STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL013044	B. WING		04/2	0/2017
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE LIV	NG CENTER OF COM	ICORD	REN C. COLI D, NC 28027	EMAN BLVD. 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		al Construction Survey by Billy k Strickland conducted on				
	Records indicate this facility was first licensed on 09/01/1984 and a 3rd floor addition on 06/09/1993. The facility is currently licensed for 180 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 Revision 5 (for the 1st and 2nd floors) and the 1991 Revised 1993 for the 3rd floor Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 (for the 1st and 2nd floors) and the 1993 (for the 3rd Floor) Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensures.					
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of (e) This Rule shall facilities.	es shall: lings, and floors or floor an and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing	C 164			
	1. Based on observ	et as evidenced by: vation the facility's floor ept clean and in good repair. 017:				
		acility there is a pattern of the is stained and soiled.				

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

(X6) DATE TITLE

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			SURVEY LETED
	HAL013044		B. WING		04/2	0/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE LIV	NG CENTER OF CON	ICORD	REN C. COLI D, NC 28027	EMAN BLVD. 7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 164	Continued From pa	ige 1	C 164			
	meet the requirement unpleasant odors. Finding on 04/20/20 a. Rooms 108, 230 urine odor in the rooms.	and 224 - The was a strong oms. Also with the room doors be detected in the corridor				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	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.					
	maintained free from bottles that are stor restraint to prevent knocked over. Oxyg	et as evidenced by: vation the facility was not m hazards due to oxygen red without any means of them from falling or being gen bottles that are improperly t a danger to the occupants of				
		s were stored standing upright eans of restraint to prevent				
		vation the facility is not m hazards. The building code				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					OATE SURVEY COMPLETED	
			D WING			
		HAL013044	B. WING		04/2	0/2017
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE LIVI	NG CENTER OF CON	ICORD	REN C. COLI D, NC 28027	EMAN BLVD.		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 2	C 166			
	designated required clearance of 36" for electrical equipment must not be encroached upon. Obstructing access to electrical equipment could delay timely operation in an emergency situation.					
	Findings on 04/20/2017: a. Basement - Several aluminum ladders were stored in front of the electrical panels. Note: Items were relocated while the surveyor was on site.					
	b. 3rd Floor Janitor's Closet - Items were stored in front of the electrical panels.					
		age Room Next to Bed Pan stored in front of the electrical				
C 184	Fire Safety-Evacua	tion plan	C 184			
	diagrammed drawir approval of the loca shall be prepared in central location on home. The plan sha resident on admiss orientation for all ne	racuation plan (including a ng) which has the written al Code Enforcement Official n large print and posted in a each floor of an adult care all be reviewed with each ion and shall be a part of the				
		et as evidenced by: ration the facility has failed to diagrammed fire evacuation				

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N5ZM21 If continuation sheet 3 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL013044	B. WING 04/20/20				
	PROVIDER OR SUPPLIER	ICORD 160 WARI		STATE, ZIP CODE EMAN BLVD. 7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 184	Finding on 04/20/20 a. The fire evacuati		C 184				
C 185	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishes social services ann include the date an shift, staff members description of what (f) This Rule shall a facilities. This Rule is not me 1. Based on review the provider it could rehearsals of the fir have been conduct Finding on 04/20/20 a. The facility has s During the period o provider could only	PHYSICAL PLANT 09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code al. earsals shall be maintained at to the county department of ually. The records shall d time of the rehearsals, the spresent, and a short the rehearsal involved. apply to new and existing et as evidenced by: of documentation supplied by I not be verified that the plan quarterly on each shift ed.	C 185				
C 189	shift . Building Equipment SECTION .0300 - F	: Maintained Safe, Operating PHYSICAL PLANT	C 189				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(VO) MILITIDI	E CONOTRUCTION	(VO) DATE	OLIDVEY.		
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` 'C			X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01				
HAL013044		B. WING		04/2	0/2017		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
		160 WARI	REN C. COLI	EMAN BLVD.			
THE LIV	NG CENTER OF CON	CONCOR	D, NC 28027	,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 4	C 189				
	10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	maintain the facility manner due to pen- resistant rated ceilin holes in fire resistant the occupants of the	et as evidenced by: ration there is a failure to 's fire safety systems in a safe etrations or gaps in the fire ngs. Penetrations, gaps or nt rated ceilings could effect e facility by allowing fire and eyond the area of origin.					
		e is fire resistant rated ceiling I from the support grid leaving					
		rage Room - There is a fire ng tile missing at the structural					
		Heater Room - There gaps in ed ceiling tiles where they are g.					
	drooped down leavi	fire resistant ceiling tile has ing gaps in the lay-in ceiling tiles and the support grid.					
	Room - There gaps	Entry Adjacent to the Activity in the fire resistant rated is penetrated by conduit for					

Division of Health Service Regulation

Division	Division of Health Service Regulation								
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		HAL013044	B. WING	B. WING		0/2017			
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE					
THE LIVI	NG CENTER OF CON	ICORD	REN C. COL RD, NC 28027	EMAN BLVD.					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE			
C 189	Continued From pa	ige 5	C 189						
	the wall mounted en	mergency light.							
	f. There is a pattern of fire resistant rated ceiling tiles with corners a or edges broken, tiles split in two, with pieces missing thus creating gaps between the files and the support grid.								
	failure to maintain t alarm system device operating condition system devices and operable condition	vation and testing there is the facility's emergency fire tes and equipment in a safe. Failure to maintain fire alarm dequipment in a safe and could effect all occupants of uipment did not function when							
		017: smoke detector is detached refore not securely mounted.							
	maintain electrical e equipment in safe of effect occupants of	vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.							
	combination emerg	2017: To Parking Lot - The ency light and directional exit e when tested on battery							
		lor Wall Adjacent to Room 106 emergency light did not d on battery power.							
		Room - The wall mounted I not operate when tested on							

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION 101	(X3) DATE SURVEY COMPLETED	
	HAL013044		B. WING 04		04/2	0/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE LIVI	NG CENTER OF CON	ICORD	REN C. COL D, NC 2802	EMAN BLVD. 7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 6	C 189			
	maintain electrical equipment in safe of effect occupants of indicating the locating seen in the event of the exit sign to th	n 130 - The interior bulbs for stairwell are not working. ration fire safety equipment cted to assure it has been e and operable condition. acility could be effected if fire id not operate when needed to on. 017: 7 Salon - The fire extinguisher not initialed or dated indicating				
	6. Based on observe has not been maint Failure to maintain manner could effect to the unsafe condition on 04/20/20 a. 1st Floor Laundre	ration the electrical equipment ained in a safe manner. electrical equipment is a safe to the safety of person exposed tion.				
	is exposed.	g co. c. p.a.o a.o a.og				
C 195	Hot Water System		C 195			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		SURVEY PLETED
		HAL013044	B. WING		04/	20/2017
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE. ZIP CODE		-0.2011
THE LIV	THE LIVING CENTER OF CONCORD 160 WARI CONCOR			EMAN BLVD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 195	(d) The hot water a provide an adequal kitchen, bathrooms closets and soil util temperature at all five maintained at a (38 degrees C) and F (46.7 degrees C) (k) This Rule shall facilities with the exwhich shall not app. This Rule is not m 1. Based on observe temperature measure maintain the hot was range of 100°F to above the allowed expose the occupate exposed to scaldin. Finding on 04/20/2 a. 2nd Floor Common Water temperature at the sink and tub water temperature Note: The water terwithin acceptable in surveyor was on significating water temperatures measured indicating water terwithin acceptable in surveyor was on significated 133°F. Note: The water terwithin acceptable in water terwithin acceptable in within acceptable in acceptable in water terwithin acceptable in within acceptable in within acceptable in acceptable in the resider readings indicated 133°F.	system shall be of such size to the supply of hot water to the solution, housekeeping lity room. The hot water iixtures used by residents shall minimum of 100 degrees For shall not exceed 116 degrees of shall not exceed 11				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL013044	B. WING		04/2	0/2017
NAME OF PROVIDER OF	R SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
THE LIVING CENTE	R OF CON	ICORD	REN C. COL D, NC 28027	EMAN BLVD. 7		
PREFIX (EACH	DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 195 Continued	d From pa	ge 8	C 195			
indicating	water ten	nperature of 108°F to 112°F.				
C 199 Exhaust \	√entilation		C 199			
10A NCAR REQUIRE (g) The sprovided was cubic requirement before Apthese specific (1) soiled (2) soil und (3) bathrows (5) laund (k) This Figure facilities was which share the equipment exhausted finding of a. A patter indicated out of the	C 13F .03 EMENTS spaces list with exhau feet per r ent does r oril 1, 1984 ecified spa d linen sto tility room ooms and ekeeping of liny area. Rule shall with the ex all not app e is not me on observ ne require nt in space d by rule. n 04/20/20 ern of exhau by the exl first 11 re	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in inces: rage; toilet rooms; closets; and apply to new and existing apply to new and existing apply to existing facilities. Let as evidenced by: ration the facility failed to dexhaust ventilation as required to be mechanically				

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