

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 C 10/18/2018
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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 a Construction Section Complaint Survey and a Complaint Follow Up Construction Survey by Ed Miller, conducted on October 17, 2018, and on October 18, 2018.</p> <p>The Complaint alleged the ceiling is caving in and leaking into several residents' rooms. In addition, the HVAC system is leaking, the hurricane damaged the roof, and the building has bed bugs</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> <p>Deficiencies from both surveys were cited that require a Plan of Correction and are listed on this form.</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</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	<p>Continued From page 1</p> <p>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", 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>1f. 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. Findings on 10-18-2018;</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. Door releases on Fire Alarm activation. Provider wants to start a project to replace Delayed Egress locking with Special Locking.</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. Door releases on Fire Alarm activation. Provider wants to start a project to replace Delayed Egress locking with Special Locking.</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. Door releases on Fire Alarm activation. Provider wants to start a project to replace Delayed Egress locking with Special Locking.</p>	C 101		

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C 101	<p>Continued From page 2</p> <p>2f. 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." Finding on 10-18-2018 The exit door near room 109 was missing the required sign.</p> <p>3f. Based on observation and interview with Executive Director, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on October 18, 2018:</p> <p>a. Service Corridor Back Right Exit - the "special Locking" door is not equipped with an on/off emergency release switch. This switch must be installed within three feet of the door.</p> <p>b. Service Corridor Back Right Exit - the "special Locking" door is not equipped with a central on/off emergency release switch. NC State Building Code requires the Central on/off emergency release switch to be at a Nurse's Station and any other control station responsible for the evacuation of the occupants and is manned 24 Hours day.</p> <p>c. Service Corridor Back Right Exit - since the door is "special Locking" and not "Delayed Egress" the delayed egress sign needs to be removed.</p>	C 101		
C 110	<p>Construction-Meet Sanitary Requirements</p> <p>SECTION .0300 - PHYSICAL PLANT</p>	C 110		

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C 110	<p>Continued From page 3</p> <p>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>(e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, interview with Administrator and review of available records, the facility was not in compliance with The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions". Specifically 15A NCAC 18A .1317 (a) [which requires that] Effective measures shall be taken to keep... vermin out of and to prevent their breeding and presence on the premises. <p>The facility does not have effective measures to prevent bed bugs from breeding and being present on the premises.</p> <p>Findings on October 17, 2018:</p> <ol style="list-style-type: none"> a. Direct observation of Bedroom 103 revealed several dead bed bugs on the bed frame. b. Pest management company records on 	C 110		

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C 110	Continued From page 4 10/5/2018 indicates that Bedroom 103 had evidence of bed bug activity. c. Pest management company records on 10/5/2018 indicates that Bedroom 103 was heat and chemical treated for a bed bugs infestation on 10/5/18. d. Facility does not have any monitoring documentation of event.	C 110		
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 building mechanical systems are not kept clean and in good repair. Findings on October 17, 2018: a. Roof above room 315 - A roof top unit ventilation system appears to missing its rain hood. It is currently open to the sky with a metal mesh to kept large objects out but cannot stop rainwater from entering the ductwork. b. Bedroom 215 - Both PTAC units where remove from their exterior cover and sitting in the room. 2. Based on observation, the building walls are not kept clean and in good repair.	C 164		

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C 164	Continued From page 5 Findings on October 17, 2018: a. Bedroom 315 - part of the room's wall base is missing. b. Corridor between Bedroom 315 and 313 - the wall base is missing on the front side wall. c. Corridor between Bedroom 315 and 313 - the wall base is missing on the front side wall. d. 3rd FL Back Stair Tower - the gypsum constructed hatchway are snow signs of water damage and had paint chips on the floor. 3. Based on observation, the building ceilings are not kept clean and in good repair. Findings on October 17, 2018: a. 3rd FL Back Stair Tower - on two occasions the roof hatch was open and nobody knew why. b. 3rd FL near Back Elevator - the ceiling is stained. c. 3rd FL Bathroom near Back Elevator - the ceiling has been partially painted. d. 3rd FL Corridor near Refuse - a can light in about to fall out of the ceiling. e. 3rd FL near Bedroom 327 - the ceiling has a crack across the corridor. f. 3rd FL near Front Stair Tower - the ceiling patch is very rough and unfinished.	C 164		
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.	C 166		

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C 166	Continued From page 6 This Rule is not met as evidenced by: 2f. 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. Finding on 10-18-2018: 2nd FL Wellness Center - three portable medical oxygen cylinders were stored in unapproved plastic crate, and one portable medical oxygen cylinder is in a wire caret not physically secured in racks, stands or by chains.	C 166		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) 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 failed to maintain the evacuation maps. This would affect all by not providing proper guidance during an emergency. Findings on October 17, 2018: a. Entire Building - many of the mounted evacuation maps are not oriented to the actual	C 184		

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C 184	Continued From page 7 floor arrangement or are missing.	C 184		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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:</p> <p>1. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the fire-resistance-rated construction did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin.</p> <p>Findings on October 17, 2018:</p> <p>a. 3rd FL Front Stair Tower - the door is missing its latch plate to keep the door closed.</p> <p>b. 2nd FL Front Stair Tower - the latch bolt on the doors panic hardware stick and will not latch to keep the door closed.</p> <p>c. 1st Floor Dining - the fire door is dragging on the floor and the panic hardware is about to fall of the door. Deficiency corrected before Construction Surveyors departed site.</p> <p>2. Based on observation, the Building exits was not maintained in a safe and operating condition, because combustible storage is exits could cause</p>	C 189		

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C 189	<p>Continued From page 8</p> <p>the exit to be unusable. This would affect all if exits cannot be used during an emergency. Findings on October 17, 2018:</p> <p>a. 3rd FL Back Stair Tower - this space is being used to store a bed with its mattress and box springs.</p> <p>b. 1st FL Back Stair Tower - this space is being used to store a dresser.</p> <p>4. 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. Findings on October 17, 2018:</p> <p>a. Corridor near Bedroom 318 - the ceiling-mounted self-contained emergency was about to fall off the ceiling.</p> <p>b. 1st FL Back Stair Tower - the exit sign is not illuminate on normal power. Deficiency corrected before Construction Surveyors departed site</p> <p>5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on October 17, 2018:</p> <p>a. 3rd FL near Bedroom 319 - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>6. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on October 17, 2018:</p>	C 189		

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C 189	<p>Continued From page 9</p> <p>a. 3rd FL Resident Laundry - the corridor door has a towel 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. Deficiency corrected before Construction Surveyors departed site.</p> <p>b. Main Kitchen - the corridor door has a wedge 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. Deficiency corrected before Construction Surveyors departed site.</p> <p>2f. 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 on 10-18-2018:</p> <p>d. The door to room 206 was propped open. e. The door to room 226 was propped open. g. The door to room 116 was wedged open.</p>	C 189		
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: 1. Based on observation, the facility failed to</p>	C 197		

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C 197	<p>Continued From page 10</p> <p>maintain in an operating manner general illumination. This would affect all residents, staff and visitors if there is no general illumination. Findings on October 17, 2018:</p> <p>a. Bedroom 315 - part of the general lighting is missing.</p> <p>b. 2nd FL Bathroom near Back Elevator - the light level in the shower is dark when the shower curtain is closed.</p> <p>1f. Based on observation, corridors in the building were very dark. Dark corridors could delay an evacuation in an emergency. Finding on 10-18-2018;</p> <p>a. The 3rd floor back corridor was very dark. The lights are on a timer that was not set for the current time. Light levels increase once electrical power was provided.</p> <p>b. The center portion of the 3rd floor front corridor was dark.</p>	C 197		