

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/04/2019
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NAME OF PROVIDER OR SUPPLIER ATRIA LAKE NORMAN	STREET ADDRESS, CITY, STATE, ZIP CODE 140 CARRIAGE CLUB DRIVE MOORESVILLE, NC 28117
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{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}	The preparation and submission of this plan of correction by the community does not constitute, nor shall it be deemed to constitute an admission of fault or liability on the part of the community nor by agreement as to the truth or accuracy of the fact alleged or the conclusions drawn in the Statement of Licensing Violations regarding the survey completed on 1/4/19. The community prepared and submitted this plan of correction in order to comply in order to comply with state rules and regulations.	
{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}	Correction Action: We have obtained additional emergency release switch keys for the keyrings utilized by the staff in the memory care unit. Identification of Other Affected Areas: Maintenance Director has reviewed other doors to ensure lock compliance. Measures to Prevent Recurrence: We have placed an emergency release switch key on all the keyrings the staff uses daily after they gain entry to the key box to ensure they will always have access to one. 4 keys total in the memory care unit (1) on key set labeled 10, (1) on key set labeled 5, (1) on med tech keys that are not labeled but on Atria green lanyard, (1) on the memory care director's key set. Monitoring of the Corrective Action: The key box sign in and out sheets is monitored weekly, we will ensure the emergency release switch key are on the keyrings. Date of Completion of Corrective Action: 1/7/19.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Lashed B. [Signature]

TITLE

ED

(X6) DATE

1/25/19

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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}	<p>Construction-Meet Sanitary Requirements</p> <p>SECTION .0300 - PHYSICAL PLANT 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: 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</p>	{C 110}	<p>Correction Action: Facility does have a bed bug policy in place (Atria's Control of Bed Bugs Policy HK-001). On 10/5/18, Ecolab inspected and treated apartment WSW2. They noted in their service report they found bed bugs at wall behind bed. On 11/1/18, apartment WSW2 was inspected and treated despite no bed bug activity noted during the inspection. Apartment WSW2 was inspected again on 1/7/19 by Ecolab and no activity was found.</p> <p>Identification of Other Affected Areas: Apartments WSW4 and DD2 are adjacent apartments to WSW2 and those were inspected and treated despite no bed bug activity during inspection</p> <p>Measures to Prevent Recurrence: Per Atria's policy, we will ensure all employees that clean resident apartments, make beds, move furniture, or provides care in resident apartments are educated on the bed bug policy.</p> <p>Monitoring of the Corrective Action: Facility will have contractor Ecolab inspect and potentially treat this apartment during their next visit the first week of December to ensure there is no bed bug activity.</p> <p>Date of Compliance of Corrective Action: Completed 1/7/19.</p>	

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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}	1. Corrective Action: Facility will work with its Maintenance Department to repair ceiling damages due to condensation and staining to the main kitchen. Identification of Other Affected Areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to Prevent Recurrence: Facility will contact HVAC vendor to inspect the ceilings to see what options they offer to prevent the duct work from becoming damaged due to condensation and staining. Monitoring the Corrective Action: It will be added to the Preventative Maintenance list quarterly. Date of Completion of Corrective Action: 1/24/19 2. Corrective Action: Facility will work with its Maintenance Department to ensure that the Riser Room/ DD Hall have fire-rated protection. Identification of Other Affected Areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to Prevent Recurrence: Regular checks monthly of rooms to ensure they all have fire-rated protection, free of penetrations and in good repair. Monitoring of the Corrective Action: It will be added to the Preventative Maintenance list monthly. Date of Completion of Corrective Action: 1/19/19	

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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}	1. Corrective Action: FACP was in trouble mode during visit due to loose wire in panel. Facility called electric vendor and it was repaired on 1/7/19. Identification of Other Affected Areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to Prevent Recurrence: Regular checks monthly to ensure FACP is working properly. Monitoring of the Corrective Action: It will be added to the Preventative Maintenance list monthly. Date of Completion of Corrective Action: 1/6/19 and 1/7/19. 2. Corrective Action: The facility contacted HVAC vendor and they completed work on 12/4/19. Identification of Other Affected Areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to Prevent Recurrence: Regular checks monthly to ensure fire protection systems are in safe condition. Monitoring of the Corrective Action: It will be added to the Preventative Maintenance list monthly. Date of Completion of Corrective Action: 12/4/18. 3. Corrective Action: Sprinkler heads have been installed with Escutcheons to the following locations Front Port-Cochere and ED office	

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{C 189}	<p>Continued From page 4</p> <p>4-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition.</p> <p>Findings 01/04/2019: The following locations have sprinkler heads without escutcheons: (a) Front Port-cochere (b) ED Office</p> <p>5-Based on observation, this facility has failed to maintain the HVAC components in a operating condition.</p> <p>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</p> <p>6-Based on observation, this facility has failed to maintain the electrical components in a safe and operating condition.</p> <p>Findings 01/04/2019: The following locations have GFCI protection that has failed: (b) Kitchenette/PL5 tripped but did not reset.</p>	{C 189}	<p>Identification of Other Affected Areas: Maintenance Director completed a walk through and did not identify other affected areas.</p> <p>Measures to Prevent Recurrence: Regular checks monthly to ensure fire safety components are in safe and operating condition.</p> <p>Monitoring the Corrective Action: It will be added to the Preventative Maintenance list monthly.</p> <p>Date of Completion of Corrective Action: 1/7/19.</p> <p>4. Corrective Action: Maintenance Director is working with HVAC vendor to have fresh air return units with damper door mechanisms, not exterior ventilation, and as such, the Laundry Room/GSW02, Laundry Room/WW02, and the Bath Room/GSW04 all had working HVAC Units. The Maintenance Director has been in contact with Frank Strickland regarding this deficiency (see attached photos of current air return units).</p> <p>Identification of Other Affected Areas: Maintenance Director completed a walk through and did not identify other affected areas.</p> <p>Measures to Prevent Recurrence: Regular checks quarterly to ensure HVAC components are in operating condition.</p> <p>Monitoring of the Corrective Action: It will be added to Preventative Maintenance list quarterly.</p> <p>Date of Completion of Corrective Action: We are requesting a 45 Day extension to complete this.</p> <p>5.) Corrective Action: Facility will work with its Maintenance Department to ensure GFCI protection on the following locations: Laundry Room/WW02 and Kitchenette/PL5</p> <p>Identification of Other Affected Areas: Maintenance Director completed a walk through and did not identify other affected areas.</p> <p>Measures to Prevent Recurrence: Regular checks quarterly to ensure electrical components are safe and in operating condition.</p>	