PRINTED: 11/15/2016 FORM APPROVED

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 11/04/2016 HAL.060060 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6053 WILORA LAKE ROAD BROOKDALE CHARLOTTE EAST CHARLOTTE, NC 28212 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 11-4-2016. Records indicate this facility was first licensed on 7-1-1998, for 50 beds Based on this information, we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled -Minimum Standards and Regulations", applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 w/ '98 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I. C 111 C 111 Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( We have this on site. Maho 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. This Rule is not met as evidenced by: Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated in 3-31-2015. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. C 150 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

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 11/04/2016 HAL060060 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6053 WILORA LAKE ROAD BROOKDALE CHARLOTTE EAST CHARLOTTE, NC 28212 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 150 C 150 Continued From page 1 other obstructions. This Rule is not met as evidenced by: Based on observation, the corridors were not maintained free of obstructions. Findings include: The exit corridor at the bottom of the stairs near room 1102 was partially blocked with Cleared up all stairs wells 11/5/16 combustible baskets and buckets. b. The exit corridor at the bottom of the stairs "2" was partially blocked with much storage C 164 C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair: have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. In house process to paint M.d Occ. to complete This Rule is not met as evidenced by: Based on observation, the doors to bedrooms 12-15-16 1211, 1216, and 1218 were badly scratched and in need of repair and paint. C 166 C 166 Housekeeping-Maintained Free of Hazards 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:

Division of Health Service Regulation STATE FORM Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING \_ 11/04/2016 HAL060060 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6053 WILORA LAKE ROAD BROOKDALE CHARLOTTE EAST CHARLOTTE, NC 28212 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 166 C 166 | Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the ice machine drain Will rise the Pipes line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at by M.d Dec 2016 least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. Based on observation, the waste trap for the Will flush unit on a hopper had been allowed to become dry. Dry doily monner waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. C 185 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 We have every Note on Past firedrills 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 from all 3 shifts, with the proper poperwork 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: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.

J0QV21

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: 01 B. WING 11/04/2016 HAL.060060 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6053 WILORA LAKE ROAD BROOKDALE CHARLOTTE EAST CHARLOTTE, NC 28212 (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 3 C 189 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. Have called Simplet. Grinnell to Repairthis This Rule is not met as evidenced by: 1. Based on observation, the fire alarm system was showing a "Trouble" condition. Fire alarms in ASAP! 11-4-16 Repaired "Trouble" may fail to operate properly when needed. 2. Based on observation, many corridor doors Recalled again 11-11-16 are prevented from closing quickly and 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. 11-14-16 Findings include: a. One of the smoke barrier doors near room Repaired 1106 would not close completely when activated by the fire alarm system, b. One of the smoke barrier doors near room 1206 would not close completely when activated Reprised Reported by the fire alarm system, The 1½ hour fire door to the stairway near 11-23-16 room 1121 would not latch when closed. d. The door to bedroom 118 would not latch 11-23.16 when closed. Those have been removed e. All 4 doors to the Living room on the second

Division of Health Service Regulation

floor were held open with mechanical

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING \_ 11/04/2016 HAL060060 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6053 WILORA LAKE ROAD BROOKDALE CHARLOTTE EAST CHARLOTTE, NC 28212 (X5) COMPLETÉ PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Continued From page 4 Removed wedge 11-7-16
Had New Keys Made 11-7-16
EO MO DFS
OON Pisst to DN 11-7-16
Keys on site.
Also spare set "kick-downs." f. One of the double doors to the Dining room was wedged open. Based on observation, there was no key onsite to allow entry into the DON office and the Assistant DON office. Without a key, we could not enter to survey for hazards in the rooms. Continue to Check on all areas in the AL in a timely Manner

Division of Health Service Regulation STATE FORM

More 11-26-16

If continuation sheet 5 of 5