

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2017
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NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell on 2-1-2017.</p> <p>Records indicate this facility was first licensed on 9-14-1999. The facility is currently licensed capacity for 64 residents. Based on this information, the facility is required to meet the 1996 10 NCAC 42D - Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and the 1996 (w/revisions) North Carolina State Building Code(s) for a Group I - Institutional Unrestrained Occupancy.</p>	C 000		
C 165	<p>Housekeeping and Furnishings-Sanitation Grade</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more;</p> <p>(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 score for the most recent sanitation inspection for the building was only 82.5.</p>	C 165		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 166	<p>Continued From page 1</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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:</p> <ol style="list-style-type: none"> 1. Based on interview, at least one staff was not aware of the function of the emergency release switches. Untrained staff could cause a delay in an evacuation during an emergency. 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked all the way to the ceiling in the storage room near room 217. 3. Based on observation, there was no key onsite to allow entry into the Therapy room to survey for hazards. 4. Based on observation, part of the towell bar was missing in the shower room. The missing bar exposed sharp edges on the remaining hardware. 	C 166		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR</p>	C 185		

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C 185	<p>Continued From page 2</p> <p>EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. <p>Findings include:</p> <ol style="list-style-type: none"> In the 1st quarter of this year, there was no rehearsal done during the 2nd shift. In the 2nd quarter of this year, there was no rehearsal done during the 1st or 3rd shifts. In the 3rd quarter of this year, there were no rehearsals done on any shift. In the 4th quarter of this year, there was no rehearsal done during the 1st shift. <ol style="list-style-type: none"> Based on a review of documents, most records available included no description of what the rehearsal involved. Based on a review of documents, some of the records available did not include a list of staff members present. 	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>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:</p> <ol style="list-style-type: none"> 1. Based on observation, the fire alarm system was showing a "Trouble" and "Local Silence" condition. Fire alarms in "Trouble" may fail to operate properly when needed. 2. Based on observation, the magnetically locked exterior exit gates at the exits near the conference room, the breakroom, the maintenance office and at the front door failed to unlock when the fire alarm system was activated. Malfunctioning exit gates endanger all occupants of the facility by delaying an evacuation in an emergency. The gates were left open/unlocked until they could be repaired to function correctly. 3. Based on observation, the emergency release switch on the exit door near the breakroom failed to unlock the door when activated. Malfunctioning emergency release switches could delay or prevent an evacuation in an emergency. 4. Based on observation, the corridor smoke detector near the small dining room was slow to activate when tested with smoke. Smoke detectors that do not work properly endanger all residents and staff. 	C 189		

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C 189	<p>Continued From page 4</p> <p>5. Based on observation, the battery powered emergency light in the small dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>6. Based on observation, many corridor doors 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. Findings include;</p> <ul style="list-style-type: none"> a. The latch was loose on one door to the TV room and the strike was missing causing it not to latch properly. b. The other door to the TV room would not latch when closed. c. The double doors to the dining room would not latch when closed. d. The ¾ hour fire rated door to the storage room on the second floor was propped open. e. The latchset was missing on the ¾ hour fire rated door to the storage room on the second floor. f. The door to room 202 would not latch when closed because part of the latchset is missing. <p>7. Based on observation, many corridor doors do not properly fit the opening to resist the passage of fire and smoke. Corridor doors that do not fit and close properly 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 the following doors;</p> <ul style="list-style-type: none"> a. Double doors to the dining room, b. Room 100, 	C 189		

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C 189	<p>Continued From page 5</p> <ul style="list-style-type: none"> c. Room 101, d. Room 104, e. Room 105, f. Room 108, g. Room 111, h. Room 112, i. Room 113, j. Room 119, k. Room 202, l. Room 206, m. Room 207, n. Room 209, o. Room 212, p. Med tech room, q. Chart room, r. Chemical room, s. Activity office, t. Storage near room 217. <p>8. Based on observation, the alarm sounding device covering the emergency release switch in the dining room failed to sound when opened. Alarm devices that do not work could allow resident elopement.</p> <p>9. 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> <ul style="list-style-type: none"> a. Large holes in the ceiling over the electrical panels in the Electrical room, b. Unsealed wire penetration in the ceiling of the Business office, c. Hole in the wall in the med tech room, d. Radiation dampers very dirty in the Men's and Women's restrooms. 	C 189		

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C 189	Continued From page 6 10. Based on observation, the light was not working in the stairwell to the second floor storage room. A dark stairwell is a significant hazard. 11. Tank top missing on the toilet in the Men's restroom.	C 189		