

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/06/2016
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NAME OF PROVIDER OR SUPPLIER
THE LIVING CENTER OF CONCORD

STREET ADDRESS, CITY, STATE, ZIP CODE
**160 WARREN C. COLEMAN BLVD.
CONCORD, NC 28027**

(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	<p>Initial Comments</p> <p>This is a Report of a Complaint Investigation conducted by Greg Cates and Frank Strickland on January 6, 2016.</p> <p>Based on information gathered from our files, the Facility was first licensed on September 1, 1984 with a 3rd- floor addition on June 9, 1983 for a total of One Hundred Eighty (180) residents. Based on this information, we are requiring floors 1 and 2 of the facility to meet the 1984 Rules for the Licensing of Domiciliary Homes and the 1978 North Carolina State building Code- Institutional Occupancy; floor 3 to meet the 1991 Rules for the Licensing of Domiciliary Homes and the 1992 North Carolina Building Code- Institutional Occupancy; and the entire facility to meet the applicable portions of the 2005 Rules for Adult care Homes of Seven or More Beds.</p> <p>The Complaint alleges that the roof and window systems are leaking, with buckets being used to contain the water. It also alleges that there is mold present.</p> <p>The Complaint is Substantiated.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p>	C 164		

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

Michael Moran TITLE: *Maintenance*

(X6) DATE
2-26-16

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C 184	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations, the facility has failed to maintain the buildings walls and ceilings in good repair.</p> <p>Findings include:</p> <p>a- The bulkheads, walls, and window sills at the window-wall system in the Living Rooms, Office Area, and Physical Therapy show signs of long-term water damage, with paint and wall covering bubbling up and peeling off the walls.</p>	C 184	<p>a Contractor has been hired 3/16/16 to complete the work a completion date of 05/16/16</p>	3/16/16
C 100	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</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 observations, the facility has failed to maintain the building free of hazards by allowing the presence of mold growth. This could affect all persons on the 3rd floor who may utilize the 3rd Floor Living Room by exposing them to possibly harmful mold spores.</p> <p>Findings include:</p> <p>a- There is a presence of mold behind the wall covering beside the leaky window wall system in the 3rd Floor Living Room</p>	C 100	<p>a Contractor has been hired 3/16/16 to complete the work a completion date of 05/16/16</p>	3/16/16

PRINTED: 01/20/2016
FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER THE LIVING CENTER OF CONCORD		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WARREN C. COLEMAN BLVD, CONCORD, NC 28027		
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C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</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: 1- Based on observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.</p> <p>Findings include:</p> <p>a- There are several locations on all floors where the one-hour rated ceiling tiles are severely damaged, compromising the fire resistance of the tile. Locations include, but are not limited to the 3rd Floor Living Room, 3rd Floor Men 's Room, 3rd Floor Corridor, Rooms 320, 321, 302, 309, 323, 325, Store, LHP's Coordinator, 2nd Floor Shower Room, 2nd Floor Elevator Lobby, Physical Therapy, and 1st Floor Shower Room.</p> <p>b- One of the one-hour rated ceiling tiles in the 3rd Floor Nurse 's Station has been removed and not replaced.</p> <p>c- The ceiling tile in the 1st Floor Med</p>	C 189	<p>a All damaged Tile was Replaced or repaired</p> <p>B Replaced Tile</p>	<p>2-12-16</p> <p>1/26/16</p>

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C 189	<p>Continued From page 3</p> <p>Room and Janitor's Closet has been removed and not replaced.</p> <p>2- Based on observations, the facility has failed to maintain the building envelop to prevent the elements from entering the building. This deficiency directly affects all occupants of the building as rain is entering the building, causing damp and slippery conditions.</p> <p>a- There is evidence of multiple roof patches, however evidence showed some areas on the 3rd floor where leaks have occurred but there appears to be no patches to correspond.</p> <p>b- There is evidence of a failure of the window wall system on both ends of the building, including the Living Room section and the office/ Physical Therapy section that is allowing water to infiltrate into the building.</p>	<p>C 189</p> <p>C</p>	<p>Replaced tile</p> <p>The roof has been checked and been patched roof will be done by _____</p> <p>Windows WAS Replaced</p>	<p>1/26/16</p> <p>3/31/16</p> <p>1/25/16</p>