

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/07/2015
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NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209
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C 000	<p>Initial Comments</p> <p>Report of Construction Biennial Survey by Dennis Harrell and Ed Miller on 1-7-2015.</p> <p>Information obtained from the DHSR database indicates that the Summit Place of Southpark facility was first licensed on 2-2-1998. The facility is currently licensed for 120 beds including 30 beds in the SCU. Based on this information, we are requiring the facility to meet the 1996 North Carolina State Building Code Volume I General Construction Reference Section 409.1 Group I - Unrestrained, the 1996 Rules for the Licensing of Adult Care Homes, and applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds.</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>FEB 19 2015</p> <p>RECEIVED</p>	
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 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>	C 101		

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

Richard Lyon / Richard Lyon

TITLE
Executive Director

(X6) DATE
2/17/15

Division of Health Service Regulation

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C 101	<p>Continued From page 1</p> <p>1. Based on observation, the locks provided on the exit gates from the Special Care courtyard did not meet the Building Code requirements for gates in a path of egress. This facility is equipped with Special Locking (magnetic locks) on the exit gates as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. F. requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings include: The required emergency release switches located at both magnetically locked exit gates were of the locking type. All staff interviewed did not carry release switch keys. All staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty.</p> <p>2. Based on observation, the locks provided on the exit gates from the Special Care courtyard did not meet the Building Code requirements for gates in a path of egress. This facility is equipped with Special Locking (magnetic locks) on the exit gates as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. D. requires, "An on/off emergency release switch must be capable of interrupting power to all magnetically... locked doors in the facility. Release switches shall be located and properly identified at each nursing station..." Findings include: There was no emergency release switch provided at the nurse station to unlock the 2 magnetically locked gates in the Special Care courtyard. Both exit gates are in the path of exiting from the Main Dining room and one is in the path of exiting from the Special Care Activity area.</p> <p>3. Based on observation, the facility failed to</p>	C 101		

Division of Health Service Regulation

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C 101	Continued From page 2 meet the requirements of Table 409.1.5 for rooms larger than 100 sq. feet storing combustibles. Table 409.1.5 requires a one hour fire protected room with a ¾ hr fire rated door and closer. Storing combustibles improperly increases the possibility that a fire that might start in that space will not be contained in the space. Findings include: Bedroom 308 is larger than 100 sq. feet and now being used for storage of combustibles. 4. Based on observation, the facility failed to meet the Building Code requirements for clear working space in front of electric panels. Failure to maintain the required clear space of at least 30 inches wide by 36 inches deep in front of electric panels could delay access to the panel in an emergency. Findings include: a. Items stored in front of the electric panel in the storage room by room 214, b. Items stored in front of the electric panel in the storage room by room 314, c. Items stored in front of the electric panel in the kitchen.	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: Based on a review of documents, the most recent fire alarm system inspection shows a "failed" test	C 111		

Division of Health Service Regulation

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C 111	Continued From page 3 in April. There was no subsequent documentation available to indicate the facility had passed a fire alarm system inspection and test.	C 111		
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: Based on review of documents, the records of fire drill rehearsals did not include any description of what the rehearsal involved.	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)	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 4</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, several battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include: <ol style="list-style-type: none"> a. Emergency light not working in Special Care corridor by room 102, b. Emergency light not working in Special Care corridor by room 107, c. Emergency light not working in 2nd floor corridor by room 236, d. Emergency light not working at 2nd floor landing in stairway 2, e. Emergency light not working at 3rd floor landing in stairway 2, f. Emergency light not working in 3rd floor Med Prep room, g. Emergency light not working in 3rd floor Activity room. 2. Based on observation the facility was not maintained in a safe condition because of exit signs not working on normal and/or emergency power. An exit sign not working properly could delay an evacuation in an emergency. Findings include: <ol style="list-style-type: none"> a. The exit sign in the kitchen is not working on emergency power when the test button is activated. b. The exit sign in the Special Care stair tower is not working on emergency power when the test button is activated. c. Both of the exterior exit signs in the Special Care courtyard are not working at all. The Special Care courtyard is a required exit path 	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 5</p> <p>from the Special Care Activity area and the Assisted Living main Dining room.</p> <p>3. Based on observation, the facility was not maintained in a safe condition because of smoke barrier doors not closing when activated by the fire alarm system. Findings include: The cross-corridor doors at the smoke barrier wall in the Special Care Unit are held open with magnets interconnected with the fire alarm system and are equipped with latching hardware but are also equipped with closers that have integral hold-open devices. These doors did not close when activated by the fire alarm system because of the hold-open devices on the closers. Additionally, when the hold open devices on the closers were disabled, one door did not latch when it closed.</p> <p>4. Based on observation, many corridor doors are not closing well and/or latching or have holes through the door or are improperly held open compromising the door's ability to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. There is a hole through the door to the 2nd floor TV lounge. b. The door from the kitchen to the dining room is not latching properly. c. The door to the main laundry is not latching properly. d. The door to the 2nd floor Activity room will not latch. e. The door to soiled linen on the 1st floor was wedged open.</p>	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 6</p> <p>f. The door to the Maintenance Director's office is equipped with a mechanical "kick-down" to hold it open.</p> <p>g. The door to the employee locker room was wedged open.</p> <p>h. The door to the 3rd floor nurse office was wedged open.</p> <p>i. The latch is broken on the door to the main dining room.</p> <p>j. The door to the 1st floor parlor was propped open and would not latch properly.</p> <p>5. Based on observation, the facility failed to be maintained free of hazards in the dining room by obstructing fire alarm pull stations. Fire alarm pull stations that are hidden from view are not readily available for use in an emergency. Findings include: The fire alarm pull stations at both required exits in the main dining room were obstructed from view by artificial trees.</p> <p>6. Based on observation, the facility failed to be maintained free of hazards because of exits signs directing exiting in the wrong directions. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Findings include: a. One of the required exit signs on the second floor has the exit arrows pointing in the wrong directions for exiting. b. Two required exit signs in the Special Care Unit Activity area have exit arrows pointing in the wrong directions for exiting.</p> <p>7. Based on observation, the facility failed to be maintained free of hazards because of inaccessible fire extinguishers. Inaccessible fire extinguishers are not available for use when needed in a fire.</p>	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 7</p> <p>Findings include:</p> <p>a. The fire extinguisher in the Activity office was blocked from use by cabinets.</p> <p>b. The fire extinguisher in the laundry in Special Care was blocked from use by cabinets.</p> <p>8. Based on observation, the facility failed to maintained free of the hazard of someone possibly being locked in a closet. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be locked in the closet.</p> <p>Findings include: There were hasps and padlocks on 2 closets in the 2nd floor Activity room and on 2 closets in the 3rd floor Activity room.</p> <p>9. Based on observation, the ice machine drain line was only 1 inch above the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</p> <p>10. Based on observation, the facility was not maintained in a safe condition because of Delayed Egress exit doors and Special (magnetic) Locking egress gates not functioning correctly. Improperly functioning exit door and gates could delay or prevent an evacuation in an emergency.</p> <p>Findings include: The facility is equipped with 2 Delayed Egress exit doors in the Special Care Unit and 2 Special (magnetic) Locking egress gates in the courtyard adjacent to the Special Care Unit. One egress gate is a required exit from the Activity area of the Special Care Unit and both gates are in a required exit path from the main Dining room in</p>	C 189		

Division of Health Service Regulation

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C 189	Continued From page 8 the Assisted Living portion of the facility. Both the Delayed Egress exit doors in the Special Care Unit and both Special (magnetic) Locking egress gates in the courtyard unlocked on activation of the fire alarm system but relocked when the fire alarm system was silenced. These doors and gates must not relock until the fire alarm system is fully reset. 11. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Findings include: a. Exhaust vent cover hanging down in linen closet by room 322, b. A water leak in the boiler room is damaging the fire rated gypsum board, c. Hole in wall by wires in 2nd floor electrical room, d. Hole in wall in boiler room, e. Open conduit sleeve for wires through floor from 3rd floor Janitor closet to 2nd floor Janitor closet, f. Open conduit sleeve for wires through floor from 2nd floor Janitor closet to 1st floor Janitor closet, g. Hole in ceiling in 2nd floor Resident laundry, h. Holes in ceiling of fire alarm control room, i. Some spray-on fire-proofing missing in fire alarm control room, j. The sprinkler escutcheons were missing or not tightly fitted to the ceiling to complete the one-hour protection in the following locations: i. Electrical/Plumbing supply room 1st floor, ii. Fire alarm control room, iii. Special Care at the stair tower door, iv. Special Care at the Dining room door, v. Nurse office on 2nd floor, Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated	C 189		

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C 189 Continued From page 9
 construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.

12. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include:
 A. One portable medical oxygen cylinder not stored in approved rack in room 223.
 B. Two portable medical oxygen cylinders were stored in no rack under the bed in room 330.

13. Based on observation, a cover plate is missing on a receptacle in the Special Care nursing station. Missing cover plates expose electrified parts and wires.

C 189

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)

C 199

Division of Health Service Regulation

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C 199	Continued From page 10 which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the facility failed to maintain a working exhaust system in the "bio-hazard" room on the second floor. A malfunctioning exhaust system can cause bacteria, germs, and other contaminants to accumulate.	C 199		
C 147	Corridors-Free Of Equipment & Obstructions IV. The Building C. Physical Environment (10 NCAC 42D .1503) 7. The requirements for corridors are: d. Corridors must be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the corridors free from obstructions. Obstructed corridors could delay or prevent exiting in an emergency. Additionally storage of combustibles and or flammables in corridors and exit ways is strictly prohibited. Findings include: 1. Items, including combustibles and flammables, were stored at the bottom of stairwell 3. 2. Several laundry bags full of combustibles were stored in the corridor blocking the exit to stairwell 3 on the 1st floor.	C 147		

DHS Construction Biennial Survey: 2.16.15		Community: Summit Place of Southpark	
Number: HALL000116	Date: 8/30/2010	Plan or Correction	Description/Revision
Survey	Description of Station		
Correction			

.0330 - Physical Plant
10A NCAC 13F .0301

Application of Physical Plant Requirements

1012.6.1.4.F/C 101 1. If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys. 1.23.15

A. In response to corrective action that will be taken in those areas affected by the deficient practice; Exit gale cylinders locks have been re-keyed, sufficient key copies were created and distributed to all staff required to assist with evacuation.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice; All exit gales were tested by the Maintenance confirmed to be functioning properly.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; All exit doors will be routinely inspected by the Maintenance Director to ensure they are operating properly. Routine audits will be conducted to confirm staff are in possession of exit keys and/or the exit code at all times.

D. With respect to monitoring and/or quality assurance; The Resident Service Director, Maintenance Director and Food Service Director will monitor staff compliance. Findings will be forwarded to the Quality Assurance Team.

2. An on/off emergency release switch must be capable of interrupting power to all magnetically locked doors in the facility. Release switches shall be located and properly identified at each nursing station...

1012.6.1.4.D/C 101 A. In response to corrective action that will be taken in those areas affected by the deficient practice; Amplified Electronics Design is in the process of providing a proposal for the work to be completed. 3.6.15

B. With respect to how the community will identify other areas with the potential to be affected by the same practice; N/A

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; All exit doors and releases will be routinely inspected by the Maintenance Director to confirm they are functioning properly.

D. With respect to monitoring and/or quality assurance; All exit doors and releases will be routinely inspected by the Maintenance Director to confirm they are functioning properly. Findings will be forwarded to the Quality Assurance Team.

3.storing combustibles improperly increases the possibility that a fire that might start in that space will not be contained in the space.

Table 409.1.5/C-101

1.8.15

- A. In response to corrective action that will be taken in those areas affected by the deficient practice; Items in question have been removed from the room, disposed of or relocated/property stored in alternative locations.
- B. With respect to how the community will identify other areas with the potential to be affected by the same practice; All vacant rooms have been inspected to ensure items in apartments do not present a safety risk.
- C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; Vacant rooms will be routinely inspected to ensure compliance.
- D. With respect to monitoring and/or quality assurance; The Maintenance Director and Executive Director will routinely inspect vacant rooms to ensure compliance. Findings will be forward to the Quality Assurance Team.

4. Building Code requirement for clear working space in front of electrical panels.

C 101

1.12.15

- A. In response to corrective action that will be taken in those areas affected by the deficient practice; All items in front of electrical panels have been removed in storage rooms and the kitchen.
- B. With respect to how the community will identify other areas with the potential to be affected by the same practice; All electrical panels have been inspected to ensure there is clear working space.
- C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; Electrical panels will be routinely inspected to ensure compliance. Red tape has been placed on the floor to alert staff of the distance required for stored items.
- D. With respect to monitoring and/or quality assurance;

The Maintenance Director will routinely inspect electrical panels to ensure compliance. Findings will be forward to the Executive Director and Quality Assurance Team.

3.6.15

The facility shall have current sanitation and fire and building inspection reports which shall be maintained in the home and available for review. - Subsequent documentation

A. In response to corrective action that will be taken in those areas affected by the deficit practice;

Eagle Fire has been contacted to re-inspect all deficiencies identified on the April 2014 Fire Alarm System inspection. Eagle Fire will complete any outstanding repairs, as needed.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

All most recent inspections will be reviewed to confirm any and all deficiencies have been corrected.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur;

All community inspections and plans of corrections will be reviewed by appropriate department Directors to ensure deficiencies have been resolved.

D. With respect to monitoring and/or quality assurance;

All inspections will forwarded to the Executive Director and Quality Assurance Team for review.

Records of fire drill 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 rehearsal, the shift staff members present and a short description of what the rehearsal involved.

3.1.15

A. In response to corrective action that will be taken in those areas affected by the deficit practice;

Fire drill rehearsal detail has been downloaded from the electronic tracking system and incorporated into the fire drill binder for review.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

N/A

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur;

An additional narrative/description of future drills be incorporated in the documentations moving forward.

D. With respect to monitoring and/or quality assurance; Fire drill rehearsal detail will be forwarded to the Executive Director and Quality Assurance Team for review.

(1) 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. - Emergency lighting

1.18.15

A. In response to corrective action that will be taken in those areas affected by the deficient practice; New emergency lighting fixtures were purchased and installed in areas in question.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

All emergency lighting equipment has been tested to confirm they are functioning properly. Additionally, Camden Fire Extinguisher Service inspected all emergency lighting fixtures on 2.18.15.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; All emergency lighting will be routinely tested to confirm they are functioning properly.

D. With respect to monitoring and/or quality assurance; The Maintenance Director will routinely inspect emergency lighting to ensure compliance. Findings will be forward to the Executive Director and Quality Assurance Team.

(2) 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. - Exit signs

1.18.15

A. In response to corrective action that will be taken in those areas affected by the deficient practice; Emergency exit sign batteries were purchased and installed in areas in question.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

All exit signs have been tested to confirm they are functioning properly.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur;

All exit signs will be routinely tested to confirm they are functioning properly.

D. With respect to monitoring and/or quality assurance; The Maintenance Director will routinely inspect emergency exit signs to ensure compliance. Findings will be forward to the Executive Director and Quality Assurance Team.

(3) 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. - Cross-corridor doors

2.20.15

A. In response to corrective action that will be taken in those areas affected by the deficient practice;

The "hold open device(s)" on cross-corridor doors have been permanently disabled allowing doors to close freely when the fire alarm is activated. The cross-corridor lock/fetch in question has been repaired.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

All cross-corridor doors have been tested to ensure they are functioning properly.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; All cross-corridor doors will be routinely tested to confirm they are functioning properly.

D. With respect to monitoring and/or quality assurance; The Maintenance Director will routinely inspect cross-corridor doors to ensure they are functioning properly. Findings will be forward to the Executive Director and Quality Assurance Team.

(4) 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. - Corridor doors

3.6.15

A. In response to corrective action that will be taken in those areas affected by the deficient practice; All identified door repairs will be completed.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

All corridor doors have been inspected to ensure they are working functioning properly and in compliance.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur;

All corridor doors will be routinely inspected to ensure compliance.
 D. With respect to monitoring and/or quality assurance;
 The Maintenance Director will forward finding to the Executive Director and Quality Assurance Team.

1.8.15

(5) 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. - Fire alarm pull stations

C 189

A. In response to corrective action that will be taken in those areas affected by the deficient practice;
 The artificial trees obstructing the view of the alarm pull stations have been removed.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

All alarm pull stations were inspected to ensure they are in plain view.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur;

Alarm pull station will be routinely inspected to ensure compliance.

D. With respect to monitoring and/or quality assurance;

The Maintenance Director will routinely inspect pull station and report Findings to the Executive Director and Quality Assurance Team.

1.14.15

(6) 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. - Emergency exit directional signs

C 189

A. In response to corrective action that will be taken in those areas affected by the deficient practice;

All identified emergency exit directional arrows have been corrected.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;
 All emergency exit directional arrows have been inspected to ensure proper egress from the building.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur;

Emergency exit signs and directional arrows will be routinely inspected.

D. With respect to monitoring and/or quality assurance; The Maintenance Director will inspect all emergency exit signs and report deficiencies to the Executive Director and Quality Assurance Team.

(7) 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. - Five extinguishers

C. 189

1.15.15

A. In response to corrective action that will be taken in those areas affected by the deficient practice; All stored items have been removed near the identified fire extinguisher cabinets.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice; All fire extinguisher cabinets have been inspected to ensure compliance and accessibility. Additionally, Camden Fire Extinguisher Service inspected all fire extinguishers on 2.18.15.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; Fire extinguisher cabinets will be routinely inspected.

D. With respect to monitoring and/or quality assurance;

The Maintenance Director will inspect all fire extinguishers and report deficiencies to the Executive Director and Quality Assurance Team.

(8) 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. - Latching hardware that can only be operated on one side of the door

C. 189

2.17.15

A. In response to corrective action that will be taken in those areas affected by the deficient practice; Hestsps and padlocks on identified doors have been removed.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

All doors have been inspected to ensure latching hardware can be operated on two sides; not allowing someone to be locked in.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; All doors will be routinely inspected.

D. With respect to monitoring and/or quality assurance;

The Maintenance Director will inspect all doors and report deficiencies to the Executive Director and Quality Assurance Team.

(9) 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. - Ice machine drain

1.23.15

A. In response to corrective action that will be taken in those areas affected by the deficient practice; The identified ice machine drain has been adjusted to provide a 2 inch clearance.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice; All drains have been inspected to ensure proper clearance is maintained to avoid contamination.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; Drain clearance will be routinely monitor to ensure compliance.

D. With respect to monitoring and/or quality assurance; The Maintenance Director will routinely monitor drain clearance and report deficiencies to the Executive Director and Quality Assurance Team.

(10) 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. - Special (magnetic) egress doors

3.6.15

A. In response to corrective action that will be taken in those areas affected by the deficient practice; Eagle Fire is in the process of providing a proposal for work to be completed.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice; N/A

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; All exit doors and releases will be routinely inspected by the Maintenance Director to confirm they are functioning properly.

D. With respect to monitoring and/or quality assurance; All exit doors and releases will be routinely inspected by the Maintenance Director to confirm they are functioning properly. Findings will be forwarded to the Quality Assurance Team.

(11) 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. - Compromised walls/ceilings

C-189

2.28.15

- A. In response to corrective action that will be taken in those areas affected by the deficient practice;
- All compromised walls/ceiling are in the process of being repaired.
- B. With respect to how the community will identify other areas with the potential to be affected by the same practice; All walls/ceilings will be inspected to ensure they are not compromised. Additional repairs will be completed, as needed.
- C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; All walls/ceilings will be routinely inspected to ensure compliance.
- D. With respect to monitoring and/or quality assurance; The Maintenance Director will forward finding to the Executive Director and Quality Assurance Team.

(12) 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. - Portable oxygen cylinders

C-189

1.16.15

- A. In response to corrective action that will be taken in those areas affected by the deficient practice; Medical equipment suppliers were contacted for residents in question and oxygen cylinders are currently stored in racks.
- B. With respect to how the community will identify other areas with the potential to be affected by the same practice; All resident rooms with oxygen orders were inspected to ensure cylinders were stored in appropriate racks.
- C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; Resident rooms will be routinely inspected to ensure compliance.
- D. With respect to monitoring and/or quality assurance; The Resident Service Director will be responsible for inspecting resident rooms. All identified deficiencies will be reported to the Executive Director and Quality Assurance Team.

(13) 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. - Receptacle cover plate

C-189

A. In response to corrective action that will be taken in those areas affected by the deficient practice; 1,16,15

A receptacle cover plate has been installed on the identified outlet.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

All electric outlets have been inspected to ensure electrified parts and wires are not exposed.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; Electrical outlets will be routinely inspected to ensure compliance.

D. With respect to monitoring and/or quality assurance; The Maintenance Director is responsible for electrical inspections. Deficiencies will be reported to the Executive Director and Quality Assurance Team.

.0300 Physical Plant 10A
NCAC 13F .0311 Other
Requirements

The spaces listed in this paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot (soiled linen storage, soil utility room, bathrooms and toilet rooms, housekeeping closets and laundry area) - Bio-hazard room

C-198

A. In response to corrective action that will be taken in those areas affected by the deficient practice; 2,6,15

The bio-hazard room has been relocated to a different storage area with exhaust ventilation.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice;

All storage areas/rooms that require exhaust ventilation have been inspected to ensure proper ventilation.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; Storage areas/rooms requiring proper ventilation will be routinely inspected to ensure compliance.

D. With respect to monitoring and/or quality assurance; The Maintenance Director will conduct inspections and report deficiencies to the Executive Director and Quality Assurance Team.

C-147

Corridors-free of equipment & obstructions

A. In response to corrective action that will be taken in those areas affected by the deficient practice; 1.31.15

All items have been removed from stairwell 3 and the 1st floor corridor.

B. With respect to how the community will identify other areas with the potential to be affected by the same practice; All stairwells and corridors have been inspected to ensure they are free of obstructions.

C. With respect to the measures that will be put in place or systemic changes to ensure deficient practice will not recur; The stairwells and corridors will be routinely inspected to ensure compliance.

D. With respect to monitoring and/or quality assurance; The Maintenance Director and Executive Director will inspect stairwells and corridors. Deficiencies will be reported to the Quality Assurance Team.