to comply with fire code.	6/20/17

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

STATE FORM *Stephen Sellers, ED* 5-8-17
8859 Q3LC11 If continuation sheet 1 of 2

Reviewed and Acknowledged by Joseph Cline 5/30/17

Joseph Cline

Division of Health Service Regulation

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D 074	Continued From page 1	D 074		
	Observation on 4/21/17 at 10:20am of Resident Room #221 revealed when pulled closed, the door had an approximate 1/4 inch gap at the top.			
	Observation on 01/18/17 at 10:00AM of Resident Room #225B revealed when pulled closed, the door latch would not catch in the strike plate on the door jamb, preventing the door from remaining closed.		Each resident door latch will catch in the strike plate on the door jamb - without any pulling on the door.	6/30/17
	Observation on 4/21/17 at 10:25am of Resident Room #226 revealed when pulled closed, the door had an approximate 1/4 inch gap at the hinged side at the top approximately 36 inches in length.			
	Observation on 4/21/17 at 10:30AM of Resident Room #230 revealed the door to the bathroom would not pull closed into the door jamb without additional pulling up on the door lever.			
	Interview on 4/21/17 at 11:30am with the Administrator revealed: -The facility did not currently have a full time Maintenance Director. -She had recently hired a Maintenance Director who will be starting within a few weeks. -There is a Maintenance Man who comes to the facility two days a week from another corporate facility to make repairs as needed. -She was not aware of the rule about the spacing of the door closures. -She would get the Maintenance Man to make the necessary repairs.			
	Attempted telephone interview on 4/21/17 at 1:10pm with the temporary Maintenance Man was unsuccessful.			