

Division of Health Service Regulation

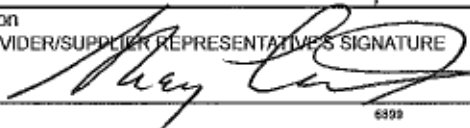
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2017
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NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209
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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	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland and Billy Bryant on 04/19/2017:</p> <p>This facility was first licenced on 02/02/1998. This facility is currently licensed for 120 beds including 30 beds in the SCU. Based on this information, we are requiring the facility to meet the 1996 North Carolina State Building Code Volume I General Construction Reference Section 409.1 Group I - Unrestrained, the 1996 Rules for the Licensing of Adult Care Homes, and applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000	<i>See Attached.</i>	
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</p> <p>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;</p>	C 101		

Division of Health Service Regulation

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



TITLE

Executive Director

(X6) DATE

5/30/17

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1-Based on observations, this facility does not meet the Building Code requirements for the Special Locking (magnetic locks) on the exit doors. The Building Code requires, "If any required emergency release switch is of the locking type, all staff responsible for the evacuation of the occupants must carry emergency release switch keys." Findings on 04/19/2017: The required emergency release switch located at each magnetically locked exit door was of the locking type with keyed switching that all staff in the SCU were not carrying. The med tech was the only staff member carrying a release switch key and the other staff that were interviewed carried no release switch keys. All staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty.	C 101	<i>See Attached.</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 facility was not maintained in a safe manner by improper storage of oxygen cyclinders. This could affect all residents and staff by potentially exposing them	C 166		

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C 166	Continued From page 2 to hazards for a ruptured ruptured cylinder. Findings on 04/19/2017: There was an oxygen bottle in the corner of Room 221 not in rack.	C 166		
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 observation, this facility has failed to maintain the sprayed on fire-proofing on all structural steel for fire protection. Findings on 02/19/2017: The sprayed on fire-proofing has been removed at the following locations located in the First Floor Mechanical Room: (a) Ceiling steel beam where electrical metallic conduits have been installed. (b) The top surfaces of the diagonal structural steel tube bracing in the wall planes. 2-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage.	C 189	<i>See Attached.</i>	

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C 189	<p>Continued From page 3</p> <p>Findings on 04/19/2017: The emergency wall light that are located at the following locations did not illuminate when tested in the emergency mode: (a) Dining Room exterior walls (b) Stair Tower #1 between 2nd & 3rd floors (c) Stair Tower #2 2nd floor (d) Stair Tower #3 between 2nd & 3rd floors (e) Outside Room 337 (f) Second Floor Activity Room @ popcorn machine (g) Third Floor Activity Room @ TV</p> <p>3-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency exit lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage.</p> <p>Findings on 04/19/2017: All Terrace exit signage.</p> <p>4-Based on observation, the facility has not maintained in a safe and operating condition because the noted interior doors do not latch preventing the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire.</p> <p>Findings on 04/19/2017: The doors at the following locations do not latch and are out of adjustment: (a) The Dining Room (b) Parlor</p> <p>5-Based on observation, the facility has not maintained in a safe and operating condition the securement of fire/smoke dedection devices This</p>	C 189	<p><i>See Attached.</i></p>	

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C 189	<p>Continued From page 4</p> <p>could affect all residents and staff in the event of a fire.</p> <p>Findings on 04/19/2017: The smoke detectors are not secured to the ceilings at the following locations: (a) Room 241 (b) First Floor Supply Room</p> <p>6-Based on observation, the facility has not maintained in a safe manner the hardware on the doors.</p> <p>Findings on 04/19/2017: The electromagnetic hold openers on the doors for the TV Lounge on the Second floor have been removed and the doors wedged open.</p> <p>6-Based on observation, the facility has not maintained in a safe manner the covers for all switches and receptacles.</p> <p>Findings on 04/19/2017: The receptacle cover is missing that is located under the Kitchen Cold-cut prep counter-top.</p>	C 189	<i>See Attached.</i>	

Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

**Summit Place of Southpark –Biennial Construction Survey
Plan of Correction
Facility License # HAL-060-116**

1) 10A NCAC 13F .0301 Application of Physical Plant Requirements – Based on observations, this facility does not meet the Building Code requirements for the Special Locking (magnetic locks) on the exit doors. The Building Code requires, "If any required emergency release switch is of the locking type, all staff responsible for the evacuation of the occupants must carry emergency release switch keys."

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

On 5/19/2017 keys to the emergency release switch located at each magnetically locked exit door were duplicated and administered so that each assigned SCU staff would have a key while on duty.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected.

C) The following systemic changes will be made to ensure compliance with this regulation:

The SCU Director or designee will ensure keys are carried and maintained on a daily basis.

D) The facility will monitor the corrective actions as follows:

The SCU Director or designee will ensure keys are carried and maintained on a daily basis.

2) 10A NCAC 13F .0301 Housekeeping & Furnishings – Adult care homes shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. The facility was not maintained in a safe manner by improper storage of oxygen cylinders. This could affect all residents and staff by potentially exposing them to hazards for a ruptured cylinder. There was an oxygen bottle in the corner of Rm # 221 not in a rack.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The oxygen cylinder in Rm # 221 was secured in an oxygen cylinder rack on 4/20/2017.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected. A facility wide visual inspection was completed on 4/20/2017 to ensure all oxygen cylinders were stored in racks or otherwise secured.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual inspections to ensure oxygen cylinders are stored in racks or otherwise secured.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual inspections to ensure oxygen cylinders are stored in racks or otherwise secured.

3) 10A NCAC 13F .0311 Other Requirements – 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. Based on observation, this facility has failed to maintain the sprayed on fire-proofing on all structural steel for fire protection. The sprayed on fire-proofing has been removed at the following locations in the first floor Mechanical Room:

- a. Ceiling steel beam where electrical metallic conduits have been installed;
- b. The top surfaces of the diagonal structural steel tube bracing in the wall planes.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

- a. Fire proofing spray will be applied to the ceiling steel beam where electrical metallic conduits have been installed by 6/3/17.
- b. Fire proofing spray will be applied to the top surfaces of the diagonal structural steel tube bracing in the wall planes by 6/3/17.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide visual inspection of all structural steel was completed on 5/1/17 to ensure compliance.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual inspections of all structural steel to ensure the fire-proofing spray remains in place.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual inspections of all structural steel to ensure the fire-proofing spray remains in place.

4) 10A NCAC 13F .0311 Other Requirements – this facility has failed to maintained in a safe and operating condition the emergency lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. The emergency wall light that are located at the following locations did not illuminate when tested in the emergency mode:

- a. Dining Room exterior walls
- b. Stair Tower #1 between 2nd & 3rd floors
- c. Stair Tower #2 2nd floor
- d. Stair Tower #3 between 2nd & 3rd floors
- e. Outside Room 337
- f. Second Floor Activity Room @ popcorn machine
- g. Third Floor Activity Room @ TV

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The emergency wall lights as identified below were replaced on 4/20/17:

- a. Dining Room exterior walls
- b. Stair Tower #1 between 2nd & 3rd floors
- c. Stair Tower #2 2nd floor
- d. Stair Tower #3 between 2nd & 3rd floors
- e. Outside Room 337
- f. Second Floor Activity Room @ popcorn machine
- g. Third Floor Activity Room @ TV

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide visual inspection of emergency wall lights was completed on 4/20/17 to ensure compliance.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random testing of all emergency wall lights to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random testing of all emergency wall lights to ensure compliance.

5) 10A NCAC 13F .0311 Other Requirements – this facility has failed to maintained in a safe and operating condition the emergency exit lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. All Terrace exit signage was observed in non-compliance.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The Terrace emergency exit signage was replaced on 5/16/17.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide visual inspection of emergency exit lighting was completed on 5/16/17 to ensure compliance.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random inspections of all emergency exit lights to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random inspections of all emergency exit lights to ensure compliance.

6) 10A NCAC 13F .0311 Other Requirements – the facility has not maintained in a safe and operating condition because the noted interior doors do not latch preventing the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire. The doors at the following locations do not latch and are out of adjustment:

- a. The Dining Room
- b. Parlor

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

- a. The Dining Room – was adjusted / repaired on 5/2/17 to ensure compliance.
- b. Parlor – was adjusted / repaired on 5/2/17 to ensure compliance.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide visual inspection was completed on 5/2/17 to ensure all doors latch properly.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual inspections to ensure all doors properly latch.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual inspections to ensure all doors properly latch.

7) 10A NCAC 13F .0311 Other Requirements – the facility has not maintained in a safe and operating condition the securement of fire/smoke detection devices This could affect all residents and staff in the event of a fire. The smoke detectors are not secured to the ceilings at the following locations:

- a. Room 241
- b. First Floor Supply Room

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

- a. Room 241 – the smoke detector was secured to the ceiling on 5/16/17.
- b. First Floor Supply Room – the smoke detector was secured to the ceiling on 5/16/17.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide visual inspection of all smoke detectors was completed on 5/16/17 to ensure all smoke detectors were secured to the ceiling.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual inspections to ensure all smoke detectors are secured to the ceiling.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual inspections to ensure all smoke detectors are secured to the ceiling.

8) 10A NCAC 13F .0311 Other Requirements – the facility has not maintained in a safe manner the hardware on the doors. The electromagnetic hold openers on the doors for the TV Lounge on the Second floor have been removed and the doors wedged open.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The electromagnetic hold openers on the doors for the TV Lounge on the Second floor will be installed / replaced by 6/2/17.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide visual inspection of all doors was completed on 5/22/17 to ensure compliance.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual inspections of all doors to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual inspections of all doors to ensure compliance.

9) 10A NCAC 13F .0311 Other Requirements – the facility has not maintained in a safe manner the covers for all switches and receptacles. The receptacle cover is missing that is located under the Kitchen Cold-cut prep counter-top.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The receptacle cover located under the Kitchen Cold-cut prep counter-top was installed on 4/19/17.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide visual inspection of all receptacle covers was completed on 5/22/17 to ensure compliance.

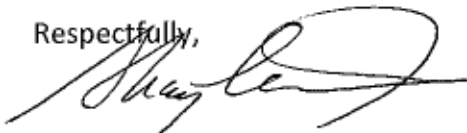
C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual inspections of all receptacles to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual inspections of all receptacles to ensure compliance.

Respectfully,

A handwritten signature in black ink, appearing to read 'Shay Lingerfelt', written over a horizontal line.

Shay Lingerfelt
Executive Director