

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 R 03/15/2017
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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 000}	Initial Comments Report of Biennial Follow Up Construction Survey by Ed Miller, on March 15, 2017. Deficiencies were cited that will require a new plan of correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules 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; This Rule is not met as evidenced by: 1. Based on observation the special locking arrangements were not functioning at the time of survey. New Findings on March 14, 2017: aa. Paddock Lane Courtyard - the emergency release switch at the gate was of the locking type and staff did not carry keys. Deficiency corrected before Construction Surveyor departed Site by distributing 3 metal keys to SCU Staff. ab. Paddock Lane Courtyard - the existing	{C 101}		

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

Division of Health Service Regulation

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{C 101}	Continued From page 1 emergency release switch at the "Special Locking" gate requires a key to operate. The key cannot be removed from the switch without reenergizing the lock. This is not in accordance with the NC State Building Code's requirement that the emergency release switch be on/off switch.	{C 101}		
{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 other obstructions. 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. Finding on March 14, 2017: aa. Downs Dale Porch - the second floor stair tower exit was blocked with discarded renovation debris, construction equipment, and commodes. The Deficiency was corrected before Construction Surveyor departed the site.	{C 150}		
{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.	{C 189}		

Division of Health Service Regulation

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{C 189}	<p>Continued From page 2</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>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. New Finding on March 14, 2017: a. Front Dining Room - both wall-mounted self-contained emergency lights did not illuminate on backup power when tested.</p> <p>3. Based on observation, and interview with Maintenance Director 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. New Finding on March 14, 2017: a. SCU Second Floor Central Stairtower - the door does not latch into its frame.</p> <p>4. Based on observations and interview with Maintenance Director, the Building fire safety was not maintained in a safe and operating condition because an unapproved orange sealant was used to make the firestop repairs. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin New Finding on March 14, 2017: a. Kitchen - the ceiling had multiple small holes and a two inch diameter hole with an unapproved orange foam sealant as it penetrates the fire-resistance-rated ceiling assembly. b. Dry Storage (Boiler Room) - there were gaps</p>	{C 189}		

Division of Health Service Regulation

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{C 189}	<p>Continued From page 3</p> <p>around pipes and flue with an unapproved orange foam sealant as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>d. Sales Consultant Office - there was a gap around a cable with an unapproved orange foam sealant 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 with an unapproved orange foam sealant 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 with an unapproved orange foam sealant 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 with an unapproved orange foam sealant as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>j. Commercial Laundry Dryer Room - there were gaps around gas pipes and flue with an unapproved orange foam sealant as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>k. Saratoga Lane Exterior Back Storage - two fire collars 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 have an unapproved orange foam sealant as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>m. Gulfstream Way Front Exterior Storage - there were gaps around two pipes with an</p>	{C 189}		

Division of Health Service Regulation

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{C 189}	Continued From page 4 unapproved orange foam sealant as it penetrates the fire-resistance-rated ceiling assembly. n. Gulfstream Way Janitor - there was a gap around a pipe with an unapproved orange foam sealant as it penetrates the fire-resistance-rated ceiling assembly. 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 March 14, 2017: 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. New Finding on March 14, 2017: aa. Kitchen - per the semi-annual maintenance tag, the commercial kitchen hood's fire suppression system was last maintained in September of 2016. 7. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on March 14, 2017: n. SCU - the front leaf, of the double-egress cross-corridor door, did not latch when the fire alarm system released the doors. r. SCU Main Office- there were two 1/4 inch diameter holes through the door beside the door handle.	{C 189}		
{C 193}	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT	{C 193}		

Division of Health Service Regulation

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{C 193}	<p>Continued From page 5</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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 resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.</p> <p>(5) 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.</p> <p>New Findings on March 15, 2017:</p> <p>a. Activity Room II - the range in the room was energized and no staff were present.</p>	{C 193}		