

PRINTED: 08/30/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/11/2017
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NAME OF PROVIDER OR SUPPLIER: **THE LIVING CENTER OF CONCORD**
STREET ADDRESS, CITY, STATE, ZIP CODE: **100 WARREN C. COLEMAN BLVD. CONCORD, NC 28027**

(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 Biennial Follow Up Construction Survey by Ed Miller, on July 11, 2017. Deficiencies were cited that will require a new Plan of Correction.	(C 000)		
(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 the facility's floor coverings are not kept clean and in good repair. Finding on 07/11/2017: a. Throughout the facility there is a pattern of the corridor carpet that is stained and soiled. Based on Observation and interview with Administrator the finish floor on the First Floor has been replaced with vinyl flooring. The second and third floors are scheduled to be replaced within the next 6-8 weeks. In the meantime, the carpet is being cleaned once a week 2. Based on observation the facility does not meet the requirement to have no chronic unpleasant odors. Finding on 04/20/2017: a. Rooms 108, and 230 - Based on Observation	(C 164)	Corridor carpet is cleaned weekly and spot cleaned daily	7/17/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mitchell Moran TITLE: Maintenance Director DATE: 9/21/17

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NAME OF PROVIDER OR SUPPLIER THE LIVING CENTER OF CONCORD		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WARREN C. COLEMAN BLVD. CONCORD, NC 28027		
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{C 104}	Continued From page 1 and interview with Administrator, Bedroom 230 continued to have an odor noticeable in the hall. The Administrator said they had received the Doctor's order for a new Bariatric Mattress for one of the residents. The mattress should arrive in two weeks. Bedroom 108 continued to have a mild odor, only noticeable in the room.	{C 104} A	Mattress was replaced in room 230 room 108 was thoroughly cleaned and now free of odor	7/31/17 7/17/17
{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 free from hazards due to oxygen bottles that are stored without any means of restraint to prevent them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Finding on 07/11/2017: a. one Oxygen cylinder was stored standing upright and without any means of restraint to prevent them from falling over.	{C 166}		
{C 184}	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	{C 184}	Oxygen Cylinder was placed in rack and staff was explained the importance of keeping cylinders in rack	7/11/17

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(C 184)	Continued From page 2 (e) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility has failed to provide acceptable diagrammed fire evacuation plans. Finding on 04/20/2017: a. The fire evacuation plan for the 2nd floor and the 1st floor do not reflect the actual layout of the building	(C 184) A	Fire evacuation plans have been updated	9/29/17
(C 189)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (e) 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 there is a failure to maintain the facility's fire safety systems in a safe manner due to penetrations or gaps in the fire	(C 189)		

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THE LIVING CENTER OF CONCORD

STREET ADDRESS, CITY, STATE, ZIP CODE
**160 WARREN C. COLEMAN BLVD.
CONCORD, NC 28027**

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{C 189}	<p>Continued From page 3</p> <p>resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Findings on 07/11/2017:</p> <p>c. 3rd Floor Water Heater Room - There gaps in the fire resistant rated ceiling tiles where they are penetrated by piping.</p> <p>d. Room 220 - The fire resistant ceiling tile has drooped down leaving gaps in the lay-in ceiling between the ceiling tiles and the support grid. New Finding</p> <p>7. 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 July 11, 2017:</p> <p>a. Basement Stairwell- the Stairwell door had wire holding the door open, preventing it from closing and latching.</p>	{C 189}	<p>C Gap ceiling tiles was repaired</p> <p>D Gap ceiling tiles in room 220 was repaired</p> <p>A Wire was removed from stairwell door and staff was explained the importance of Fire doors and not propping doors open</p>	<p>7/31/17</p> <p>7/31/17</p> <p>7/11/17</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;</p> <p>(2) soil utility room;</p> <p>(3) bathrooms and toilet rooms;</p> <p>(4) housekeeping closets; and</p>	{C 199}		

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NAME OF PROVIDER OR SUPPLIER THE LIVING CENTER OF CONCORD		STREET ADDRESS, CITY, STATE, ZIP CODE 180 WARREN C. COLEMAN BLVD, CONCORD, NC 28027		
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{C 199}	Continued From page 4 (5) laundry area. (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 the facility failed to provide the required exhaust ventilation equipment in spaces required to be mechanically exhausted by rule. Finding on 7/11/2017: a. A pattern of exhaust fans not functioning was indicated by the exhaust fans not functioning in 3 out of the first 5 resident rooms surveyed and 1 out of 4 of the public restrooms surveyed. Based on Observation and interview with Maintenance Director, an exhaust fan was being installed today but was damaged during the install and is not working.	{C 199}	Exhaust fans have been repaired and are in working condition	8/30/17