

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE ON PROVIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5114 PROVIDENCE ROAD CHARLOTTE, NC 28226</b>
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Greg Cates on October 16, 2015.</p> <p>Records indicate that this facility was first licensed on February 27, 1996. The facility is currently Licensed for ninety-five residents including twenty-five Special Care residents. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code, Section 514.1- Institutional (I) Occupancy- Unrestrained.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</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</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 at no cost;</p> <p>This Rule is not met as evidenced by:</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>1. Based on observation, the Building does not meet Code requirements in effect at time of construction. Findings on October 16, 2015: a. Mech Closet, near Bedroom 108 did not have any fire sprinkler protection. b. Mech Closet, near smoke doors on terrace level.</p> <p>2. Based on observation the required emergency release switches for the special locking were not labeled. Unlabeled emergency release switches could cause an unnecessary delay in releasing the doors during an emergency. Findings on October 16, 2015: a. The emergency release switches on all floors were not labeled and staff did not have knowledge on the switches on the first and second floors.</p>	C 101		
C 111	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on record review, and interview with Maintenance Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be</p>	C 111		

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C 111	Continued From page 2  discovered with annual inspections. Findings on October 16, 2015: a. The current annual Fire Marshal Inspection Report was not available for review,	C 111		
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on September 16, 2015: a. The following Stairways are being used as storage. Locations of specific examples include but are not limited to: i. Stairway A, Second Floor, Deficiency corrected before Construction Surveyors departed Site, ii. Stairway D2 Second Floor, iii. On the second floor in the large corridors/sitting area, the furniture had been arranged in a way that the furniture encroached on the six foot wide path of travel to an exit. Deficiency corrected before Construction Surveyors departed Site, b. There was a door mat in the corridor outside of Bedroom 117.	C 150		

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C 164	Continued From page 3	C 164		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</b></p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair.</p> <p>Findings on October 16, 2015:</p> <p>a. The ceiling was stained in the Lobby from a past leak.</p> <p>b. The ceiling was stained in the Bistro from a past leak.</p> <p>c. The ceiling was stained in the Main Dining room from a past leak.</p> <p>d. Covered porch right of entrance had three ceiling patches not finished.</p> <p>e. In Bedrooms 110 and 116 there was no window sash in one of the windows.</p> <p>f. Carpet in Stairway A First Floor was very dirty.</p> <p>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair.</p> <p>Findings on October 16, 2015:</p> <p>a. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and</p>	C 164		

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C 164	<p>Continued From page 4</p> <p>contaminate the ice.</p> <p>3. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on October 16, 2015: a. Many of the HVAC returns and ventilation grilles including their radiation dampers have an excessive accumulation of dust/lint thought-out the Facility.</p> <p>4. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on October 16, 2015: a. In the Second Floor Laundry and the light wells, the gypsum wallboard showed sign of fasteners backing out of the materials beneath. b. Covered porch, left of entrance, had gypsum wallboard showed sign of fasteners backing out of the materials beneath and paint peeling.</p>	C 164		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall</p>	C 185		

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C 185	Continued From page 5  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: 1. Based on Record review and interview with Maintenance Director the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on October 16, 2015: 1. There were no records available for review.	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) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on October 16, 2015:	C 189		

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C 189	<p>Continued From page 6</p> <p>a. The fire alarm panel was showing a trouble signal. The trouble code corresponded to the manual pull in the Kitchen. Panel indicated this trouble signal has been showing for about two weeks.</p> <p>i. Note: Testing of another manual pull station and a corridor smoke detector revealed that the trouble with the manual pull in the Kitchen was not inhibiting the system from alarming after additional initiating devices are activated.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of Fire Doors. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on October 16, 2015: a. Second Floor Stairway B and First Floor Stairway A's Fire Doors did not latch into their frames.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on October 16, 2015: a. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling. Locations of specific examples include but are not limited to: i. Mech Room next to Bedroom 125, ii. Bio Hazards near Bedroom 124, b. The fire sprinkler escutcheon plate was missing. Locations of specific examples include but are not limited to:</p>	C 189		

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C 189	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>i. Kitchen.</li> <li>ii. Maintenance Office</li> <li>c. The concealed fire sprinkler had been painted. Locations of specific examples include but are not limited to:               <ul style="list-style-type: none"> <li>i. Restroom across for Bedroom107</li> <li>ii. Director of Sales,</li> <li>iii. SCU Nurse Station</li> <li>iv. Common Lounge</li> </ul> </li> <li>d. The concealed fire sprinkler had been covered with tape. Locations of specific examples include but are not limited to:               <ul style="list-style-type: none"> <li>i. Bedroom 110</li> </ul> </li> </ul> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on October 16, 2015:</p> <ul style="list-style-type: none"> <li>a. The access door for the HVAC duct mounted smoke detector, in Mech Room near Bedroom 215, was located to far apart to inspect and clean the duct detector's sample tubes.</li> <li>b. The sample tubes for the HVAC duct mounted smoke detector in the Mech Room Terrace Level were dirty.</li> </ul> <p>5. Based on Observation, the Building was not maintained in a safe and operating condition, because the lighting equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by exposing them to, dark and unlighted area.. Findings on October 16, 2015:</p> <ul style="list-style-type: none"> <li>a. There was a pattern exhibited where most of the Stairway lighting had broken plastic globes.</li> </ul> <p>6. Based on Observation, the Building was not</p>	C 189		



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C 189	<p>Continued From page 8</p> <p>maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on October 16, 2015:</p> <p>a. A portable medical oxygen cylinder was stored standing up not secured to the structure in the Second Floor Nurse Station.</p> <p>7 Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on October 16, 2015:</p> <p>a. Corridor door to the Kitchen was blocked open with a door mat,</p> <p>b. Corridor door to the Main Electrical Room was blocked open with a electrical motor,</p> <p>c. Corridor door to the Common Lounge was blocked open with a door wedge</p> <p>a. Corridor door to the Mech Room was blocked open with a fan and painter/maintenance cart.</p> <p>d. Corridor door to the Therapy Service was blocked open with a hand weigh.</p> <p>e. Corridor door to the Terrace Level Nurse Station was blocked open with a with a door wedge</p> <p>f. Corridor door to the main Dining room was blocked open with a with a kick down hardware and tables and chairs.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not</p>	C 189		

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C 189	<p>Continued From page 9</p> <p>being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist.</p> <p>Findings on October 16, 2015:</p> <p>a. In the Electrical Room, many items are being stored directly in front of the electric panels, encroaching upon the required clear working space at the following locations to include but not limited to:</p> <p>i. Generator Room,</p> <p>ii. Maintenance Office.</p> <p>b. Electrical Panel RPT-1 in Mech Room Terrace Level did not have its circuits labeled.</p> <p>c. Electrical Panel Light in Electrical Room in the Time Clock Room did not have its circuits labeled</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm</p> <p>Findings on October 16, 2015:</p> <p>a. The fire alarm system's Smoke detector and associated box was dangling from the ceiling by its power/operational wire in the corridor near Bedroom 9.</p> <p>10. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign was in disrepair. This would affect all residents, staff and visitors if the signs did not work during an emergency.</p> <p>Findings on October 16, 2015:</p> <p>a. The Exit Sign was dangling from the ceiling by its power/operational wire in the corridor near Housekeeping on Terrace Level.</p>	C 189		

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C 199	Continued From page 10	C 199		
C 199	<p>Exhaust Ventilation</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0311 OTHER REQUIREMENTS</b></p> <p>(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:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on October 16, 2015: <ul style="list-style-type: none"> <li>a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to: <ul style="list-style-type: none"> <li>i. Janitor Closet Terrace Level.</li> </ul> </li> </ul> </li> <li>2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on October 16, 2015: <ul style="list-style-type: none"> <li>a. There was no ventilation to the following areas. Locations of specific examples include but are not limited to:</li> </ul> </li> </ol>	C 199		

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C 199	Continued From page 11  i. Bio Hazards (Soiled Line Storage) near Bedroom 124. ii. Janitor Closet near Bedroom 124	C 199		