

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL013019</b>                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____  | (X3) DATE SURVEY COMPLETED<br><br><b>11/01/2017</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CONCORD PARKWAY</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2452 ROCK HILL CHURCH ROAD NW<br/>CONCORD, NC 28027</b> |  |   |
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| C 000  | Initial Comments<br><br>Report of a Construction Section Biennial Survey by Ed Miller and Frank Strickland conducted on November 1, 2017.<br><br>Records indicate this facility was first licensed on 10-9-1996, for 112 beds, including 25 Special Care (SCU) beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Group I Unrestrained Occupancy.<br><br>Note: This facility consists of 2 separate buildings. One for Assisted Living and the other Memory Care Unit.<br><br>Deficiencies were cited that require a Plan of Correction. | C 000   | The following is the Plan of Correction for <b>Brookdale Concord Parkway</b> . This Plan of Correction is in regards to the Statement of Deficiencies dated November 1, 2017. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding. |   |
| C 101  | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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  | C 101   |  |   |

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



TITLE  
**Executive Director**

(X6) DATE  
**12/23/17**

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| C 101  | Continued From page 1<br><br>Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed.<br>Findings on November 1, 2017:<br>a. MC Bldg Courtyard Gate - the existing emergency release switch at the "Special Locking" locked gate requires a metal key to operate. This 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 an on/off switch.<br>b. MC Bldg Front Door - the existing emergency release switch at the "Special Locking" locked door requires a metal key to operate. This 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 an on/off switch.<br>c. MC Bldg - the "Special Locking" system did not have a central on/off emergency release switch located at a staff station serving the locked unit and any other control situation responsible for the evacuation of the occupants of the locked units that are staffed 24 hours.<br>d. MC Bldg both Back Exit - the "Special Locking" system at these doors did not have an on/off emergency release switch located within three feet of the door. | C 101   | <b>10A NCAC 13F .0301</b><br>(a) The emergency release switch at the "special locking" locked gate was rekeyed on 11/10/17 and the new metal key can now be removed from the switch without reenergizing the lock. The metal key will be tested for removal and not reenergizing the lock on a quarterly basis by the Maintenance Technician or designee.<br>(b) The emergency release switch at the "special locking" locked door was rekeyed on 11/10/17 and the new metal key can now be removed from the switch without reenergizing the lock. The metal key will be tested for removal and not |   |

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| C 101  | Continued From page 2<br><br>e. Fire Alarm Control Panel - the special locking system does not have a wiring diagram and a system components location map posted at the FACP. Wiring diagram must also provide the electrical panel name/location and circuit breaker number that energizes the system.   | C 101   | reenergizing the lock on quarterly basis by the Maintenance Technician or designee.   |   |
| C 164  | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building mechanical systems are not kept clean and in good repair.<br>Findings on November 1, 2017:<br>a. AL Bldg Kitchen Mop Closet - the ventilation grille with its radiation damper had an excessive accumulation of dust/lint.<br>b. MC Bldg Soiled Utility inside Laundry Room - the ventilation grille with its radiation damper had an excessive accumulation of dust/lint.<br>c. MC Bldg Bedroom 76 - the HVAC return grille with its radiation damper had an excessive accumulation of dust/lint.<br><br>2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair.<br>Findings on November 1, 2017: | C 164   | (c) On 12/14/17 there was a central on/off emergency release switch for the "special locking" system installed and will be tested monthly by the Maintenance Technician or designee for operation.<br><br>(d) On 1/3/17 Fire and Life Safety was contact to install keypads installed at each back door as well as with a metal key switch to release the "special locking" system in case of an emergency and will be tested by the Maintenance Technician or designee monthly for operation.<br><br>(e) On 12/12/17 there was a wiring diagram and the systems components location map posted at the Fire Alarm Control Panel with the name, location, and circuit breaker number identifying which energizes the system. |   |

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| C 184  | Continued From page 3<br>a. MC Bldg Public Restroom - the ceiling is stained and mold was starting to grow.  | C 184   | <b>10A NCAC 13F .0306</b><br>1. (a) On 11/2/17 the ventilation grille in the AL kitchen mop closet was dusted and cleaned to remove excess dust and will be dusted quarterly by the Maintenance Technician or designee to prevent any dust buildup.<br>(b) On 11/2/17 the ventilation grille in the MC soiled utility closet was dusted and cleaned to remove excess dust and will be dusted quarterly by the Maintenance Technician or designee to prevent any dust buildup.<br>(c) On 11/2/17 the ventilation grille in bedroom 76 was dusted and cleaned to remove excess dust and will be dusted quarterly by the Maintenance Technician or designee to prevent any dust buildup.<br>2. (a) on 11/3/17 the ceiling in the public restroom on the MC building was cleaned and painted. Monthly rounds/observations of ceiling conditions will be conducted by the Maintenance Technician or designee. |   |
| C 189  | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency.<br>Findings on November 1, 2017:<br>a. AL Bldg Corridor near Med - the exit sign on the Smoke Barrier did not illuminate on backup power when tested.<br>b. AL Bldg Intersecting Corridors near Bistro - the exit sign had no chevron directional indicators punch-outs removed, indicating that you should go straight and exit out the buildings side door, which is not a marked exit. The exits are in the front and back of the building and the chevron directional indicators punch-outs on the exit sign must indicated that.<br><br>2. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing | C 189   |  |   |

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| C 189  | Continued From page 4<br><br>early detection and activating the fire alarm system.<br>Findings on November 1, 2017:<br>a. AL Bldg Mech Room in Nurse Office - the sample tubes for the HVAC duct mounted smoke detectors are dirty and must be cleaned.<br><br>3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin.<br>Findings on November 1, 2017:<br>a. AL Bldg Mech Room/Office - there is a gap around a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly.<br>b. MC Bldg Sprinkler Riser Room - the escutcheon plate around the sprinkler riser has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.<br><br>4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.<br>Findings on November 1, 2017:<br>a. AL Bldg Reception Desk - a power tap (power strip) is plugged into an extension cord. Power taps must connect directly to permanently installed branch circuit electrical power receptacles.<br>b. AL Bldg Dining - at the coffee counter the ground-fault circuit-interrupter (GFCI) electrical power receptacle was not secure to the wall.<br><br>5. Based on observation, the interior doors were not maintained in a safe and operating condition.<br>Findings on November 1, 2017:<br>a. MC Bldg Bedroom 88 - the corridor door did not latch into its frame when closed. | C 189   | <b>10A NCAC 13F .0311</b><br>1. (a) on 11/8/17 the exit sign on the smoke barrier on the AL building corridor near the med room was replaced and now illuminates. The Maintenance Technician or designee will do monthly rounds to ensure the illumination of all exit signs.<br>(b) On 11/8/17 the chevron directional indicators punch-outs were removed from the exit sign in the AL building near the bistro.<br>2. On 11/3/17 the sample tubes for the HVAC duct mounted smoke detectors in the AL building nursing office were cleaned. The Maintenance Technician or designee will clean these tubes quarterly in order to prevent buildup.<br>3. (a) On 11/6/17 the gap around the cable bundle in the mechanical room/office |   |

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| C 189              | Continued From page 5<br><br>b. MC Bldg Program Director - the corridor door had a kick down device holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.   | C 189         | was fire caulked to ensure fire resistance.  |                    |
| C 199              | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors.<br>Findings on November 1, 2017:<br>a. MC Bldg Housekeeping across from Bedroom 71 - the required exhaust ventilation system did not work, and there is odor.<br>b. MC Bldg Spa across from Bedroom 72 - the required exhaust ventilation system did not work, and there is odor.<br>c. MC Bldg Public Restroom - the required | C 199         | (b) On 11/6/17 the escutcheon plate around the sprinkler riser in the MC building riser room was reattached. The Maintenance Technician or designee will do rounds monthly to ensure all escutcheon plates are attached and have not dropped.<br><br>4. (a) On 11/2/17 the power strip at the reception desk in AL was replaced with a power strip that had a longer cord and plugs directly into power receptacle. The extension cord was also removed. The Maintenance Technician or designee will do rounds monthly to ensure there are no extension cords in use in the building.<br>(b) The GFIC electrical power receptacle at the coffee counter in the AL dining room was replaced on 11/22/17 and now trips. GFIC electrical power receptacles will be checked monthly by the Maintenance Technician or designee to ensure they trip. |                    |

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| C 199  | Continued From page 6<br>exhaust ventilation system did not work, and there is odor.                                   | C 199   | <p>5. (a) On 11/22/17 the door to bedroom 68 was repaired to ensure it now latches. All doors will be checked monthly by the Maintenance Technician or designee to ensure they latch.</p> <p>(b) On 11/20/17 the kick down device holding the MC Program Director's was removed and replaced with a magnetic releasing door stopper.</p> <p><b>10A NCAC 13F .0311</b></p> <p>(a) On 11/21/17 the exhaust vent in the housekeeping closet of the MC building was replaced. The Maintenance Technician or designee will check the exhaust vents monthly to ensure they are functioning.</p> <p>(b) On 11/21/17 the exhaust vent in the spa room of the MC building was replaced. . The Maintenance Technician or designee will check the exhaust vents monthly to ensure they are functioning.</p> <p>(c) On 11/21/17 the exhaust vent in the public restroom of the MC building was replaced. . The Maintenance Technician or designee will check the exhaust vents monthly to ensure they are functioning.</p> |   |