

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2018
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NAME OF PROVIDER OR SUPPLIER REGENCY AT PINEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9120 WILLOW RIDGE DRIVE CHARLOTTE, NC 28210
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Complaint Survey by Dennis Harrell on 9-6-2018. The Complaint alleged the Sanitation score was below 85 and that there was a roof or HVAC leak in the corridor near room 319.</p> <p>Records indicate this facility was first licensed on May 28, 1997 as a Home for the Age. The facility is currently licensed for 119 Beds with a 20 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>The Complaint was substantiated.</p>	C 000		
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 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",</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Timothy S. Sutton *Jef S. Sutton*
STATE FORM 6899

TITLE
Admin

(X6) DATE
10/12/18

If continuation sheet 1 of 9

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C 101	<p>Continued From page 1</p> <p>copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, Delayed Egress doors would not release and open as required by the NC State Building Code. The Code requires Delayed Egress exits to initiate the process to release and open when a force of not more than 15 pounds is applied to the door.</p> <p>Findings on 9-6-2018;</p> <p>a. The Delayed Egress exit from the service corridor is a required exit and would not initiate and open after a force in excess of 100 pounds was applied.</p> <p>b. The Delayed Egress door from SPC to the front lobby is a required exit and would not initiate and open after a force in excess of 100 pounds was applied.</p> <p>c. The Delayed Egress exit at the back door from SPC is a required exit and would not initiate and open after a force in excess of 100 pounds was applied.</p> <p>d. The Delayed Egress door leading into SPC is a required exit from the AL side and took approximately 50 pounds to initiate and open.</p> <p>2. Based on observation, the exit doors will fail to comply with the NC State Building Code as relates to Delayed Egress doors. The NC State Building Code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS."</p> <p>Finding on 9-6-2018</p> <p>The exit door near room 109 was missing the required sign.</p>	C 101	<p>The facility has requested for life/fire safety to provide plans for centralized switch for doors, doors are not delayed igrress and have not been since this administrators placement, as plans are drawn they will be sent to DHSR for review and approval of project. Time frame for repair and review of by plans will exceed the 45 day limit, however at present doors are safe and can be taken down either via fire panel or keypad</p>	

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C 150	Continued From page 2	C 150		
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings on 9-6-2018: a. There was a cart and a chair stored in the service corridor reducing the clear width to about 3 feet 8 inches. b. There were chairs and a table in the 1st floor corridor reducing the clear width to about 4 feet 8 inches.</p>	C 150	<p>All obstructions were removed immediately and staff was given instructions, that no corridors shall be used as storage, or hallways blocked at any time DOC sept 10. 2018</p>	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, there was a strong sewer smell in the dining room under a hole in the ceiling where a plumbing repair had be done.</p>	C 164	<p>No plumbing repairs were performed in facility, facility suffered a water leak from rooftop ac units in which fresh wwater leaked thru three floors, areas were restored and vapor barriers were in place at time of inspection, all repairs have been completed with the fire rated sheetrock by licensed contractor doc 10/11/18</p>	

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C 165	<p>Housekeeping and Furnishings-Sanitation Grade</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on interview with DSS staff , the Sanitation grade was recently 84.5. Note; A new Sanitation score of 87 had been issued on 9-4-2018.</p>	C 165	<p>Upon inspection the score related and posted was 87.5 facility will maintain and continue to improve to raise score, doc 9-4-18</p>	
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the exterior exit paths were not maintained uncluttered and free of obstructions. Findings include; a. The exit path from the front stairs was</p>	C 166		

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C 166	<p>Continued From page 4</p> <p>obstructed with chairs and a table.</p> <p>b. The rear exit sidewalk from SPC was obstructed with 2 cement blocks and a cart leaving less than 2 feet of clear width.</p> <p>2. 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 portable medical oxygen cylinders were stored in unapproved beverage crates or in no container at all.</p> <p>3. Based on observation, there was no documentation of the required in house/owner's monthly inspections for July and August provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.</p> <p>4. Based on observation, a waste trap had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Finding on 9-6-2018: The toilet trap in room 215 was completely dry. Note; This deficiency was corrected during the survey.</p> <p>5. Based on observation, window screens were torn or damaged in the stairwells and corridors. Damaged screens allow biting insects to enter.</p> <p>6. Based on interview with DSS staff , the carpet</p>	C 166	<p>facility removed any hazards immediately and disposed of listed property, informed staff that doors were not to be propped open and no equipment in the door path doc 9-6-18</p> <p>oxygen company was contacted and cylinders and crates were removed, facility informed oxygen provider that under no circumstances would we accept anything less than the metal storage racks required, staff informed do not accept and do not store with nay other method DOC 9-10-18</p> <p>Maintenance staff educated on the required checks and adminstrator will monitor for proper checks to maintain compliance, doc 9-10-18, this information was also added to maintenance checklist.</p> <p>corrected at time of survey, added to maintence check list for routine inspection doc 9-6-18</p> <p>Facility in progress of repairs of facility ongoing, staff educated on use of windows and possible insect penetration, this is an ongoing process for repairs</p>	

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C 166	<p>Continued From page 5</p> <p>in the 3rd floor corridor has been wet since 7-30-2018, from a leak above the ceiling. The Administrator stated residents in rooms 314 to 321 had been moved away from the leak area.</p> <p>7. Based on observation, the carpet was damaged and torn in room 301. The torn carpet presented a trip and fall hazard.</p> <p>8. Based on observation, a communication cord was laying on the corridor floor from med tech storage to a wifi device about 40 feet away. The cord presented a trip and fall hazard.</p> <p>9. Based on observation, combustible material was found stored in a stairwell. Storage is not permitted in stairwells. Finding on 9-6-2018; A plastic garbage bag filled with many plastic garbage bags was found stored at South Stair Level 3. Note; This deficiency was corrected during the survey.</p>	C 166	<p>carpet removed and replaced 10-1-18 doc</p> <p>communication cord was removed and will be re routed as needed, maintence staff educated that no cords or trip hazards shall be allowed doc 9-10-18</p>	
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing</p>	C 185		

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C 185	Continued From page 6 facilities. This Rule is not met as evidenced by: Based on interview with DSS staff, the facility staff in SPC sometimes during a fire plan rehearsal evacuate the residents into the courtyard. The courtyard off SPC is not large enough to serve as an area of refuge and is not properly built to serve as an exit path from the building. In the event of a real fire or emergency, residents must never be taken into the SPC courtyard.	C 185	Fire drills are performed and documented as required, this administrator participates in fire drills and has never witnessed staff taking residents in spc courtyard, and id so DSS failed to report any such incident to administrator at time of occurence, maintainece has educated staff that residents shall not be taken into courtyard, that residents will be placed behind fire rated doors, or moved 50ft away from building whichever provides safety at time of incident, doc 9-14-18	
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, the required one-hour fire rated walls and/or ceilings were compromised in several 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 on 9-6-2018: a. Hole, approximately 4 feet by 4 feet in the ceiling of the 3rd floor corridor, b. Hole approximately 3 feet by 4 feet in the	C 189	facility had suffered fresh water damage to ceilings and temporary vapor barrier applied until contractor could repair to fire safety standards, all areas repaired as of 10-8-18 doc	

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C 189	<p>Continued From page 7</p> <p>ceiling of the dining room, c. Metal plate of tin 2 feet by 2 feet in the ceiling of the corridor near room 101. d. Hole, approximately 1 foot by 1 foot in the ceiling of the restroom near room 215.</p> <p>2. Based on observation, many corridor doors 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. The door to the 1st floor resident laundry was propped open. b. The strike was missing at the door to the 1st floor resident laundry. c. The door to Home Health on the 2nd floor was tied open d. The door to room 206 was propped open. e. The door to room 226 was propped open. f. The door to the employee break room was wedged open. g. The door to room 116 was wedged open. h. The door to room 305 was wedged open. i. The door to the 3rd floor media room was propped open. j. There was a hole at the latchset through the door to the restroom near room 101. k. The door to room 334 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>3. Based on observation, plumbing equipment was not maintained in working order. Findings on 9-6-2018; a. Third floor restroom has sign "Out of Order" because the toilet was clogged. b. The sink in the Activity room has sign "Broken, Please Do Not Use."</p>	C 189	<p>all latches and locks were repaired or replaced all staff informed not to prop or tie doors open, staff also informed to provide routine checks and remove any props, wedges, etc that a resident may have placed doc 9-20-18</p> <p>these systems were in progress of repair awaiting parts at time of inspection, all areas have been repaired 9-20-18 doc</p>	

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C 197	<p>General Lighting</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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: Based on observation, corridors in the building were very dark. Dark corridors could delay an evacuation in an emergency. Finding on 9-6-2018; a. The 3rd floor back corridor was very dark. b. The center portion of the 3rd floor front corridor was dark.</p>	C 197	<p>lighting had been d/c from power in these areas due to the water damage for fire safety and no residents were permitted in these areas, all lighting has been restored to required rule areas.doc 10-1-18</p>	