

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT PLACE OF MOORESVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>128 BRAWLEY SCHOOL ROAD</b> <b>MOORESVILLE, NC 28117</b>
--	---

(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 3, 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 observation and interview with Maintenance Director, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required working components for doors equipped for a "Special Locking" Arrangement. Findings on January 3, 2019: a. SCU Nurse Station - the central on/off emergency release switches for the "Special Locking" system is incapable of releasing the	{C 101}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT PLACE OF MOORESVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117</b>
--	---

(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 101}	Continued From page 1  electromagnetic locks on exit doors near Bedroom 212, 216, 228 and SCU Living Room, to allow free egress.  2. Based on observation, the Fire Alarm system is not maintained in a safe and operating condition. Findings on January 3, 2019: a. Entire Building - when the fire alarm is activated, the hold open devices released their doors closing the openings in the smoke compartments. When the fire alarm system is put into silence mode, these hold open devices reenergized, which allows the smoke compartment doors to be held open during an alarm.	{C 101}		
{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.  This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on January 3, 2019: b. Bedroom 112 - several portable medical oxygen cylinders are standing up in a plastic crate not physical secured in racks, stands or chained	{C 166}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT PLACE OF MOORESVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117</b>
--	---

(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 166}	Continued From page 2 to the structure.	{C 166}		
{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'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.</p> <p>Findings on Janaury 3, 2019:</p> <p>a. Women - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>b. Men - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>c. Front Living Room- the exit sign did not illuminate on backup power when tested.</p> <p>d. Corridor near Bedroom 109 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>e. Corridor near Bedroom 117 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT PLACE OF MOORESVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>128 BRAWLEY SCHOOL ROAD</b> <b>MOORESVILLE, NC 28117</b>
--	---

(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 189}	<p>Continued From page 3</p> <p>f. Fire Wall Back side - the exit sign did not illuminate on backup power when tested.</p> <p>g. SCU Med Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>h. Corridor across Bedroom 215 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>i. Corridor across SCU Mech room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>Lights arrived early this week and contractor will install next week.</p> <p>5. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on Janaury 3, 2019:</p> <p>b. Storage across from Bedroom 120 - items are being stored within the area 18 inches below the fire sprinkler head.</p> <p>6. Based on Observation, the corridor doors and other smoke tight 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 Janaury 3, 2019:</p> <p>b. Kitchen to Dining - the 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>d. Bedroom 106 - the corridor door did not latch into its frame when closed.</p> <p>e. Bedroom 200 - the corridor door did not latch</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT PLACE OF MOORESVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>128 BRAWLEY SCHOOL ROAD</b> <b>MOORESVILLE, NC 28117</b>
--	---

(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 189}	Continued From page 4  into its frame when closed. f. Bedroom 208 - the corridor door did not latch into its frame when closed. Contractor had not completed work.  7. Based on observation the Building was not maintained in a safe, in good operating condition and Code compliant because doors took more opening force than allowed by North Carolina State Building Code. Findings on Janaury 3, 2019: a. Bedroom 215 - the corridor door hits its doorframe, requiring more than 15 pounds of force to open the door.	{C 189}		
{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: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT PLACE OF MOORESVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>128 BRAWLEY SCHOOL ROAD</b> <b>MOORESVILLE, NC 28117</b>
--	---

(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 199}	Continued From page 5  could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on Janaury 3, 2019: a. Women - the required exhaust ventilation system did not work. b. Men - the required exhaust ventilation system did not work. c. Staff Toilet Room - the required exhaust ventilation system did not work. d. Kitchen Mop Closet - the required exhaust ventilation system did not work. e. AL Nursing Office Bathroom - the required exhaust ventilation system did not work. f. Bedroom 110 Bathroom - the required exhaust ventilation system did not work. g. Bedroom 228 Bathroom - the required exhaust ventilation system did not work. Motors are scheduled to arrive next week, installation to follow.	{C 199}		