

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/17/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CONCORD PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027</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
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{C 000} Initial Comments  
  
Report of Follow-up Survey by Dennis Harrell on 2-17-2016.  
  
Some deficiencies were not corrected. Further action is required.

{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 at no cost;

{C 101}

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:

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

Advanced Fire scheduled to complete repairs to allow release from central emergency to courtyard doors.

3/15/16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*R. Miller*

TITLE

ED

(X6) DATE

3/16/16

Division of Health Service Regulation

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{C 101}	Continued From page 1 to exit the courtyard is a required exit.  c. There was no wiring diagram or system components location map located at the fire alarm panel as required by Code.	{C 101}	<i>wiring diagram has been completed.</i>	<i>3/18/16</i>
{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: f. The pair of doors to the dining room will not latch when closed.	{C 189}	<i>Maintenance supervisor has made needed adjustments to all latches to ensure proper closure</i>	<i>3/14/16</i>