Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL049029 | A. BUILDING: 01<br>B. WING _____ | R<br>05/03/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE CHURCHILL | 140 CARRIAGE CLUB DRIVE<br>MOORESVILLE, NC 28117 |

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| {C 000} | Initial Comments<br><br>Report of Follow-up Survey by Dennis Harrell on 5-3-2015.<br><br>Most deficiencies were not corrected. Further action is required. | {C 000} | | |
| {C 101} | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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;<br><br>This Rule is not met as evidenced by:<br>Based on observation, the facility failed to properly install the Special Locking devices(magnetic locks) as required by Section 1012.6.D. of 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 | {C 101} | CONSTRUCTION SECTION<br>JUL 7 2015<br>RECEIVED | |



7/1/15

completion date 7/31/15

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| {C 101} | Continued From page 1<br>installed could prevent an evacuation in an emergency.<br>Findings on 11-4-2014:<br>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.<br><br>Finding on 5-3-2015:<br>The facility had installed a central emergency release switch but it was not properly identified as required by Section 1012.6.D. if the 1996 NC State Building Code. Also, none of the 3 staff on duty in the Special Care Unit had been trained as to the location or function of the central emergency release switch.<br><br>New findings during the 5-3-2015 Follow-up:<br>1. Based on observation, one of the 3 locked exits in the Special Care Unit (at stairwell #2) was of the delayed egress type. The facility failed to properly install the Special Locking device (delayed egress lock) in compliance with Section 1012.6.1.3 of the 1996 NC State Building Code. Section 1012.6.1.3 requires the lock to activate an audible signal when the delayed egress process is initiated.<br>Findings include:<br>When the delayed egress lock was activated, it made no sound.<br><br>2. Based on observation, the facility failed to properly install the Special Locking device (delayed egress lock) in compliance with Section 1012.6.2 of the 1996 NC State Building Code. Section 1012.6.2 requires a sign on the door adjacent to the locking device which reads; "PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND." The letters in this sign must be at least 1 inch high. | {C 101} | Central Emergency switch in memory care unit has been labeled and staff has been in-serviced in regards to its purpose and usage.<br><br>The delayed egress locks on all exits in Memory Care have been tested and work properly. Audible alarm is present when door is opened.<br><br>Signs have been placed on exit doors in Memory Care to state 'Push. This Door will open in 15 seconds. Alarm will sound" | 5/1/15<br><br>5/1/15<br><br>5/1/15 |

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| {C 101} | Continued From page 2<br>Findings include:<br>There was no sign provided at the delayed egress door.<br><br>3. Based on a review of documents, the Plan of Correction submitted by the facility on 3-23-2015, stated that a magnetic lock was added to the front door and the door is locked whenever the receptionist leaves. Based on observation the facility failed to properly install the Special Locking device in compliance with Section 407.11.3.5 of the 2012 NC State Building Code. Section 407.11.3.5 requires an "on/off" emergency release switch to be installed within 3 feet of the locked door.<br>Findings include:<br>The emergency release switch provided was a momentary push-button type that automatically relocked the door when the button was released. A momentary switch is not an "on/off" type switch.<br><br>4. Based on a review of documents, the facility may have failed to comply with Section 407.11.4 of the 2012 NC State Building Code as relates to the installation of Special Locking at the front door. Section 407.11.4 states that each Special Locking installation shall be approved by the appropriate fire and building inspection authority prior to installation, after installation and prior to initial use and reviewed periodically thereafter.<br>Findings include:<br>No documentation has been submitted to indicate the local Building Inspection Department has permitted and approved the Special locking at the front door. | {C 101} | 3 months from receipt of acceptance of plan of correction<br><br>An on/off type emergency switch will be added to the front door and R&M group will submit documentation required to correct and validate that appropriate permits will be issued.<br><br>R&M group is submitting documentation to the construction section of NCDHHS to validate that appropriate permits will be issued. They will also include schematic drawings and update NCDHHS if any changes take place. They will also notify upon 50 percent, 75 percent and 90 percent completion.<br><br>All exits including resident patios and common area doors will be added to existing emergency call system, where as an alert will be sent to the care staff whenever these doors are opened.<br><br>The door entering the room labeled "crafts" will be replaced and a key pad lock will be needed to enter this room, making it inaccessible to the residents. | |
| C 116 | Plans Submittals and Approvals<br><br>SECTION .0300 - PHYSICAL PLANT | C 116 | | |

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| C 116 | Continued From page 3<br>10A NCAC 13F .0304 PLANS AND SPECIFICATIONS<br>(a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents.<br>(b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.<br>(c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.<br>(d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.<br>(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.<br>(f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction | C 116 | | |

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| C 116 | Continued From page 4<br>is 50 percent, 75 percent and 90 percent complete and upon final completion.<br><br>This Rule is not met as evidenced by:<br>Based on observation renovations have been done in this facility and no plans or specifications have been received by the DHSR Construction Section.<br>Findings include:<br>Special Locking (magnetic lock) was installed at the front door. Our records show that plans for installation of a fence were submitted and assigned DHSR Construction project # HA-3107, however, no plans have been submitted for the installation of additional locking systems.<br><br>Additionally, the project review fee has not been paid therefore the review is on hold. | C 116 | | |
| C 154 | Entrances/Exits-Wanderer Alarms<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(h) The requirements for outside entrances and exits are:<br>(4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents 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. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. | C 154 | | |

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| C 154 | Continued From page 5<br><br>This Rule is not met as evidenced by:<br>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.<br>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.<br>Based on observation, the facility failed to equip several required exit doors with sounding devices in compliance with the Rule listed above.<br>Findings on 3-10-2015:<br>A further review of documents determined there are approximately 35 residents who have been determined by a physician to be disoriented or confused.<br><br>Finding on 11-4-2014 included:<br>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.<br>Findings on 5-3-2015:<br>The facility had installed single station alarms on all the common area exit doors and central system alarms on some doors. As was discussed during the Consultation on 3-10-2015, single station alarms cannot be approved because of the huge size of the facility. Common area doors without central system alarms include, but are not necessarily limited to;<br>a. Great Room exit,<br>b. Hallway exit adjacent to Great room,<br>c. Dining room exit,<br>d. Hallway exit adjacent to Dining room, | C 154 | | |

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| C 154 | Continued From page 6<br>e. Kitchen exit,<br>f. Passageway exit between Phases 1 & 2,<br>g. Activity room 2 exit,<br>h. Paddock Lane stairway exit,<br>j. Phase 2 Dining room exit,<br>k. Hallway exit adjacent to Phase 2 Dining room,<br>l. Phase 2 stairwell #3 exit,<br>m. Phase 2 stairwell #5 exit,<br><br>Finding on 11-4-2014 included:<br>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.<br>Findings on 5-3-2015:<br>Based on a review of documents, the Plan of Correction submitted by the facility on 3-23-2015, stated that a keypad lock was added to the door to the staff lounge. This area is designated "Crafts" on the evacuation plan. Based on observation the facility failed to keep this door locked to prevent resident elopement.<br>Findings on 5-3-2015 include:<br>At the beginning of the survey, this door was found ajar, but, there was a staff person in the room. At the end of the survey, this door was found closed but not locked. There was no staff in the room.<br><br>Finding on 11-4-2014 included:<br>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.<br>Findings on 5-3-2015:<br>Based on a review of documents, the Plan of Correction submitted by the facility on 3-23-2015, stated that the patio doors will be added to the | C 154 | | |

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| C 154 | Continued From page 7<br>central alarm system. Based on observation the facility failed to comply with this plan.<br>Findings on 5-3-2015 include;<br>The patio doors of the approximately 35 residents that are know to be disoriented had been equipped with double cylinder deadbolts to prevent elopement. Nothing had been done to alarm or secure the patio doors in the remainder of the Assisted Living bedrooms or in any of the Independant Living bedrooms.<br><br>At the time of survey, no provisions were identified to prevent Assisted Living residents from entering other Assisted Living Bedrooms or the Independant Living area of the building. | C 154 | | |