

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060060 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/30/2018 |
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| NAME OF PROVIDER OR SUPPLIER BROOKDALE CHARLOTTE EAST | STREET ADDRESS, CITY, STATE, ZIP CODE 6053 WILORA LAKE ROAD CHARLOTTE, NC 28212 |
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| C 000 | Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 8-30-2018. Records indicate this facility was first licensed on 7-1-1998, for 50 beds Based on this information, we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 w/ '98 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I. | 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: Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required | C 101 | C101 Emergency release switches have been added to AL dining room exit doors and IL exit door. Switch meets the automatic release requirement and is located next to the nurse's station in AL and the front desk in IL. These two stations are manned continuously. | 10/21/18 |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Diane Schelvers
11/12/18

Division of Health Service Regulation

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| C 101 | Continued From page 1 components for doors with Special Locking System. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Finding on 8-30-2018: a. One required exit path from the licensed portion of the building is through Independant Living and out the front door. The front door is equipped with Special (magnetic) Locking but does not have the required emergency release switch within 3 feet of the door. There is a blank plate on the wall where an emergency release switch may have been at one time. b. There are 2 Special (magnetic) Locked exits from the dining room. Both are equipped with momentary emergency release switches that only release while the switch button is held in. Emergency release switches shall be of the on-off type that remain open until switched back closed. c. The required central emergency release switch at a constantly manned location was not provided or could not be found. d. There was no wiring diagram or systems components location map posted under glass at the fire alarm panel. | C 101 | | |
| 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: 1. Based on observation, an exit path was not maintained free of obstructions. Finding on 8-30-2018: | C 150 | C150 Ladder removed from stairwell. Benches removed from hallway providing 6 feet of clearance. | 8/30/18 |

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| C 150 | Continued From page 2 There was a ladder blocking the way through the lower stairwell near room 1121. Note: This deficiency was corrected during the survey. 2. 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 8-30-2018: A required exit path was through the Independant Living part of the building. There were 2 areas with a table and a bench in the corridor reducing the clear width to about 4 feet. | C 150 | | |
| 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, there was an automatic roll-down fire screen between the kitchen and dining room to prevent the spread of fire from the kitchen. The pathway of the door was obstructed from being able to close completely in the event of a fire. The pathway of the door must remain unobstructed at all times. Finding on 8-30-2018: The bottom pathway of the door was obstructed with gloves and food condiments. Note; This deficiency was corrected during the survey. | C 166 | C166 Items were removed from the area at the time of inspection. Staff were in-serviced. Blue tape marks the area where items cannot be place. Support bracket for sink discharge line was installed. | 8/31/18 |

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| C 166 | Continued From page 3 2. Based on observation, the ice machine drain line was in direct contact with 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 | | |
| 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 facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. 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.</p> <p>Findings include:</p> <p>a. In the 1st quarter of this year, there was no rehearsal done during the 1st or 3rd shifts.</p> <p>b. In the 2nd quarter of this year, there was no rehearsal done during the 2nd or 3rd shifts.</p> <p>c. In the 3rd quarter of last year, there were no rehearsal done during the 2nd shift.</p> | C 185 | <p>C185</p> <p>Missing reports were located. Subsequent fire drills documentation will include the required date and time information as well as details such as attendees and description. All drills are now up to date.</p> | <p>9/7/18</p> |

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STREET ADDRESS, CITY, STATE, ZIP CODE
**6053 WILORA LAKE ROAD
CHARLOTTE, NC 28212**

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| C 185 | Continued From page 4 d. In the 4th quarter of last year, there were no records of rehearsals available. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. 3. Based on a review of documents, the records available onsite did not include the shift when the rehearsal was done. | C 185 | C189 a. Repaired 9/21 b. Repaired 9/21 c. Repaired 9/21 d. Repaired 9/21 e. Had two different repair companies assess, and neither could complete the job. We now have a third vendor who will replace entire frame and door f. Scheduled with the above repair 11/28 g. Scheduled with the above repair 11/28 h. Removed 9/21 i. Removed 9/21 j. Removed 9/21 k. Removed 9/21 l. Removed 9/21 m. Closer installed and threshold removed 10/12 n. Closer ordered o. Sweep installed and gap closed 10/12 p. Sweep installed and gap closed 10/12 q. Slated for repair 11/28 r. Slated for repair 11/20 Fire rated chaulking 9/21 installed | (DB) see attached documentation |
| 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, 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 ¾ hour fire rated door to the trash storage room on the first floor would not automatically latch when closed. b. The ¾ hour fire rated door to the trash storage room on the second floor would not automatically | C 189 | | |

June Bedu
11/12/18

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| C 189 | <p>Continued From page 5</p> <p>latch when closed.</p> <p>c. The ¾ hour fire rated door to the laundry on the second floor would not automatically latch when closed.</p> <p>d. The latchbolt is missing on the 1.5 hr fire rated door to the stairway near room 1102.</p> <p>e. The 1.5 hr fire rated door to the stairway near room 1121 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>f. The door to room 1121 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>g. The door to room 1122 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>h. There was a mechanical "kick-down" on the door to the RCC office.</p> <p>i. There was a mechanical "kick-down" on the door to the Administrator's office.</p> <p>j. There was a mechanical "kick-down" on the door to the Finance office.</p> <p>k. There was a mechanical "kick-down" on the door to the training room.</p> <p>l. There was a mechanical "kick-down" on 2 doors to the meeting room.</p> <p>m. The doors to the meeting rooms on both floors will not latch when closed.</p> <p>n. The double doors to the meeting rooms on both floors are not equipped to automatically latch when closed.</p> <p>o. There is a 1/2 inch gap between the double doors to the meeting rooms on both floors.</p> <p>p. There is a 5/16 inch gap between both sets of double doors to the dining room.</p> <p>q. Both sets of double doors to the 2nd floor dining room will not latch when closed.</p> <p>r. One door to the 1st floor dining room is very hard to open and close.</p> <p>2. Based on observation, the required one-hour fire rated ceiling was compromised in a location.</p> | C 189 | | |

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| C 189 | Continued From page 6 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 8-30-2018: There were 4 unsealed conduit sleeves in the Communication room. | C 189 | | |

Diane Baldus

From: Derrick Jones
Sent: Thursday, November 15, 2018 10:41 AM
To: Diane Baldus
Subject: FW: Door at stairwell

From: Hserv10 [mailto:hserv10@aol.com]
Sent: Thursday, November 15, 2018 9:50 AM
To: Derrick Jones
Subject: Door at stairwell

Derick,

On Tuesday, November 6, 2018 I looked at the condition of the door at the end of the stairwell in the AL facility. The door itself appears to be straight and in good condition, but the door frame seems to have twisted some from the shifting of the wall. It is not much, but is enough that it has created a gap when the door is close which can not be corrected without removing and shifting the frame. My concern here is that once the frame is removed, it might be realized that it would be better all around to have a new frame and door to put in its place.

Bob Erb

Erb Services/Heritage Services

Previous to this we tried to fix the door by grinding it down, but the fit wasn't tight. We then contact EASTWAY LOCK AND KEY. They evaluated and said they could not fix.

This week MEP evaluated the door. He took measurements and will prepare a quote to replace entire frame and door. This should be complete by Nov. 29. I can update later on w/ actual date.