Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049032	A. BUILDING: **01** B. WING ______	R **01/04/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA LAKE NORMAN	**140 CARRIAGE CLUB DRIVE** **MOORESVILLE, NC 28117**

(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 a Biennial Follow Up Construction Survey by Ed, conducted on January 4, 2019. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules 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", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1-Based on observations, this facility does not meet the Building Code for the Special Locking (magnetic locks) on the exit doors at the time of construction or alteration. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on 01/04/2019: The required emergency release switch located	{C 101}		

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

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{C 101}	Continued From page 1 at each magnetically locked exit door was of the locking type with keyed switching. All staff in the SCU who are responsible for evacuation of residents were not carrying keys. The med tech was the only staff member carrying a release switch key and the other staff that were interviewed carried no release switch keys.	{C 101}		
{C 110}	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (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. This Rule is not met as evidenced by: 1-Based on interview and observation, this facility did not meet 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 the facility to have an	{C 110}		

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{C 110}	Continued From page 2 effective policy in place to prevent bed bugs from entering and how to mitigate future bed bug infestations. Findings on 01/04/2019: Direct observation at the time of survey, revealed bed bug excrement around a wall receptacle box at the party wall between rooms.	{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, this facility has failed to keep the ceilings clean and good repair. Findings on 01/04/2019: The following rooms have ceilings that are damaged due to condensation and staining: (c) Main Kitchen 2-Based on observation, this facility has failed to keep the ceilings free of penetrations and good repair. Findings on 01/04/2019: The following rooms have penetrations in the	{C 164}		

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{C 164}	Continued From page 3 fire-rated ceiling construction that are not protected: (d) Riser Room/DD HALL	{C 164}		
{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, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings 01/04/2019: The FACP was in the trouble mode(GRD Fault). 3-Based on observation, this facility has failed to maintain all the building fire protection systems in a safe condition. Findings 01/04/2019: There are HVAC flexible duct connectors that penetrate the exit access corridor walls. The ducts do not have a suitable connector at the place they penetrate in order to resist the passage of smoke from the following rooms: (a) HVAC Room across the Hall from Activity Room #2. (b) HVAC Room #2	{C 189}		

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{C 189}	Continued From page 4 4-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings 01/04/2019: The following locations have sprinkler heads without escutcheons: (a) Front Port-cochere (b) ED Office 5-Based on observation, this facility has failed to maintain the HVAC components in a operating condition. Findings 01/04/2019: The mechanical ventilation system is not operational at the following locations: (a) Laundry Room/GSW02 (b) Laundry Room/WW02 (c) Bath Room/GSW 04 6-Based on observation, this facility has failed to maintain the electrical components in a safe and operating condition. Findings 01/04/2019: The following locations have GFCI protection that has failed: (b) Kitchenette/PL5 tripped but did not reset.	{C 189}		