

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216		
(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 Construction Section Biennial Survey by Dennis Harrell on 7-11-2018. Records indicate this facility was first licensed on 10-24-2016, for 48 Special Care Beds. Based on this information, the facility was surveyed using the 2005 Rules for Adult Care Homes of Seven or More Beds and the 2012 edition of the NC State Building Code.	C 000		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Finding on 7-11-2018: The exit door (marked with an exit sign) from the corridor near the nurse station to the rear exit corridor was provided with a lock and was found to be locked when the fire alarm system was tested. Note; The door was unlocked during the survey but the lock must be disabled.	C 150	The lock on the door has been replaced with a door handle that does not have a locking feature capability therefore the door now remains unlocked at all times.	8/9/18
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	C 166		

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

Samuel Stov, Executive Director

TITLE

(X6) DATE

8/13/18

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C 166	Continued From page 1 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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several (5) portable medical oxygen cylinders were stored in an unapproved plastic crate and one in no container at all in room 214. 2. Based on observation, the ice machine drain line extended into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 166	All oxygen cylinders in room 214 are now being stored in approved crates and monitored regularly by Executive Director for continued compliance. The ice machine drain line has been cut and shortened to be 2 inches above the floor drain.	7/18/18 7/27/18
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.	C 185		

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C 185	Continued From page 2 (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 7-11-2018: In all quarters of this year, there was no rehearsal done during the 3rd shift.	C 185	3rd shift fire drill rehearsal was conducted on 7/13/18. One per shift each quarter will be done regularly per state regulation.	7/13/18
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, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. Exterior side of the front door, b. Main electrical room, c. Corridor at room 126. 2. Based on observation, many corridor doors	C 189	The mal-functioning lights in the exterior side of the front door, main electrical room and the corridor at room 126 have been corrected with new batteries and all battery emergency lights will continue to be monitored for compliance.	7/16/18

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C 189	Continued From page 3 are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. One of the smoke barrier doors near room 101 did not close completely and latch when activated by the fire alarm system. b. One of the smoke barrier doors near room 201 did not close completely and latch when activated by the fire alarm system. c. One of the double doors at the front of the Day room would not latch when closed. d. There was a gap of about 3/8 inch between both sets of double doors to the day room that prevent the doors from being able to be resistant to the passage of smoke.. e. The door to the RCC office was wedged open. f. The door to the Activity Director's office was wedged open. g. The 20 minute door to the kitchen was wedged open. h. The door to Broad River Rehab was propped open with 2 chairs. 3. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Access hole cut in the ceiling of the water heater room, b. Unsealed sleeve through the ceiling of the water heater room, c. There was thick foam rubber insulation(1.5	C 189	a,b,c: Smoke barrier doors near rooms 101 and 201 have been adjusted to completely close and securely latch. The double doors at the front of the Day room have been adjusted to securely latch. d: Both sets of double doors to the Day room with a gap of 3/8 inch has been corrected with an installed strip to be resistant to the passage of smoke. e,f: Door to RCC office and the Activity Director office will no longer be wedged open but replaced with a magnetic devices on the wall. g: The 20 minute door to the kitchen will no longer be wedged open but replaced with a magnetic device on the wall. h: The door to Broad River Rehab is no longer propped open with 2 chairs. a: Access hole opening in the ceiling of the water heater room has been repaired and sealed.	7/18/18 8/10/18 7/11/18 7/11/18 7/11/18 8/10/18

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C 189	Continued From page 4 inches thick) around several water pipes through the ceiling of the water heater room. The insulation violates the one-hour ceiling. d. Plastic access door, 7 inches by 10 inches, through the wall above an electric panel in the "Tel/Elec" room. The plastic door cannot be approved for use in a one-hour wall and was found to be open.	C 189	b: Unsealed sleeve in the ceiling of the water heater room has been sealed. c: The thick foam rubber insulation has been cut and removed and sealed at the ceiling to ensure compliance with the one hour ceiling. d: The plastic door 7x10 in the wall above the electric panel in the Tel/Elec room has been removed and sealed off to ensure compliance with the one hour wall.	8/9/18 8/9/18 8/8/18
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 7-11-2018; The exhaust provided was not working in the housekeeping closet on the service hall.	C 199	The exhaust in the Housekeeping closet in the service hall is now working with no issues.	8/10/18