

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
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NAME OF PROVIDER OR SUPPLIER BROOKDALECHURCHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 140 CARRIAGE CLUB DRIVE 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
C 000	<p>Initial Comments</p> <p>Report of Complaint Survey by Dennis Harrell on 11-4-2014. The Complaint alleged that multiple disoriented residents have eloped in recent months.</p> <p>Based on Information gathered from our files, this facility was first licensed or submitted for licensure on or about 3-18-2002. On or about 2-29-2004, an addition was approved increasing the licensed capacity to (120) One-hundred Twenty Beds, including (20) Special Care Beds. Based on this information, we are requiring the facility to meet the 1996 Minimum Standards and Regulations for Homes for the Aged; the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds; and the 1996 Edition of the North Carolina State Building Code, Section 409- Institutional Occupancy, Group I as well as the 2002 Edition of the North Carolina State Building Code, Section 409- Institutional Occupancy, Section 308.2- Group I.</p> <p>The Complaint was substantiated.</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 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</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>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;</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to properly install the Special Locking devices(magnetic locks) as required by Section 1012.6.D. if the 1996 NC State Building Code. Section 1012.6.D. requires an on/off emergency release switch, capable of interrupting power to all magnetically locked doors shall be located and properly identified at the nurse station or any other control station which is manned 24 hours. Special Locking devices that are not properly installed could prevent an evacuation in an emergency. Findings include: There was no central emergency release switch that could be found at the nurse station or at any other control station which is manned 24 hours.</p>	C 101		
C 151	<p>Entrances/Exits-Wanderer Alarm</p> <p>IV. The Building C. Physical Environment (10 NCAC 42D .1503) 8. The requirements for outside entrances and exits are: d. In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each required exit door shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. A central control panel that will</p>	C 151		

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C 151	<p>Continued From page 2</p> <p>deactivate the sounding device may be used, provided the control panel is located in the office of the administrator.</p> <p>This Rule is not met as evidenced by: Based on review of documents, the facility houses at least 7 residents who have been determined by a physician to be disoriented or confused. A review of documents provided by the local Division of Social Services revealed that 2 residents have eloped in recent months far beyond the property boundaries. Interview with the local Adult Home Specialist, Ms. Kelly McMillan, revealed that other disoriented residents have left the building but were intercepted before leaving the property. Based on observation, the facility failed to equip several required exit doors with sounding devices in compliance with the Rule listed above. Finding include: 1. There were at least 14 exit doors, listed on the evacuation plan and equipped with exit signs, that were not protected with a sounding device that alarms when the door is opened. 2. The staff exit door from the room designated on the evacuation plan as "Crafts" is accessible to residents and is not protected with a sounding device that alarms when the door is opened. 3. Each resident apartment has a patio door that leads directly to the outside. While these are not required exits, disoriented residents occupy some of these apartments and there are no provisions to prevent disoriented residents from wandering away.</p>	C 151		