

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2017</b>
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CONSTRUCTION SECTION

FEB 13 2017

RECEIVED

NAME OF PROVIDER OR SUPPLIER  <b>REGENCY AT PINEVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9120 WILLOW RIDGE DRIVE CHARLOTTE, NC 28210</b>
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller and Billy Bryant, conducted on January 12, 2017.</p> <p>Records indicate this facility was first licensed on May 28, 1997 as a Home for the Aged. The facility is currently licensed for 119 Beds with a 20 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>Deficiencies were cited that require a Plan of Correction..</p>	C 000	<p><b>C 101</b></p> <p>On 1/27/17 Jesse Soares, Fire Marshall conducted fire inspection and determined that the time clock station does not hinder the width or exit of the stairway exit door and a written statement is attached.</p> <p><b>C148</b></p> <p>The handrails near bedroom 310 &amp; 214 were tightened and repaired on 1/14/17.</p> <p>All handrails were inspected to ensure they were attached correctly and able to support 250 pound of concentrated weight.</p> <p>The Maintenance Director has developed a weekly schedule to audit hand rails to ensure they are properly attached and remain compliant.</p>	
C 101	<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</p>	C 101	<p><b>C150</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 101	Continued From page 1  Health Service Regulation at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintaining the exit enclosures for egress only in accordance with the Building Code. Findings on January 12, 2017 a. 1st Floor Right Front Stair Tower - a time clock station with table and bulletin board were in the exit enclosure.	C 101	The chairs, equipment and supplies were removed from the Stair Tower near the beauty Shop on 1/12/17.  All Stair Towers were inspected for items and removed on 1/12/17.  Signage was placed indicating the prohibition the storage in all Stair Towers	
C 148	Corridors-Handrails  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;  This Rule is not met as evidenced by: 1. Based on observation, the building was not providing handrails in the corridor that could support 250 pounds. This deficiency affects residents, staff and visitors who use unstable handrails by not providing increase safety, stability/balance, and maneuverability provide by these devices. Findings on January 12, 2017 a. Corridor near Bedroom 310 - the handrail was loose, and may not support a 250 pound concentrated load. b. Corridor near Bedroom 214 - the handrail was loose, and may not support a 250 pound concentrated load.	C 148	The Maintenance Director/designee is conducting daily inspection of all stairwells to ensure continued compliance.  As of 2/1/17 all staff members have received education on the prohibition of storage in stairwells and electrical rooms.  <b>C 164</b>  The odors in 1 <sup>st</sup> & 3 <sup>rd</sup> Floor Tub Room were abated on 1/12/17.	

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C 150	Continued From page 2	C 150		
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>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 other obstructions.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by slowing or obstructing egress during an emergency. Findings on January 12, 2017 a. Stair Tower near Beauty Shop - this space was being used to store chairs, equipment and supplies.</p>	C 150	<p>All community Tub Rooms were inspected for odors and any found were abated on 1/12/17.</p> <p>The Maintenance Director has developed a weekly schedule to flush all toilets and run water in all sinks/tubs that are not routinely used and develop odors do not develop.</p> <p><b>C166</b></p> <p>The exhaust fan and the radiation damper in the 3<sup>rd</sup> floor restroom near room 312 was cleaned and all dust/lint removed on 1/12/17</p>	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on January 12, 2017</p>	C 164	<p>The HVAC return and radiation damper in the 3<sup>rd</sup> Floor Light Bulb Storage room was cleaned and all dust/lint removed on 1/12/17.</p> <p>The exhaust fan and radiation damper in the 3<sup>rd</sup> Floor Laundry room was cleaned and all the dust/lint removed on 1/12/17.</p>	

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C 164	Continued From page 3  a. 3rd Floor Tub Room - the plumbing traps to the tub, sink and floor drain may have dried-up, allowing smelly sewer gases to enter the Building. b. 1st Floor Tub Room near Bedroom 106 - the plumbing traps to the tub, sink and floor drain may have dried-up, allowing smelly sewer gases to enter the Building.	C 164	The exhaust fan and radiation damper in the 2nd Floor Laundry room was cleaned and all the dust/lint removed on 1/12/17.	
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; (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 January 12, 2017 a. 3rd Floor Restroom near Bedroom 312 - the exhaust fan and its radiation damper had an excessive accumulation of dust/lint. b. 3rd Floor Light Blub Storage Room - the HVAC return and its radiation damper had an excessive accumulation of dust/lint. c. 3rd Floor Laundry - the exhaust fan and its radiation damper had an excessive accumulation of dust/lint. d. 2nd Floor Laundry - the exhaust fan and its radiation damper had an excessive accumulation of dust/lint. e. 1st Floor Laundry - the exhaust fan and its radiation damper had an excessive accumulation	C 166	The exhaust fan and radiation damper in the 1st Floor Laundry room was cleaned and all the dust/lint removed on 1/12/17.  The exhaust fan and radiation damper in the restroom near Emma's Craft Room was cleaned and all the dust/lint removed on 1/12/17.  The HVAC return and radiation damper in the Kitchen was cleaned and all dust/lint removed on 1/12/17.  The oxygen cylinder in the 1st floor SCU Pantry was relocated into the  Oxygen storage structure on 1/12/17.	

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C 166	<p>Continued From page 4</p> <p>of dust/lint.</p> <p>f. 2nd Floor Restroom near Emma's Craft Room12 - the exhaust fan and its radiation damper had an excessive accumulation of dust/lint.</p> <p>g. 1st Floor Kitchen- the HVAC returns and its radiation dampers have an excessive accumulation of dust/lint.</p> <p>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.</p> <p>Findings on January 12, 2017</p> <p>a. 1st Floor SCU Pantry - a portable medical oxygen cylinder was stored standing not secured to the structure.</p>	C 166	<p>An inspection of all other community exhaust fans was conducted on 1/13/17 and any areas of noncompliance were corrected</p> <p>The Maintenance Director has developed a weekly schedule for cleaning of all exhaust fans and radiation dampers in the community.</p> <p><b>C185</b></p> <p>The Community has developed a standardized form for use conducting all Fire Plan Rehearsals that will include the date, time, shift, and staff members present and include a description of what actions involved in the rehearsal- the form is attached on 1/31/17.</p> <p>A Rehearsal of the Fire Plan (Fire Drill) was conducted on 2/6/17 using the new form.</p> <p>All future Rehearsals of the Fire Plan (Fire Drills) will be</p>	
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR 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>	C 185		

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C 185	Continued From page 5  This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Manager the facility failed to document the fire plan. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on January 12, 2017 a. The fire plan rehearsal records included date, time, shift, and staff members present but little to no description of what the rehearsal involved.	C 185	documented on the Fire Rehearsal Form.  All completed Rehearsal Fire Plan Forms will be maintained in the Maintenance Director's office.	
C 188	Electrical Outlets in Wet Locations  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault protection to these devices. Findings on January 12, 2017 a. 2nd Floor Bedroom 230 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 188	<b>C188</b>  The ground-fault circuit interrupter (GFCI) electrical power receptacle was repaired on 1/17/17.  An inspection of all power receptacles with ground fault circuit interrupters was conducted and any necessary repairs/replacements made 2/3/17.  The Maintenance Director has developed a monthly schedule for inspection of all CFGI receptacles in the community.	
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189	<b>C189</b>	

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C 189	<p>Continued From page 6</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> <p>1. Based on observation, the Building was not maintained in a safe and operating condition, by not having a properly working delayed egress system. This could affect all residents, staff and visitors by potentially delaying or stopping exiting in an emergency</p> <p>Findings on January 12, 2017</p> <p>a. 1ST Floor Right Rear Exit - the delayed egress locked door, did not initiate the irreversible process to unlock within 15/30 seconds, when the release device was depressed.</p> <p>b. 1st Floor SCU Front Exit - the delayed egress locked door leaf, swinging into the Assisted Living side, did not initiate the irreversible process to unlock within 15/30 seconds, when the release device was depressed. This is not in conformance with the Code Requirement that the process begin within 3 seconds and is irreversible.</p> <p>c. 1st Floor SCU Front Exit - the delayed egress locked cross-corridor double egress doors, have one delayed egress signs mounted above the doors and centered between the leafs. The leafs must have a delayed egress sign on their individual leafs, push side.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch</p>	C 189	<p>The 1<sup>st</sup> floor rear exit door has been repaired and now initiates the irreversible process to unlock within 15/30 when the release device is depressed.</p> <p>The 1<sup>st</sup> floor SCU Front exit door has been repaired and now initiates the irreversible process to unlock within 15/30 when the release device is depressed.</p> <p>The 1<sup>st</sup> floor SCU Front door had delayed egress signs placed on each leaf of the door on 2/7/17.</p> <p>The smoke barrier doors near bedroom 108 were repaired and adjusted to close correctly on 1/13/17.</p> <p>The 3<sup>rd</sup> Floor Media Room Roof Access wall hole was repaired with UL approved Fire Grade Caulking Sealant compound on 1/14/17.</p> <p>All repairs to The 3<sup>rd</sup> Floor Electric Closet were</p>	

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C 189	<p>Continued From page 7</p> <p>to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on January 12, 2017</p> <p>a. Smoke Barrier near Bedroom 108 - the right leaf, of the double-egress cross-corridor doors, did not close because the Kitchen Hood exhaust was generating negative pressure which was pulling the door open.</p> <p>3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on January 12, 2017</p> <p>a. 3rd Floor Media Room Closet with Roof Access - there was a 16 inch x16 inch hole in the wall around the roof hatch ladder not firestopped through the fire-resistance-rated wall assembly.</p> <p>b. 3rd Floor Electric Closet - a firestop cable penetration had its sealant pulled out of the penetration of fire-resistance-rated ceiling, leaving an unprotected opening.</p> <p>c. 3rd Floor Electric Closet - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>d. 3rd Floor Electrical Closet near Laundry - there were two open-ended sleeves with cable bundles not firstopped as them penetrate the fire-resistance-rated ceiling assembly.</p> <p>e. 2nd Floor Electric Closet - a firestop cable penetration had its sealant pulled out of the penetration of fire-resistance-rated ceiling, leaving an unprotected opening.</p> <p>f. 1st Floor Main Electrical Room - a hole in the fire-resistance-rated gypsum ceiling assembly, was patched with a gypsum board that did not have joint compound and tape.</p> <p>g. 1st Floor Main Electrical Room near Electrical</p>	C 189	<p>completed with UL approved Fire Grade Caulking Sealant compound on 1/14/17.</p> <p>The 3<sup>rd</sup> Floor Electric Closet near the Laundry was repaired with UL approved Fire Grade Caulking Sealant compound on 1/14/17.</p> <p>The 2<sup>nd</sup> Floor Electric Closet was repaired with UL approved Fire Grade Caulking Sealant compound on 1/14/17.</p> <p>The 1st Floor Electric Closet ceiling was repaired with UL approved Fire Grade Caulking Sealant compound on 1/14/17.</p> <p>The acoustical tiles in the 1<sup>st</sup> Floor Main Electrical Room near the Electrical Panels were replaced on 1/14/17 and now sit correctly.</p> <p>The 3<sup>rd</sup> Floor Laundry Room door was repaired on 1/15/17.</p>	



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C 189	<p>Continued From page 8</p> <p>Panels - there was a broken acoustical ceiling tile and one acoustical ceiling tile did not seat in its track.</p> <p>4. Based on Observation, fire rated doors of hazardous areas were not being maintained in a safe and operating condition. Findings on January 12, 2017</p> <p>a. 3rd Floor Laundry - the corridor door (45 min rated, self-closing) had a ¼ inch hole all the way through the door.</p> <p>b. 2nd Floor Laundry - the corridor door (45 min rated, self-closing) had a ¼ inch hole all the way through the door.</p> <p>c. 1st Floor Laundry - the corridor door (45 min rated, self-closing) had two ¼ inch holes all the way through the door.</p> <p>5. Based on observation, the electrical system was not being maintained safe. Findings on January 12, 2017</p> <p>a. 1st Floor Main Electrical Room - many items are being stored directly in front of the electric panels, preventing quick access in any emergency.</p> <p>b. 1st Floor SCU Electrical Room - many items are being stored directly in front of the electric panels, preventing quick access in any emergency.</p> <p>6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on January 12, 2017</p> <p>a. 3rd Floor Media Room Close Right Corridor Door - the corridor door did not latch into its frame when closed.</p> <p>b. 3rd Floor Bedroom 319 - the corridor door will not close because it hits its doorframe.</p> <p>c. 1st Floor The Library - the corridor door did not latch into its frame when closed.</p>	C 189	<p>The 2<sup>nd</sup> Floor Laundry Room door was repaired on 1/15/17.</p> <p>The 1<sup>st</sup> Floor SCU Corridor door was repaired on 1/15/17.</p> <p>All items stored in the 1<sup>st</sup> Floor Main Electrical Room were removed on 1/13/17.</p> <p>All items stored in the 1<sup>st</sup> Floor SCU Electrical Room were removed on 1/13/17.</p> <p>Signage was placed to prohibit storage in all Electrical Rooms.</p> <p>The 3<sup>rd</sup> Floor Media Room Close Right Corridor Door was repaired on 1/14/17.</p> <p>The Corridor door to 319 was repaired on 1/13/17.</p> <p>The Library Door has been repaired. 2/3/17.</p> <p>The Café door was repaired on 2/6/17.</p>	

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C 189	<p>Continued From page 9</p> <p>d. 1st Floor The Cafe - the corridor door did not latch into its frame when closed.</p> <p>e. 1st Floor Kitchen - both self-closing doors to the dining room were equipped with barrel bolts. When the bolts are extended and not inserted into the receptor the bolt will not allow the door to close and latch.</p> <p>f. 1st Floor Kitchen - the right self-closing door to dining does not close and latch on its own power.</p> <p>7. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on January 12, 2017</p> <p>a. 3rd Floor Maintenance Shop - the smoke detector was covered with a plastic cover. Deficiency corrected before Construction Surveyors departed the site.</p> <p>8. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on January 12, 2017</p> <p>a. 3rd Floor Electric Closet - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>9. 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. Findings on January 12, 2017</p> <p>a. 2nd Floor Innovative Scrub Care - the corridor door had a mechanical kick -down</p>	C 189	<p>The self-closing 1<sup>st</sup> Floor Kitchen doors were repaired on 2/1/17 by an outside contractor.</p> <p>The 1<sup>st</sup> floor Kitchen right self-closing door into the dining room was repaired on 2/1/17 by an outside contractor.</p> <p>The fire sprinkler escutcheon plate on the 3<sup>rd</sup> Floor was replaced on 1/14/17</p> <p>The kick down doorstop on the 2<sup>nd</sup> Floor corridor door on Innovative Therapy Door was removed on 1/31/17.</p> <p>The door wedges were removed from 202, 206, and 218.</p> <p>An inspection of all areas of the community was completed by the Executive Director, RDO and maintenance director and any other door wedges found were removed.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>REGENCY AT PINEVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9120 WILLOW RIDGE DRIVE CHARLOTTE, NC 28210</b>		
(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 189	Continued From page 10  holding the door open, preventing the rapid release of the door with a push or pull of the door, to close and latch b. 2nd Floor Bedroom 202 - the corridor door had a door wedge holding the door open, preventing the rapid release of the door with a push or pull of the door, to close and latch. c. 2nd Floor Bedroom 206 - the corridor door had a door wedge holding the door open, preventing the rapid release of the door with a push or pull of the door, to close and latch. d. 2nd Floor Bedroom 218 - the corridor door had a door wedge holding the door open, preventing the rapid release of the door with a push or pull of the door, to close and latch.	C 189	  The Maintenance Director has developed a schedule to inspect all areas of the facility to ensure Fire Stopping Caulking is intact and in good condition.  The Maintenance Director has instructed all housekeepers to remove any door wedges found during their dolly rounds.  As of 2/1/17 all staff members have received education on the prohibition of door wedges.	
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 Observation, the facility failed to prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were	C 191	  <b>C191</b>  The heater in the 3 <sup>rd</sup> Floor Nursing office was removed.  The Assistant Maintenance Director completed an inspection of all offices and rooms for portable heaters and fans and removed any found from service on 1/12/17	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REGENCY AT PINEVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9120 WILLOW RIDGE DRIVE CHARLOTTE, NC 28210</b>
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C 191	Continued From page 11  near. Findings on January 12, 2017 a. 3rd Floor Nursing Office - a portable space electric heater was found in this room.	C 191	As of 2/1/17 all staff members have received education on the prohibition of portable heaters and fans.  The Maintenance Director has developed a weekly schedule of inspection to ensure that no portable heaters or fans are in use in the community.	

*Stephanie Kaufmaier*  
Executive Director  
The Regency at Pineville  
2/7/17

# REGENCY AT PINEVILLE

## FIRE DRILL

DATE: 6 Feb 2017 SHIFT: 1st TIME: 11:00AM

CONDUCTED BY: Vince

LOCATION/RM OF ALERT 3rd Floor Laundry Room

### ACTIONS TAKEN BY STAFF (RESIDENTS RELOCATED /EVACUATION TO WHERE, ETC.)

Residents in media room were taken to 3rd south stairwell landing. Residents in 321, 323A, 311A & 328 were taken to 3rd floor north stairwell landing. 2nd floor residents were taken to their respective rooms and doors closed. Residents in parlor were moved to cafe behind fire rated doors.

### EDUCATION/INFORMATION REINFORCED & REVIEWED DURING FIRE DRILL WITH STAFF

Proper fire response and resident evaluation were reviewed to the staff.  
Proper use of fire extinguisher was also reinforced to the staff.

### EMPLOYEES PARTICIPATING IN FIRE DRILL:

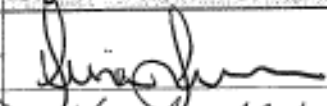



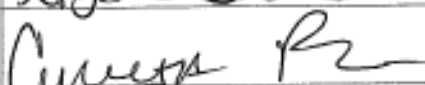
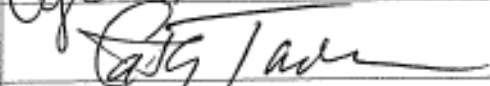

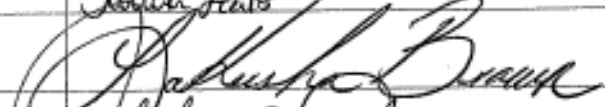
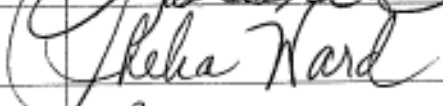
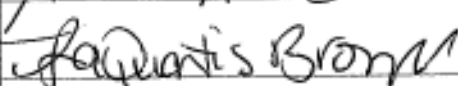
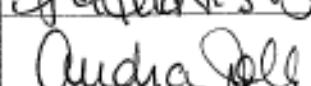
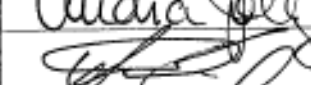



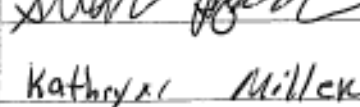
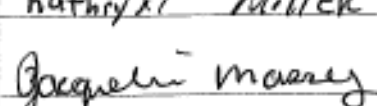
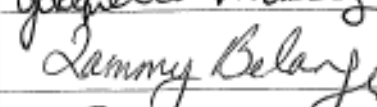

Katemp Kelbis  
Laren McKenzie  
Algeria  
Russell Taylor  
Delicia Brune  
Jacqueline Maney  
VELMA ROSE  
Nicole Gills  
Susan Babcock  
Rowdy Brister  
Zanny Belong  
Robert Johnson  
Konda Newfill  
Kathy Henry  
Mahira TEWRIES  
Angie VINCE  
Linda Miller

Stephanie LePore

**NO PORTABLE HEATERS OR FANS MAY BE USED IN THE COMMUNITY**

**DATE: 2/1/17**

The use of Portable Heater or Fans is strictly prohibited in the community

Print Name	Title	Department	Signature
Tina Turner	mcc	Memory Care	
Kayla Miller	FD		
Steve MORTON	ACTIVITIES ASST. <del>FD</del> ACTIVITIES		
Angel Stewart	CNA	AI	
Cyrena Lane	CNA	AI	
Cathy Lane	activities	Activities	
Tamika Leaks	CNA	MC	
Lakesha Brown	CNA	MC	
Shelia Ward	CNA	MC	
LaQuantis Brown	CNA		
Audra Jolly	BOM	Admin	
Yovaw LUT	MD	Admin	
Stephanie Lounsbury	ED	Admin	
Johni Ertas		Admin	
Marc Joseph			
Susan Babcock		CNA/Med Tech FD	
Kathryn Mell		CDM, CFPI	
Jackie Massey	LD	Housekeeping	
Tammy Belanger	CNA MED TECH	AL	
MILKA BASIC	MED TECH	AL	

**REMOVE ALL DOOR WEDGES, DAILY**

**DATE: 2/1/17**

The use of door wedges to prevent closure of any door in the community is prohibited/ Remove and turn into Maintenance Director

Print Name	Title	Department	Signature
Peggy Sue	CNA	AL	Peggy Sue
Kristain Walker		AL/Admin	Kristain Walker
Kayla Miller	FD		Kayla Miller
Tina Turner	mcc	memory care	Tina Turner
Dee Morton	ACT. ASST.	Activities	Dee Morton
Angel Stewart	CNA	AL	Angel Stewart
Cyreea Ponca	CNA/med	AL	Cyreea Ponca
Cathy Lavin		activities	Cathy Lavin
Tamika Leaks	CNA	MC	Tamika Leaks
Lakeisha Brown	CNA	MC	Lakeisha Brown
Shelia Ward	CNA	MC	Shelia Ward
Laudontis Brown	CNA		Laudontis Brown
Andra Jole	BOM	Admin	Andra Jole
Yovon Carr	MD	Admin	Yovon Carr
Stephanie Leifmaier	ED	Admin	Stephanie Leifmaier
Shirley Fraz		Medicine	Shirley Fraz
Marc Joseph			Marc Joseph
Susan Babcock		CNA/Med Tech FD	Susan Babcock
Kathryn Miller		CDM	Kathryn Miller
Jackie Massey	MD	Housekeeping	Jackie Massey
Tammy Belanger	CNA MED TECH	AL	Tammy Belanger

**REMOVE ALL DOOR WEDGES, DAILY**

**DATE: 2/1/17**

The use of door wedges to prevent closure of any door in the community is prohibited/ Remove and turn into Maintenance Director

Print Name	Title	Department	Signature
MILKA BATIC	<del>unit</del> AL	<del>AL</del>	B.M.
Rondelle Brainerd	HTC	HTC	RHB
Lisa Parks	CNA/MT	MC	Lisa Parks
Mahima TENNES	CNA	AL	Mahima
Audrey Blue		dietary	Audrey Blue
Selma Besic-Put	med	AL	SB
Patricia Winder		dietary	Patricia Winder
Carolyn Harris		dietary,	Carolyn Harris
JORGE Ramirez		Dietary	Jorge Ramirez
Michele Bowman	CNA	AL	Michele Bowman
Sanja Radakovic	CNA	AL	Sanja Radakovic
Beatrice Bradne	CNA	AL	Beatrice Bradne
Rachelle Telford	CNA	AL	Rachelle Telford
Angerique E.	CNA/med-tech	AL	Angerique E.
Latonya Johnson	MT	AL	Latonya Johnson



**NO STORAGE IN STAIRWAYS, ELECTRICAL, MECH. ROOMS OR BOILER ROOM**

**DATE: 2/1/17**

Items may not block the egress, or reduce ability to get to electrical equipment

Print Name	Title	Department	Signature
Krusai wauer		AI Admin	Krusai wauer
Kayla Miller	FD		Kayla Miller
Tina Turner	mcc	Memory Care	Tina Turner
Steve MORTON	ACTIVITIES ASSOC	ACTIVITIES	Steve MORTON
Angel Stewart	CNA	AI	Angel Stewart
Cyrene Ponce	NUR	H1	Cyrene Ponce
Cathy Laorun	acting	house	Cathy Laorun
Tamika Leaks	CNA	MC	Tamika Leaks
Lokeesho Brown	CNA	MC	Lokeesho Brown
Shelia Ward	CNA	MC	Shelia Ward
Raquantia Brum	CNA		Raquantia Brum
Andra Jolly	BDM	Admin	Andra Jolly
Yovann Loyt	MP	Admin	Yovann Loyt
Stephanie Louimais	ED	Admin	Stephanie Louimais
Jabri Estay		Maintenance	Jabri Estay
Marc Joseph			Marc Joseph
SUSAN BARCOCK		CNA/MedTech FD	Susan Barcock
Kathryn Miller		CDM, CFP	Kathryn Miller
Jackie MANSCH	LD HIC CNA	Housekeeping	Jackie Mansch
Tammy Belanger	MED TECH	AI	Tammy Belanger

**NO STORAGE IN STAIRWAYS, ELECTRICAL, MECH. ROOMS OR BOILER ROOM**

**DATE: 2/1/17**

Items may not block the egress, or reduce ability to get to electrical equipment

Print Name	Title	Department	Signature
HILYA BASIC	Med Aide	ADZ AL	[Signature]
Lisa Parks	CNA	MC	[Signature]
Roxelle Braxton	Hk	Hk	[Signature]
Audrey Blue	dietary	dietary	[Signature]
Carolyn Harris	dietary	dietary	[Signature]
Patricia Ubidia	dietary	Dietary	[Signature]
JORGE Ramirez		Dietary	[Signature]
Michele Bowman	CNA	A/L	[Signature]
Sariya Radatone	CNA	AL	[Signature]
Mahima TENWIES	CNA	AL	[Signature]
Selome Beshrat	Medic	AL	[Signature]
Angelique E	med tech CNA	AL	[Signature]
LAToya Johnson	MT	AL	[Signature]
Bertrice Browne	CNA	AL	[Signature]
Rachelle Telford	CNA	AL	[Signature]