

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CHURCHILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>140 CARRIAGE CLUB DRIVE</b> <b>MOORESVILLE, NC 28117</b>
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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}	Initial Comments  Report of Follow-up and Consultation by Dennis Harrell, Pam Houston and Greg Cates on 3-10-2015.  New information came to light during the Consultation that is addressed in this Statement of Deficiencies.	{C 000}		
{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;  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	{C 101}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 101}	Continued From page 1  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 in the Special Care Unit which is manned 24 hours.	{C 101}		
{C 151}	Entrances/Exits-Wanderer Alarm  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 deactivate the sounding device may be used, provided the control panel is located in the office of the administrator.  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.	{C 151}		

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{C 151}	<p>Continued From page 2</p> <p>Based on observation, the facility failed to equip several required exit doors with sounding devices in compliance with the Rule listed above.</p> <p>Finding include:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <p>Findings on 3-10-2015: A further review of documents determined there are approximately 35 residents who have been determined by a physician to be disoriented or confused.</p>	{C 151}		