

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 R 01/24/2017
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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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(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}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on January 24, 2017. The following deficiencies cited during the previous Construction Section Biennial Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{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 serval cable bundles not firestopped in the middle of the bundle as it penetrates the fire-resistance-rated ceiling assembly. 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.	{C 189}	<i>The middle sleeve opening has had fire cable placed so fire does not penetrate the ceiling</i>	<i>2-14-17</i>

Division of Health Service Regulation

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

TITLE

(X6) DATE

Ed Miller, ED

2-14-17

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{C 189}	Continued From page 1 Findings on January 24, 2017 b. Private Dining - the corridor door did not latch into its frame when closed. 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. d. Exterior Exit near Beauty Shop - the exterior exit door was rotting. [Note: The wrong hand door was ordered, which is why this condition still persists at follow up.] g. Bedroom 125 - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch. Deficiency corrected before Construction Survey departed the site. j. Bedroom 229 - the corridor door did not latch into its frame when closed.	{C 189}	private dining corridor door will be adjusted so that it latches into its frame. Exterior exit door @ beauty shop had door frame sanded and the rotten area was filled with wood filler until new door arrives. will educate all residents + families that we can not use wedges to hold doors open + why. Wedge removed during survey	2-15-17 2-15-17 2-28-17
			Room 229 the corridor door will be adjusted so it latches into its frame	2-15-17