

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/30/2016
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NAME OF PROVIDER OR SUPPLIER
BROOKDALE CHURCHILL

STREET ADDRESS, CITY, STATE, ZIP CODE
**140 CARRIAGE CLUB DRIVE
 MOORESVILLE, NC 28117**

(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>Report of a Construction Section Biennial Survey by Ed Miller conducted on November 30, 2016.</p> <p>Records indicate this facility was first licensed as a Home for the Aged on March 18, 2002 and the addition on February 29, 2004. The facility is currently licensed for a total capacity of one-hundred twenty beds, which includes a twenty bed Special Care Unit. Therefore, we are requiring the facility to meet the 1996 Minimum Standards and Regulations for Homes for the Aged; the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds; and the 1996 Edition of the North Carolina State Building Code, Section 409- Institutional Occupancy, Group I as well as the 2002 Edition of the North Carolina State Building Code, Section 409- Institutional Occupancy, Section 308.2- Group I.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
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</p>	C 101		

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

Harold M. Manner

TITLE

ED

(X6) DATE

1-11-17

Division of Health Service Regulation

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C 101	<p>Continued From page 1</p> <p>"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> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the special locking arrangements were not functioning at the time of survey, on all of the facilities exits. Findings on November 22, 2016: a. Paddock Lane Courtyard - the courtyard was not large enough to provide a 'safe dispersal area' and the emergency release switch at the gate was of the locking type and staff did not carry keys. b. SCU Main Entrance - the emergency release switch at the door was of the locking type and staff did not carry keys and not all staff responsible for evacuation had knowledge of what the switch did. c. SCU near Med Room - the central emergency release switch did not describe that it released to maglock system and staff was unaware of what it was for.</p>	C 101	<p><i>We have made more keys and educated staff. They all have a key</i></p> <p><i>We have gotten proper labeling</i></p>	<p><i>12/30</i></p> <p><i>12/30</i></p> <p><i>12/30</i></p>
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(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:</p> <p>1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by</p>	C 150		

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C 150	Continued From page 2 slowing or obstructing egress during an emergency. Findings on November 30, 2016: a. Front Living Room - there was a table blocking the exterior exit. Deficiency corrected before Construction Surveys departed the site. b. Gulfstream Way Activity Room II - a chair on the outside was blocking the exterior exit and a large grill was obstructing the sideway. c. Downs Dale Porch - the second floor stair tower exit was blocked with discarded PTAC units and commodes.. Deficiency corrected before Construction Surveys departed the site.	C 150	<i>Corrected</i> <i>Moved obstruction</i> <i>Area cleared</i>	<i>12/30</i> <i>12/30</i> <i>12/30</i>
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, and interview with Manager, the facility failed to keep plumbing devices in clean and in good repair. Findings on November 30, 2016: a. Kitchen - the ice machine drain was piped directly onto the floor drain, resulting in the potential for the drain line to clog and contaminate the ice due to backflow. 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and	C 164	<i>Raised drain pipe</i>	<i>12/30</i>

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C 164	Continued From page 3 furniture clean and in good repair. Findings on November 30, 2016: a. Main front to back Corridor - the carpet had a large stained area near the Front Living Room. b. SCU Corridor Outside Bedroom 16 - the carpet was stained. c. SCU Corridor Outside Bedroom 20 - the carpet was stained.	C 164	<i>We are currently going through a remodel and all the carpet will be replaced</i>	<i>12/30</i>
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 Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. Findings on November 30, 2016: a. Commercial Laundry Dryer Room - combustible item were being storage in the space behind the commercial dryer.	C 166	<i>Moved items</i>	<i>12/30</i>
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.	C 188		

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C 188	<p>Continued From page 4</p> <p>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 November 30, 2016: a. Downs Dale Bedroom 1 Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester</p>	C 188	<p>Replaced Receptical</p>	12/30
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. 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 November 30, 2016: a. Maintenance Shop - the two fire alarm system's smoke detectors were dangling from the ceiling by their power/operational wires. b. Front Med Room - The fire alarm panel was</p>	C 189	<p>Caulked around gap</p>	12/30

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C 189	<p>Continued From page 5</p> <p>showing a trouble signal. The trouble code corresponded to the duct detector in Mech Room 109.</p> <p>2. 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. Findings on November 30, 2016: a. Front Dining Room Long Corridor Wall - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. b. Gulfstream Way exit - the combination wall-mounted self-contained emergency and exit light did not illuminate on backup power when tested.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors to stairtowers. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on November 30, 2016: a. SCU Second Floor Central Stairtower - the door does not latch into its frame.</p> <p>4. 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 November 30, 2016: a. Kitchen - the ceiling had multiple small holes and a two inch diameter hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Dry Storage (Boiler Room) - there were gaps</p>	C 189	<p><i>Code has been cleared 12/30</i></p> <p><i>Door frames are being corrected in sc 12/30</i></p> <p><i>Holes taken care of 12/30</i></p>	

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C 189	<p>Continued From page 6</p> <p>around pipes and flue not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>c. Maintenance Shop - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>d. Sales Consultant Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>e. Delmar Mews Janitorial - there was an open-ended sleeve with cable bundle penetrating the fire-resistance-rated ceiling assembly.</p> <p>f. Staff Area Outside Delmar Mews - there were gaps around two cables not firestopped as they penetrated the fire-resistance-rated ceiling assembly.</p> <p>g. Delmar Mews Exterior Storage - there was a gap around the sprinkler drain line not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>h. Woodbine Way Riser Room - there were two open-ended sleeves with cable bundles and gap round the sleeves penetrating the fire-resistance-rated ceiling assembly</p> <p>i. Woodbine Way Generator Room - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>j. Commercial Laundry Dryer Room - there were gaps around gas pipes and flue not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>k. Saratoga Lane Exterior Back Storage - two fire collar fell off the PVC pipes they were firestopping the fire-resistance-rated ceiling assembly.</p> <p>l. Saratoga Lane Exterior Back Storage - an 8 inch flue and four 4 inch PVC pipes were not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p>	C 189	<p><i>It has been firestopped 12/30</i></p> <p><i>It has been fire caulked 12/30</i></p> <p><i>It has been fire caulked 12/30</i></p> <p><i>It has been fire caulked 12/30</i></p> <p><i>It has been fire caulked 12/30</i></p> <p><i>It has been fire caulked 12/30</i></p> <p><i>It has been fire caulked 12/30</i></p> <p><i>They have been fire caulked 12/30</i></p>	

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C 189	<p>Continued From page 7</p> <p>m. Gulfstream Way Front Exterior Storage - there were gaps around two pipes not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>n. Gulfstream Way Janitor - there was a gap around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>o. Gulfstream Way IDU5 - the exhaust fan did not completely cover the opening through the fire-resistance-rated ceiling assembly.</p> <p>p. Downs Dale Mech Room - the open-ended sleeve was packed with cables and there was no firestopping as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>q. Downs Dale Riser Room - there were six 4 inch pvc pipes not firestopped as they penetrated the fire-resistance-rated ceiling assembly.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 30, 2016: a. Kitchen -since the semi-annual maintenance of the commercial kitchen hood's fire suppression system in September 2016, there has been no documentation of the monthly inspections.</p> <p>6. 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. Findings on November 30, 2016: a. Exit near Bedroom 111 - the exit sign on</p>	C 189	<p><i>Has been firestopped</i></p> <p><i>Has been firestopped</i></p> <p><i>Corrected</i></p> <p><i>Firestopped</i></p> <p><i>Firestopped</i></p> <p><i>We have the inspections. They never asked for them.</i></p> <p><i>Was in our TELS system</i></p>	<p><i>12/30</i></p> <p><i>12/30</i></p> <p><i>12/30</i></p> <p><i>12/30</i></p> <p><i>12/30</i></p> <p><i>12/30</i></p> <p><i>12/30</i></p>

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C 189	Continued From page 8 corridor from reception area to treatment area has both chevrons graphics removed indicating that you should turn left or right but the way out is straight. 7. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on November 30, 2016: a. Front Dining Room Long Corridor Wall - the pair of corridor doors have no latching hardware allowing smoke to travel through the doors. b. Pamlico Mews Laundry Room - the corridor door did not latch into its frame when closed. c. Woodbine Way - the back leaf, of the double-egress cross-corridor door, did not latch when the fire alarm system released the doors. d. Woodbine Way - the corridor door's strike plate had been filled with a vinyl glove preventing the door from latching. e. Front Med Room - there were two 1/4 inch diameter holes through the door beside the door handle. f. Paddock Lane - the back leaf, of the double-egress cross-corridor door, did not latch when the fire alarm system released the doors. g. SCU Bedroom 16 - the corridor door hits its doorframe, preventing it from closing and latching without the use of extra force h. SCU Bedroom 16 - the corridor door hits its doorframe, preventing it from closing and latching without the use of extra force i. SCU Bedroom 13 - the corridor door hits its doorframe, preventing it from closing and latching without the use of extra force j. SCU Bedroom 7 - the corridor door hits its doorframe, preventing it from closing and latching without the use of extra force k. SCU Bedroom 5 - the corridor door hits its doorframe, preventing it from closing and latching without the use of extra force	C 189	Don't understand issue. Locksmith corrected Removed glove Adjusted latch Removed glove We filled in holes Adjusted latch Project has been approved and given to a contractor to complete	12/30 12/30 12/30 12/30 12/30 12/30 3/1/17

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C 189	<p>Continued From page 9</p> <p>l. SCU Bedroom 1 - the corridor door will not close completely and latch.</p> <p>m. SCU Bedroom 4 - the corridor door will not close completely and latch.</p> <p>n. SCU - the front leaf, of the double-egress cross-corridor door, did not latch when the fire alarm system released the doors.</p> <p>o. SCU Activity Supply Room - the corridor doorframe was missing its strike plate.</p> <p>p. SCU Chemical Room - the corridor doorframe was missing its strike plate.</p> <p>q. SCU Main Office - the corridor doorframe was missing its strike plate.</p> <p>r. SCU Main Office- there were two 1/4 inch diameter holes through the door beside the door handle.</p> <p>s. SCU Main Office - the corridor door will not close completely and latch.</p> <p>t. Downs Dale - the back leaf, of the double-egress cross-corridor door, did not latch when the fire alarm system released the doors.</p> <p>B. 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 November 30, 2016:</p> <p>a. Kitchen - 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>b. Saratoga Lane Porch - three fire sprinkler escutcheon plate did not cover the complete holes through the fire-resistance-rated ceiling allowing the spread of smoke and heat.</p> <p>c. Belmont Lane Porch - three fire sprinkler escutcheon plate were missing, exposing openings through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p>	C 189	<p>Given to Contractor to complete.</p> <p>We adjusted leaf</p> <p>Is completed with fire caulking</p>	<p>12/30</p> <p>12/30</p> <p>12/30</p>

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C 189	<p>Continued From page 10</p> <p>Bedroom ^{Belmont Lane} 12 - there was a fire sprinkler escutcheon plate missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>e. Commercial Laundry - 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>f. Gulfstream Way Laundry - 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>g. Gulfstream Way Corridor near Bedroom 7- three fire sprinkler escutcheon plate did not cover the complete holes through the fire-resistance-rated ceiling allowing the spread of smoke and heat.</p> <p>h. Downs Dale Bedroom 1 Bathroom - 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.</p> <p>Findings on November 30, 2016:</p> <p>a. Front Dinning - the pair of corridor doors across from the Kitchen had kick downs holding the doors open, preventing the rapid release of the doors with a push or pull of the door, to close and latch.</p> <p>b. Kitchen - the pair of corridor doors were wedged, holding the doors open, preventing the rapid release of the doors with a push or pull of the door, to close and latch.</p> <p>c. Dry Storage (Boiler Room) - the door was wedged, holding the door open, preventing the rapid release of the door with a push or pull of</p>	C 189	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Is completed spoke to Mr. Miller 12/30/16 + he said door stops can be used up to 5 minutes</p> <p>Installing magnetic door stops</p>	<p>12/30</p> <p>12/30</p> <p>12/30</p> <p>12/30</p> <p>12/30</p> <p>12/30</p> <p>12/30</p> <p>10/30</p>
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE CHURCHILL		STREET ADDRESS, CITY, STATE, ZIP CODE 140 CARRIAGE CLUB DRIVE MOORESVILLE, NC 28117		
(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 11 the door, to close and latch. d. Therapy - the corridor door was wedged, holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch e. Beauty Shop - the corridor door was wedged, holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch f. SCU Bedroom 9 - the corridor door was wedged, holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch g. SCU Med Room - the corridor door was held open with a Heavy object, preventing the rapidly release of the door with a push or pull of the door, to close and latch. h. SCU Bedroom 20 - the corridor door was held open with a Heavy object, preventing the rapidly release of the door with a push or pull of the door, to close and latch. 10. Based on observation, the electrical system was not being maintained safe. Findings on November 30, 2016: a. Downs Dale - an electrical junction box with energized components, was missing its cover plate,	C 189	Removed kick plate Removed kick plate Corrected use of door Installed plate	12/30 12/30 12/30 12/30
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCA 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each	C 193	Located key and turned off	12/30

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER BROOKDALE CHURCHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 140 CARRIAGE CLUB DRIVE MOORESVILLE, NC 28117
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C 193	<p>Continued From page 12</p> <p>resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.</p> <p>(f) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner.</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, and interview with Staff the facility failed to provide an environment in accordance with Rule by not providing proper control over the range. This could affect all s Findings on November 30, 2016:</p> <p>a. Activity Room II - the range in the room was energized and no staff were present.</p>	C 193	<p><i>Stoves only located in Independent Rooms 12/30</i></p>	
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</p>	C 199	<p><i>Located key to unit and turned it off 12/30</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CHURCHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 140 CARRIAGE CLUB DRIVE MOORESVILLE, NC 28117
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C 199	<p>Continued From page 13</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 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 30, 2016:</p> <p>a. Pamlico Mews Bedroom 1 Bathroom - the exhaust ventilation system did not work, allowing a build-up of odors.</p> <p>b. Pamlico Mews Laundry - the exhaust ventilation system did not work, allowing a build-up of odors.</p> <p>c. Pamlico Mews Bedroom 8 Bathroom - the exhaust ventilation system did not work, allowing a build-up of odors.</p> <p>d. Gulfstream Way Janitor - the exhaust ventilation system did not work, allowing a build-up of odors.</p> <p>e. SCU Laundry - the exhaust ventilation system was running, but appears to be running backwards.</p> <p>f. SCU Spa - the exhaust ventilation system did not work, allowing a build-up of odors.</p>	C 199	<p><i>Adjusted fan belt</i></p> <p><i>Adjusted</i></p> <p><i>No exhaust vent found</i></p> <p><i>Vent was located above ceiling tile. Company is fabricating what we need.</i></p>	<p><i>12/30</i></p> <p><i>12/30</i></p> <p><i>12/30</i></p> <p><i>12/30</i></p>