

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2016
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NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller conducted on November 29, 2016.</p> <p>Records indicate this facility was first licensed as a Home for the Aged on December 23, 1997. The facility is currently licensed for a total of sixty bed capacity, which includes a twenty bed Special Care Unit. Therefore, we are requiring this facility to meet the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code; Section 409.1 - Group I-Institutional Unrestrained Occupancy.</p>	C 000		
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C 101	<p>Deficiencies were cited that require a Plan of Correction.</p> <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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Division of Health Service Regulation

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

TITLE

(X6) DATE

Stephanie Miller, ED

12-13-16

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the required emergency release switches for the Special Locking system had no identifying labels. Unlabeled emergency release switches could cause an unnecessary delay in identifying and thus releasing the doors during an emergency. Findings on November 29, 2016: a. Exit near Bedroom 212 - the push button emergency release switch, with key reset, was not staying pushed in thus reactivating the magnets. This is not in accordance with the NC State Building Code requirement that the emergency release switch be an on/off switch. b. Exit near Kitchen - the push button emergency release switch, with key reset, was not staying pushed in thus reactivating the magnets. This is not in accordance with the NC State Building Code requirement that the emergency release switch be an on/off switch.	C 101	1. All unlabeled release switches for the Special Locking System will be labeled. a. Exit near room 212 and b. Exit near kitchen will stay pushed in until reset, so that reactivation of magnets does not occur prematurely.	1-13-17 1-13-17
C 111	Must Have Current San. & Fire Safety Reports 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. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director/ and 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 by preventing any deficiency	C 111		

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C 111	Continued From page 2 that may be discovered with annual inspections from being corrected. Findings on November 29, 2016: a. The current annual Kitchen Sanitation Inspection Report was not available for review. b. Records indicate that the last annual Fire Marshal Inspection Report was performed on March 6, 2014. c. The last Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, performed on July 21, 2016 listed the need for the batteries to be replaced and that the FACP was dysfunctional. d. The last Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, performed on July 20, 2016 listed the accelerator needed to be replaced which you are doing in association with a fire watch.	C 111	1.a-b-c-d: All current + last year's (12 months) Kitchen Sanitation reports, Fire Marshall Reports, Annual Fire Alarm System Inspections, Sprinkler System Inspections, will be readily accessible c. the batteries were replaced on 8-4-16 d. The accelerator was replaced on the compressor was replaced on 12-2-16 which then lifted the fire watch.	1-13-17
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; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on November 29, 2016: a. Corridor outside Dining - the HVAC return and ventilation grilles throughout the have an	C 164	1. a. HVAC return + ventilation grills will be cleaned. 2. a. Room 111 O ₂ cylinder holders brought to store O ₂ cylinders	1-13-17 12-2-16

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C 164	Continued From page 3 excessive accumulation of dust/lint. 2. Based on Observation, the Building was not maintained free of hazards, 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 November 29, 2016: a. Bedroom 111 - three portable medical oxygen cylinders were stored standing up, not secured to the structure.	C 164		
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 observations, the Building fire safety was not maintained in a safe condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on November 29, 2016: a. Soiled Utility across from Bedroom 116 - the middle sleeve was an open-ended sleeve with several cable bundles not firestopped in the middle of the bundle as it penetrates the fire-resistance-rated ceiling assembly.	C 189	1. a. Fire caulk open-ended shown cable bundles to prevent fire spreading.	1-13-17

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C 189	<p>Continued From page 4</p> <p>b. SCU Mech Room near Living - the fire wrap has begun to fall out of the metal restraining collar that is attached to a four-inch PVC pipe penetrating the fire-resistance-rated ceiling assembly.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 29, 2016: a. The commercial kitchen hood's fire suppression system manual actuator (pull station) was obstructed with shelving.</p> <p>3. Based on observations and record review, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on November 29, 2016: a. SCU Laundry - the fire sprinkler head was debris-loaded with lint.</p> <p>4. Based on observation, the electrical system was not being maintained safe. Findings on November 29, 2016: a. Mech Room across from Bedroom 116 - there was an electrical panel that had an open slot were a breaker had been removed or blank. This allows access to energized components that are not guarded against accidental contact. b. LPN Office - a refrieigator was plugged into a power tap. Power taps are not approved for high power loads such as refrigerators and microwave ovens. c. Bedroom 200 - an extension cord was being</p>	C 189	<p>b. Fire wrap replacement @ metal restraining collar attached to the 4 inch PVC pipe</p> <p>2. Move shelving from obstructing the pull station</p> <p>3. a. Clean sprinkler head</p> <p>4. a. Purchase a blank + install in electrical panel</p> <p>b. Plug refrigerator into wall</p> <p>c. Remove extension cord</p> <p>d. Reinstall Special Locking pad</p> <p>5. a. Replace battery in egress light</p>	<p>1-13-16</p> <p>1-13-17</p> <p>12-29-16</p> <p>1-7-17</p> <p>12-13-16</p> <p>11-29-16</p> <p>1-7-17</p> <p>1-7-17</p>
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C 189	<p>Continued From page 5</p> <p>used to power a floor lamp. Extension cords cannot substitute for permanent wiring. Deficiency corrected before Construction Survey departed the site.</p> <p>d. Exit near Bedroom 217 - the "Special Locking" key pad switch was falling out of the wall.</p> <p>5. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on November 29, 2016:</p> <p>a. Bathroom across from Bedroom 112 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages.</p> <p>6. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin.</p> <p>Findings on November 29, 2016:</p> <p>a. Front TV Room - the corridor door had a heavy object holding the door open, preventing the rapid release of the door with a push or pull of the door, to close and latch.</p> <p>b. Private Dining - the corridor door did not latch into its frame when closed.</p> <p>c. Exterior Exit near Beauty Shop - the exterior exit door fits tightly into its frame requiring extra force to set the door in motion to exit.</p> <p>d. Exterior Exit near Beauty Shop - the exterior exit door was rotting.</p> <p>e. Activity - the corridor door's latch bolt would not retract, not allowing the door to close and latch.</p>	C 189	<p>6. a. Remove object in front of doors 12-14-16</p> <p>b. Adjust door to latch when closed 12-15-16</p> <p>c. Replace exit door 1-13-17</p> <p>d. " " " 1-13-17</p> <p>e. Replace door latch 1-7-17</p>	

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C 189	Continued From page 6 f. Bedroom 120 - the corridor door did not latch into its frame when closed. g. Bedroom 125 - the corridor door had a wedge holding the door open, preventing the rapid release of the door with a push or pull of the door, to close and latch. Deficiency corrected before Construction Survey departed the site. h. Bedroom 205 - the corridor door did not latch into its frame when closed. i. Bedroom 221 - the corridor door was missing its latch bolt therefore the door would not latch to its frame. j. Bedroom 229 - the corridor door did not latch into its frame when closed. k. Bedroom 110 - the corridor door did not stay latched into its frame when closed. l. Storage across from Bedroom 220 - there were two 1/4 inch diameter holes through the door beside the door handle.	C 189	f. Adjust door g. Remove door wedge h. Adjust door i. Adjust door j. Adjust door k. Adjust door l. Fill holes in door	1-7-17 1-7-17 1-7-17 1-7-17 1-7-17 1-7-17 1-9-17
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 199		

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C 199	Continued From page 7 This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on November 29, 2016: a. Bathroom in Bedrooms 200-210 - the central exhaust ventilation system did not remove the required air to dissipate the odors. The central unit was in a bind.	C 199	1. a. Replace belt(s) on exhaust fan(s).	1-13-17