

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell and Ed Miller on 11-6-2015.</p> <p>Records indicate this facility was first licensed on 10-9-1996, for 112 beds, including 25 Special Care (SCU) beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Group I Unrestrained Occupancy.</p> <p>Note: This facility consists of 2 separate buildings. One for Assisted Living and the other Memory Care Unit.</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 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>	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>This Rule is not met as evidenced by: Based on observation the facility did not meet the requirements of the NC State Building Code as relates to Special (magnetic) Locking. Findings include:</p> <p>a. The emergency release switches at the magnetically locked exits were of the locking type. None of the staff in the Special Care Unit carried emergency release switch keys. NOTE; This deficiency was corrected during the survey.</p> <p>b. The central emergency release switch for the magnetic locking on the exits and the courtyard gate did not release the doors and gate as required. Note; The courtyard is not large enough to serve as an area of refuge so the gate to exit the courtyard is a required exit.</p> <p>c. There was no wiring diagram or system components location map located at the fire alarm panel as required by Code.</p>	C 101		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the range hood fire suppression system in the kitchen is not being</p>	C 166		

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C 166	Continued From page 2 inspected monthly as required. Failure to perform monthly safety inspections could cause the system to fail to work when needed. Findings include: The range hood fire suppression system had not been inspected monthly during this year.	C 166		
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: 1. Based on review of documents, the records of fire drill rehearsals for both buildings did not include any description of what the rehearsal involved. Failure to conduct regular and complete fire drill rehearsals could cause confusion and delay in an actual emergency 2. Based on review of documents, the records of fire drill rehearsals for the Assisted Living Building indicated that there was no rehearsal on 1st shift in the 3rd quarter of this year. 3. Based on review of documents, the records of	C 185		

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C 185	Continued From page 3 fire drill rehearsals for the Memory Care Building indicated that there was no rehearsal done: a. 3rd shift in the 1st quarter of this year, b. 1st shift in the 2nd quarter of this year, c. 1st shift in the 3rd quarter of this year.	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: Citations 1 through 10 relate to the Assisted Living Building. 1. Based on observation, many corridor doors are not closing well and/or latching 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. The door to the Executive Director's office was equipped with a mechanical "kick-down" to hold it open. b. The door to the Business Co-ordinator office was equipped with a mechanical "kick-down" to hold it open. c. The door to the beauty salon was equipped	C 189		

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C 189	<p>Continued From page 4</p> <p>d. The door to the Nurse office was equipped with a mechanical "kick-down" to hold it open.</p> <p>e. The door to the mechanical/sprinkler room was equipped with a mechanical "kick-down" to hold it open.</p> <p>f. The pair of doors to the dining room will not latch when closed.</p> <p>g. The single door to the dining room has been removed.</p> <p>h. The door to bedroom 24 will not close.</p> <p>i. There was a 3/8 inch gap between the smoke barrier doors near room 48.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <p>a. Ceiling damaged at ceiling register in Library,</p> <p>b. Hole in the ceiling in the Sales & Marketing Manager's office,</p> <p>c. Hole in the ceiling in the main electrical room,</p> <p>d. Unsealed penetration in the mop closet off the kitchen at a PVC conduit,</p> <p>e. Hole in the ceiling in the kitchen at refrigeration lines,</p> <p>f. Ceiling damaged at ceiling register in Bistro,</p> <p>g. Hole in the ceiling in the Executive Director's office,</p> <p>h. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the riser room.</p> <p>3. Based on observation, the ceiling radiation dampers and register in the exhaust duct in the laundry was very dirty. Radiation dampers that</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>are not periodically inspected and cleaned may not close properly in the event of a fire.</p> <p>4. Based on observation, the facility is not being maintained in a safe manner as relates to required battery backed-up emergency lighting. Emergency lighting that does not work could delay an evacuation in an emergency. Finding includes: The battery backed-up emergency light at the exterior of the exit near room 31 is broken.</p> <p>5. Based on observation, the sampling tube for the duct mounted smoke detector in the mechanical room off the nurse station was dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.</p> <p>6. Based on observation, the handles were broken on several fire extinguisher cabinets in the corridors. The broken handles presented sharp edges and made the cabinets more difficult to open in an emergency. Findings include but are not limited to: a. The cabinet near room 19, b. The cabinet near room 23.</p> <p>7. Based on observation, the GFCI type receptacle in the bathroom off room 3 would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk.</p> <p>8. Based on observation, the ice machine drain line was in direct contact with 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</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>contaminated.</p> <p>9. Based on observation, the hose on the spray wand at the tub in the Spa was long enough to reach the tub basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.</p> <p>10. Based on observation, there was a multi electrical outlet expander in use in the Activity office. Using multi electrical outlet expanders can cause the circuit to heat and overload.</p> <p>The following citations are for the Memory Care Building.</p> <p>11. Based on observation, doors in the smoke barrier wall are not closing well and/or latching 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. The door to the ice machine room is in the smoke barrier wall and will not latch. b. An adjacent door in the smoke barrier wall was held open with a hook. Deficiency b. was corrected onsite.</p> <p>12. Based on observation, the facility failed to be maintained free of hazards because of an exit sign directing exiting in the wrong direction. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Finding includes: The required exit sign near the front door has the</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>exit arrows pointing in the wrong direction for exiting.</p> <p>13. Based on observation the required one-hour fire rated walls and/or ceilings was compromised. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: Unsealed conduit sleeves (2) in the telephone room.</p> <p>14. Based on observation, the facility failed to be maintained in a safe condition because of a locked exit. Locked exits could delay or prevent an evacuation in an emergency. Finding includes: There are 2 exits from the common area that are designated with lighted exit signs. One of these exits was found to be locked to prevent exiting.</p> <p>15. Based on observation, the facility failed to be maintained in a safe condition because of both evacuation plans were oriented in the wrong direction. Evacuation plans that lead in the wrong direction could delay an evacuation in an emergency.</p> <p>17. Based on observation, the hose on the spray wand at the tub in the Spa was long enough to reach the tub basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.</p> <p>18. Based on observation, there were many</p>	C 189		

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C 189	Continued From page 8 items stored directly in front of the main electrical panel. Storage in front of electrical panels is a Building Code violation and could delay access to the electrical disconnects in an emergency.	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</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> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</p> <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> <p>1. Based on observation the facility failed to maintain required exhaust in a working condition in the Assisted Living Building. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust fan was not working in the bathroom off room 31.</p> <p>2. Based on observation the facility failed to maintain required exhaust in a working condition in the Memory Care Building. Non-functioning exhaust could cause an unhealthy buildup of</p>	C 199		

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C 199	Continued From page 9 moisture and possibly bacteria. Findings include; a. The exhaust fan was not working in the laundry. b. The exhaust fan was not working in the soiled linen closet. c. The exhaust fans were not working in the resident bathrooms.	C 199		