

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060057 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 11/29/2017 |
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NAME OF PROVIDER OR SUPPLIER
SUNRISE ON PROVIDENCE

STREET ADDRESS, CITY, STATE, ZIP CODE
**5114 PROVIDENCE ROAD
CHARLOTTE, NC 28226**

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C 000 Initial Comments

Construction Section Biennial Survey report by Frank Strickland and Ed Miller on 11/29/2017:

Records indicate that this facility was first licensed on 8-20-1998. The facility is currently licensed for 95 residents total with 25 in a Special Care Unit. Therefore, we are requiring that this facility meet the 1996 Rules for Adult Care Homes, 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 Volume I - General Construction - Section 409 Institutional Occupancy (Group I).

Deficiencies have been cited and a Plan of Protection is required.

C 000

Residents, team members, and visitors did not experience any negative outcomes.

Maintenance Coordinator (MC) has secured hand grip to wall adjacent to the toilet in bathroom for room 21.

1/5/2018

MC and House Keepers completed audit on all bathrooms to confirm all hand grips are secured to the wall adjacent to the toilet and made all repairs if needed.

1/5/2018

C 133 Bathrooms-Hand Grips

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(e) The requirements for bathrooms and toilet rooms are:

(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;

This Rule is not met as evidenced by:
1-Based on observation, this facility has failed to maintain the hand grips in good repair.

Findings on 11/29/2017:
The hand grip is not secured to the wall adjacent to the toilet in the bathroom for Room 21.

C 133

MC conducted a training with Housekeeping staff to report daily with any issues of hand grips not secured in all bathrooms and any possible safety concerns for residents. MC will continue to conduct refresher with House Keeping through 2/29/2018 to ensure importance of reporting and documenting any possible safety issues for residents.

1/9/2018 thru 2/29/2018

Maintenance Coordinator/Designee will conduct training during orientation of newly hired housekeepers to document and report all possible safety concerns in all resident rooms/bathrooms.

2/19/2018

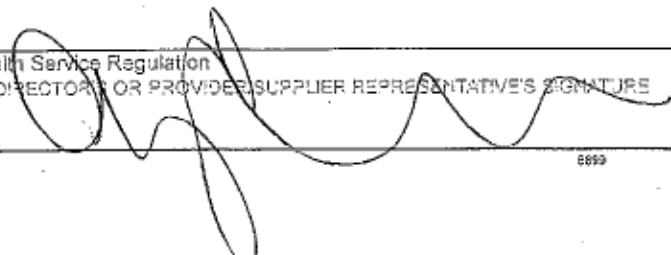
The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur. The status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement (QAPI) meetings and action initiated if required. The first QAPI meeting to address the Plan of Correction will be 3/13/2018, and three months afterwards.

3/13/2018

C 164 Housekeeping and Furnishings-Clean, Repaired

C 164

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



TITLE
Executive Director

(X3) DATE
2/24/18

Division of Health Service Regulation

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| C 164 | <p>Continued From page 1</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, this facility has failed to maintain furniture in good repair.</p> <p>Findings on 11/29/2017: A sitting chair outside Room 202 has torn fabric on the seat.</p> <p>2-Based on observation, this facility has failed to keep ceilings clean and in good repair.</p> <p>Findings on 11/29/2017: The ceiling is in disrepair due to water migration in the bathroom at Room 221.</p> <p>3-Based on observation, this facility has failed to maintain the interior doors in good repair.</p> <p>Findings on 11/29/2017: The following interior doors are in disrepair the do not prevent the passage of smoke and/or fire:</p> <p>(a) The Electrical Closet door that is across the Hall from Room 209 does not close all the way to the door frame.</p> <p>(b) The Laundry Room door on Level One does not have a strike plate.</p> <p>(c) The entry door for Room 113 is loose at the hinges and has gaps at the door stops.</p> | C 164 | <p>Chair in sitting room outside room 202 has been removed out of the community.</p> <p>Room 221 ceiling was repaired by outside contractor.</p> <p>Electrical Closet Door repair completed by MC.</p> <p>MC/ MC Assistant installed Laundry Room Door strike plate.</p> <p>Room 113 Entry Door hinges and gaps at door stop repaired by MC.</p> <p>The interior wall of the Mechanical Closet across the hall from room 128 will be repaired by MC/ MC Assistant.</p> <p>Fire Pump Room wall with open end electrical conduits will be fire caulked by MC/MC Assistant.</p> <p>Electrical Room adjacent to Fire Pump Room with open end electrical conduits will be fire caulked by MC/MC Assistant.</p> <p>MC did walk through in all electrical rooms to identify any holes that needed repaired.</p> <p>MC and ED will utilize Sunrise Maintenance Safety checks monthly to help identify physical plant or equipment issues in the community to confirm all concerns are resolved. Documentation of monthly safety checks is available when needed. The binder will be located in the MC office. During monthly safety rounds, the ED or designee will check binder for inspection inclusion. Any issues identified will be documented and resolved.</p> | <p>2/19/2018</p> <p>12/8/2017</p> <p>1/17/2018</p> <p>2/23/2018</p> <p>12/6/2017</p> <p>2/23/2018</p> <p>2/23/2018</p> <p>2/23/2018</p> <p>2/19/2018</p> <p>3/13/2018</p> |
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| C 184 | <p>Continued From page 2</p> <p>4-Based on observation, this facility has failed to maintain the interior walls in good repair.</p> <p>Findings on 11/29/2017: The following locations have openings in the walls that would allow the passage of smoke and/or fire: (a) Mechanical Closet across the hall from Room 126 behind equipment. (b) Fire Pump Room/Level One has through wall electrical conduits with open ends. (c) Electrical Room adjacent to Fire Pump Room has through wall electrical conduits with open ends.</p> | C 184 | <p>The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur. The status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement (QAPI) meetings and action initiated if required. The first QAPI meeting to address the Plan of Correction will be 3/13/2018, and three months afterwards.</p> | |
| C 189 | <p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain paths of egress in a safe and accessible condition.</p> <p>Findings on 11/29/2017: The exit corridors in the Service/Maintenance Hall are blocked with carts and construction materials making accessibility a hazard in the event of an emergency.</p> | C 189 | <p>Residents, team members did not experience any negative outcomes.</p> <p>The items were removed from the exit corridors in the Service/Maintenance Hall. 12/4/2017</p> <p>Maintenance Coordinator repair Fire Door to latch in frame. 2/23/2018</p> <p>Maintenance Coordinator replaced and secured exit sign located by room 226. 12/5/2017</p> <p>The MC and the ED conducted walking rounds of the building to confirm all exit corridors, and stairways are free of obstructions. No issues were observed. 12/4/2017</p> <p>The ED conducted refresher training with MC regarding obstruction regulations, and blocking exit corridors. 12/4/2017</p> | |

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| C 189 | <p>Continued From page 3</p> <p>2-Based on observation, this facility has failed to maintain the fire-rated doors in a safe and operating condition.</p> <p>Findings on 11/29/2017: The fire-rated door located on Level One/Stair Tower "A" does not close all the way to the door frame to prevent the passage of smoke and/or fire.</p> <p>3-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operating condition.</p> <p>Findings on 11/29/2017: The exit sign is not secured to the ceiling that is located Room 226.</p> | C 189 | <p>Maintenance Coordinator/ ED/Designee will complete visual checks via rounding to confirm no items are stored/placed in exit corridors or paths of egress. This will be completed weekly for three months, and monthly thereafter. Any issues identified during the rounds will be documented and resolved.</p> <p>The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur. The status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/ Performance Improvement (QAPI) meetings and action initiated if required. The first QAPI meeting to address the Plan of Correction will be 3/13/2018, and for three months afterwards.</p> | 3/13/2018 |