

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2019
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NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 1-16-2019.</p> <p>Records indicate this facility was first licensed on 9-14-1999. The facility is currently licensed capacity for 64 residents. Based on this information, the facility is required to meet the 1996 10 NCAC 42D - Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and the 1996 (w/revisions) North Carolina State Building Code(s) for a Group I - Institutional Unrestrained Occupancy.</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</p> <p>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;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to</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	Continued From page 1 meet the requirements of the NC State Building Code in effect at time of alteration. The Building Code allows spaces to be open to the corridor if provided with smoke detectors connected to the fire alarm system. Finding on 1-16-2019; A section of wall had been removed between the living room and the corridor and no smoke detectors were provided in the living room.	C 101		
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: Based on observation, the building and mechanical systems are not kept clean and in good repair. Findings on 1-16-2019: a. The HVAC exhaust grill and radiation damper in the beauty salon had an excessive accumulation of dust/lint. b. Trash and lint were found on the inside top of the corridor handrail.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

Division of Health Service Regulation

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C 166	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. 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 on 1-16-2019: a. Several (8) portable medical oxygen cylinders were stored in an unapproved beverage crate in the Med Tech office. b. Two portable medical oxygen cylinders were stored in no container at all in the Med Tech office. c. One portable medical oxygen cylinder was stored in a cart but was leaning haphazardly against the wall in the Med Tech office.</p> <p>2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 1-16-2019; a. Items had been stacked to within 3 inches of the ceiling in the "General Storage" room. b. Mattresses were stacked to within 8 inches of the ceiling in the upper floor storage room.</p> <p>3 Based on observation, the facility was not</p>	C 166		

Division of Health Service Regulation

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C 166	<p>Continued From page 3</p> <p>maintained in a safe condition because of too much combustible storage in a single space. Excess combustible storage increases the fuel load beyond the room's and the door's capacity to contain a fire.</p> <p>Findings on 1-16-2019; The room designated as "General Storage" is a former bedroom, larger than 100 sq. feet, and is not built in compliance with the NC State Building Code for storage rooms. The room has far more combustible storage than would normally be found in a bedroom.</p> <p>4. Based on observation, the facility failed to be maintained free of hazards because of an exit sign directing exiting in the wrong direction. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Finding on 1-16-2019: The exit sign in the corridor near the dining room has one exit arrow pointing to exit through the dining room. The dining room cannot be an approved exit because the double doors open toward the corridor.</p> <p>5. Based on observation, part of the handrail was missing in the corridor near bedroom 207. The missing part exposed sharp edges.</p> <p>6. Based on observation, there was no circuit directory provided in the electrical panel in the corridor. Electrical circuits that are not properly marked could cause a delay in disconnecting power in an emergency.</p> <p>7. Based on observation, there was no documentation of the required in house/owner's monthly inspection for December provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems</p>	C 166		

Division of Health Service Regulation

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C 166	Continued From page 4 must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.	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> <ol style="list-style-type: none"> 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>Findings on 1-16-2019:</p> <ol style="list-style-type: none"> In the 1st quarter of this year, there were no rehearsals done during the 1st and 3rd shifts. In the 2nd quarter of this year, there were no rehearsals done during the 1st and 2nd shifts. In the 3rd quarter of this year, there were no rehearsals done during the 1st and 3rd shifts. <ol style="list-style-type: none"> Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. 	C 185		

Division of Health Service Regulation

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C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: Based on observation, electrical outlets in potentially wet locations were not provided with ground fault circuit protection (GFCI). Finding on 1-16-2019; A counter receptacle less than 6 feet from the sink in the beauty salon was not GFCI protected.</p>	C 188		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the corridor smoke detectors near the Med Tech office and by the janitor's closet failed to activate when tested with smoke. Smoke detectors that do not work properly endanger all residents and staff. 2. Based on observation, battery powered emergency lights would not work when tested.</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas:</p> <ol style="list-style-type: none"> a. Exterior to the front exit, b. Exterior to the left exit. <p>3. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding on 1-16-2019: The exit sign in the Activity room did not work on battery when tested.</p> <p>4. 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 1/16/2019;</p> <ol style="list-style-type: none"> a. The double doors to the dining room are not provided with hardware to allow them to latch when closed b. The doors to rooms 210 and 214 do not latch when closed. c. The doors to rooms 108, 109, 111, 112, 113, 121, 210 and 212 do not fit the opening properly to be resistant to the passage of smoke. <p>5. 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.</p>	C 189		

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C 189	Continued From page 7 Findings on 1-16-2019: a. Hole in the ceiling of the kitchen above the range hood fire suppression system, b. Unrated foam used to seal a hole in the ceiling of the kitchen above the range hood fire suppression system, c. Unsealed ceiling penetration in the ceiling in the employee break room, d. Unsealed ceiling penetration in the ceiling in the Activity office, e. Unsealed ceiling penetration in the ceiling in the mechanical/electrical room, f. Unsealed sleeve in the ceiling in the mechanical/electrical room, g. Sprinkler escutcheon not tightly fitted to the ceiling in Broad River Rehab, h. Attic access door found open on the upper floor. Note; This deficiency was corrected during the survey.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters.	C 191		

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C 191	Continued From page 8 Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Finding on 1-16-2019: There was a portable electric heater found in the Memory Care Manager's office.	C 191		