

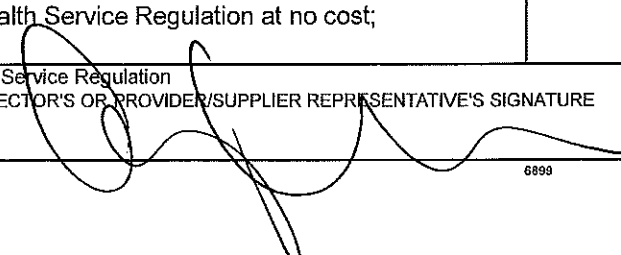
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2019
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NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209
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(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 Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on February 28, 2019. Records indicate the facility was licensed on 02/02/1998. This facility is currently licensed for 120 beds including 30 beds in the SCU. Based on this information, we are requiring the facility to meet the 1996 North Carolina State Building Code Volume I General Construction Reference Section 409.1 Group I - Unrestrained, the 1996 Rules for the Licensing of Adult Care Homes, and applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction.	C 000	<i>See attached</i>	
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;	C 101		

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



TITLE **ED**

(X6) DATE **3/27/19**

Division of Health Service Regulation

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components and proceders to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on February 28, 2019: <ol style="list-style-type: none"> a. All Special Locking Exits - Observation of staff unlocking the doors using the emergency override switch revealed that the key could not be removed from the switch without reenergizing the lock. This indicates the switches utilize an electronic circuit to keep the lock disengaged for a set period of time. This is not in accordance with the NC State Building Code requirement that the emergency override switches not depend on relays or other electronics to release. b. Entire Building - the four special locking exits have metal-keyed emergency override switches. 3 out of 3 staff interviewed did not have keys to operate the emergency override switches on themselves. This is not in accordance with the NC State Building Code requirement that if on/off emergency override switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times. c. Entire Building - many staff interviewed, did not know about the use and location of the central on/off emergency override switch. d. 1st FI MCU Med Room - the central on/off emergency override switch for the special locking system is located in the Med Room. Only the Med Tech has the key to this room. The NC State Building Code requires all staff responsible for evacuation to have access to emergency release switches. The central on/off emergency release 	C 101		

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C 101	Continued From page 2 switch should be located to a readily accessible location. 2. .Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required fire separation and protection for hazardous areas. Storage of Trash or Soiled linen in quantities in excess of 32 gallons per 64 square feet must be in a room designed and constructed as a hazardous area. This could expose all to fire/smoke if not contained in room of origin. Findings on February 28, 2019: a. 3rd FI South Trash Room - trash is being stored in this room and this room is not designed and constructed as a hazardous area. b. 3rd FI North Trash Room - trash is being stored in this room and this room is not designed and constructed as a hazardous area. c. Clean Linen Room across from Bedroom 233 - trash is being stored in this room and this room is not designed and constructed as a hazardous area. d. Bio-Hazardous/Electrical Panel Room - trash is being stored in this room and this room is not designed and constructed as a hazardous area. e. 1st FI MCU Trash Room - trash is being stored in this room and this room is not designed and constructed as a hazardous area.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all	C 133		

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C 133	Continued From page 3 commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide all commodes accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on February 28, 2019: a. 1st FI Spa - the commode did not have a hand grip (grab bar).	C 133		
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, corridors are not free of obstructions. Coridors are considered obstructed if clear width is less than the required 6 feet. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on February 28, 2019: a. 3rd FI Nurse Station - there is a unattended medication cart with chairs and table, obstructing the required six feet width corridor to 57 inches. Deficiency corrected before Construction Surveyors departed site. b. 2nd FI Nurse Station - there is a unattended medication cart with chairs and table, obstructing	C 150		

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C 150	Continued From page 4 the required six feet width corridor to 48 inches. Deficiency corrected before Construction Surveyors departed site. c. Courtyard outside of AL Dining - Lawn furniture is obstructing access to the exit (gate) and dining exits into the courtyard where there is no "safe dispersal area" within the courtyard. Deficiency corrected before Construction Surveyors departed site.	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, 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 February 28, 2019: a. 3rd FI Nurse Station - five portable medical oxygen cylinders are standing up on the floor in a plastic crate not physically secured in racks, stands or chained to the structure. 2. Based on observation, the building was not maintained free of hazards by storing combustible material in exit stairs. Findings on February 28, 2019:	C 166		

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C 166	Continued From page 5 a. 1st FI North Stairway - this space was being used to store a sheet of plywood. b. 1st FI Middle Stairway - this space was being used to store a tall ladder. c. 1st FI South Stairway - this space was being used to store a large box and table.	C 166		
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, and interview with staff, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on February 28, 2019: a. 1st Floor - the fire alarm panel is showing a trouble signal. The trouble code corresponded to a malfunctioning smoke detector in room 235. Maintenance Director informed us that alarm contractor had been called and was scheduled to replace smoke detector tomorrow, March 1. 2. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors to Stairway. This could affect all if fire is	C 189		

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C 189	<p>Continued From page 6</p> <p>allow to enter the wells.</p> <p>Findings on February 28, 2019:</p> <p>a. 1st FI Middle Stairway - the exit door into the stairway did not close and latch into its frame on its own power.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin.</p> <p>Findings on February 28, 2019:</p> <p>a. 2nd FI North Smoke Barrier - the front leaf, of the double-egress cross-corridor doors, hits the other door and did not latch to its frame, when the fire alarm system released the doors.</p> <p>b. 1st FI South Smoke Barrier - the back leaf, of the double-egress cross-corridor doors, did not latch to its frame on its own power, when the fire alarm system released the doors. When the door is pushed closed, the panic device is incapable on releasing the latched door.</p> <p>4. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin.</p> <p>Findings on February 28, 2019:</p> <p>a. 3rd FI Linen (soiled) across from Bedroom 303 - the corridor door (45 min rated, self-closing) did not latch into its frame on its own power.</p> <p>b. 3rd FI North Trash Room - the corridor door strike is filled with a vinyl gloves preventing the</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>door from latching.</p> <p>c. Clean Linen Room across from Bedroom 233 - the corridor door strike is filled with a vinyl gloves preventing the door from latching.</p> <p>d. 2nd FI Laundry - the corridor door's latch bolt was retracted, not allowing the door to latch.</p> <p>e. Elevator Equipment Room - the corridor door had its closure arm disassembled.</p> <p>5. 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. Findings on February 28, 2019:</p> <p>a. AL Dining - the North Courtyard exit sign did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages.</p> <p>b. 1st Service Hall Entrance - the exit sign above the pair of cross-corridor doors has both chevron (arrows) removed, indicating that you should turn left and/or right to exit, but the way out is straight.</p> <p>c. 1st MCU Living - the exit sign above the pair of exit doors has the left chevron (arrows) removed, indicating that you should turn left to exit, but the way out is straight.</p> <p>d. 1st South Smoke Barrier - the exit sign above the double egress cross-corridor doors on the south side has both chevron (arrows) removed, indicating that you should turn left and/or right to exit, but the way out is straight.</p> <p>6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on February 28, 2019:</p> <p>a. 3rd FI Electrical Room - there is an</p>	C 189		

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C 189	<p>Continued From page 8</p> <p>open-ended sleeve with a flexible-conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. 1st FI MCU Mop Room - there are holes not sealed as it penetrates the smoke-resistance-construction.</p> <p>7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on February 28, 2019: a. Bedroom 303 - the corridor door does not latch into its frame all the times when closed. b. 1st Floor MCU Clean Linen Room - there are two 1/4 inch diameter holes through the corridor door around the door handle. c. Bedroom 113 - the corridor door has a zero to 1/4 inch gap between the top of the door and the bottom of the doorframe's header stop.</p> <p>8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on February 28, 2019: a. 2nd FI Movie Room - the electromagnetic hold open device for the corridor door has become loose from the wall. b. Bulk Laundry - a junction box is dangling from its conduit by it power wires.</p> <p>9. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on February 28, 2019: a. Bedroom 341 Closet - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p>	C 189		

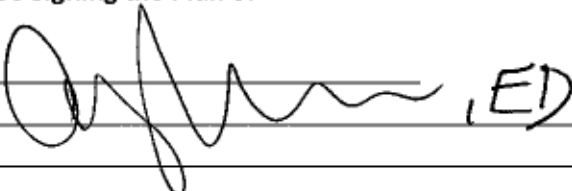
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C 189	Continued From page 9 b. Bedroom 329 Window Closet - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. c. 1st FI Storage near Spa - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 10. Based on Observation, the corridor 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 February 28, 2019: a. 3rd FI Nurse Station - the corridor 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. b. Bedroom 332 - the corridor 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. c. 2nd FI Nurse Office - the corridor door has a kick down 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. d. 1st FI Parlor - the corridor door has a plant 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.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

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C 199	<p>Continued From page 10</p> <p>(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:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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> <ol style="list-style-type: none"> 1. Based on Observation there is no mechanical ventilation system and odor is present. Findings on February 28, 2019: <ul style="list-style-type: none"> a. 3rd FI South Trash Room - there is no ventilation systems to exhaust odors from this room. b. 2nd FI Bio-Hazardous/Electrical Panel Room - there is no ventilation systems to exhaust odors from this room. 2. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on February 28, 2019: <ul style="list-style-type: none"> a. 3rd FI Linen (soiled) across from Bedroom 303 - the exhaust ventilation system is blowing air into the room instead of removing it. b. 1st FI MCU Mop Room - the required exhaust ventilation system did not work, and there is odor. 	C 199		

Five Star Senior Living Plan of Correction

Names of Community: Summit Place of South Park
Address: 2101 Runnymede Lane, Charlotte, NC 28209
License number: HAL-060-116
Inspection date: 2/28/2019
Name and Title of Five Star Representative Signing the Plan of Correction:
Amy C. Warren, ED
Signature of Five Star Representative:  ED
Date of Submission: 3/27/2019

Regulation	Target Date by Which Correction will be completed	Plan of Correction
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	3/7, 3/9, 3/11, & 3/14/19	A. With respect to the specific resident/situation cited: Staff has been educated/trained by the Maintenance Coordinator (MC) and Executive Director (ED) regarding Emergency override switch location and use, and how to remove outside gate key to keep the lock disengaged.

<p>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 and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components and proceders to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on February 28, 2019: a. All Special Locking Exits - Observation of staff unlocking the doors using the emergency override switch revealed that the key could not be removed from the switch without reenergizing the lock. This indicates the switches utilize an electronic circuit to keep the lock disengaged for a set period of time. This is not in accordance with the NC State Building Code requirement that</p>	<p>3/13/19</p>	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>a) Gate switch has been repaired; able to remove key and disengage lock. New keys made for Emergency doors.</p>

		<p>The Executive Director, Maintenance Coordinator, or Designee is responsible for ensuring implementation and ongoing compliance with all components of this plan of corrections and addressing and resolving any variances that may occur.</p>
<p>2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required fire separation and protection for hazardous areas. Storage of Trash or Soiled linen in quantities in excess of 32 gallons per 64 square feet must be in a room designed and constructed as a hazardous area. This could expose all to fire/smoke if not contained in room of origin. Findings on February 28, 2019: a. 3rd FI South Trash Room - trash is being stored in this room and this room is not designed and constructed as a hazardous area. b. 3rd FI North Trash Room - trash is being stored in this room and this room is not designed and constructed as a hazardous area. c. Clean Linen Room across from Bedroom</p>	<p>3/8/19</p>	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>A) b) c) d)</p> <p>Removed all trash cans from rooms. Designated rooms for trash with exhaust fan and fire proof door.</p>

<p>a. 1st FI Spa - the commode did not have a hand grip (grab bar).</p>	<p>3/11/19</p>	<p>a) Grab installed to ensure safety. Complete audit to ensure all commodes have grab bar.</p>
<p>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, corridors are not free of obstructions. Corridors are considered obstructed if clear width is less than the required 6 feet. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on February 28, 2019: a. 3rd FI Nurse Station - there is a unattended medication cart with chairs and table, obstructing the required six feet width corridor to 57 inches. Deficiency corrected before Construction Surveyors departed site. b. 2nd FI Nurse Station - there is a unattended medication cart with chairs and table, obstructing</p>	<p>2/28/19</p> <p>2/28/19</p>	<p>a) Removed med cart to ensure no obstructing the required six feet with corridor to 57 inches. Going forward, all med carts will be placed in location to prevent obstructing the required six feet with 57 inches.</p> <p>b) Removed med cart to ensure no obstructing the required six feet with corridor to 57 inches. Going forward, all med carts will be placed in location to prevent obstructing the required six feet with 57 inches. Staff has been in-serviced by the Maintenance Coordinator regarding obstructing requirements.</p>

<p>the required six feet width corridor to 48 inches. Deficiency corrected before Construction Surveyors departed site.</p> <p>c. Courtyard outside of AL Dining - Lawn furniture is obstructing access to the exit (gate) and dining exits into the courtyard where there is no "safe dispersal area" within the courtyard. Deficiency corrected before Construction Surveyors departed site.</p>	<p>2/28/19</p> <p>3/7,3/9,3/11,& 3/14</p> <p>Ongoing</p>	<p>c) Lawn furniture removed from obstructing access to exit door.</p> <p>Maintenance Coordinator, ED, and Designee, in-serviced staff to always place patio furniture in safe area to prevent obstructing access to exit.</p> <p>Going forward, all new staff will be trained on safety procedures. Maintenance Coordinator, ED, and/or Designee, will complete the training and it will be kept in Business office for review.</p>
<p>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 February 28, 2019: a. 3rd FI Nurse Station - five portable medical</p>	<p>3/6/2019</p>	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>All oxygen cylinders are standing up on the floor in a metal crate.</p>

<p>latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin.</p> <p>Findings on February 28, 2019:</p> <p>a. 2nd FI North Smoke Barrier - the front leaf, of the double-egress cross-corridor doors, hits the other door and did not latch to its frame, when the fire alarm system released the doors.</p> <p>b. 1st FI South Smoke Barrier - the back leaf, of the double-egress cross-corridor doors, did not latch to its frame on its own power, when the fire alarm system released the doors. When the door is pushed closed, the panic device is incapable on releasing the latched door.</p> <p>4. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin.</p> <p>Findings on February 28, 2019:</p> <p>a. 3rd FI Linen (soiled) across from Bedroom 303 - the corridor door (45 min rated, self-closing)</p>	<p>3/1/19</p> <p>3/1/19</p> <p>3/1/19</p>	<p>a) Adjusted latch to ensure proper operation to double egress cross –corridor doors.</p> <p>b) Adjusted latch to ensure proper operation to double egress cross –corridor doors.</p> <p>A) Replaced lock to ensure proper operation of corridor door to latch.</p>
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<p>did not latch into its frame on its own power.</p> <p>b. 3rd FI North Trash Room - the corridor door strike is filled with a vinyl gloves preventing the door from latching.</p> <p>c. Clean Linen Room across from Bedroom 233 - the corridor door strike is filled with a vinyl gloves preventing the door from latching.</p> <p>d. 2nd FI Laundry - the corridor door's latch bolt was retracted, not allowing the door to latch.</p> <p>e. Elevator Equipment Room - the corridor door had its closure arm disassembled.</p>	<p>3/1/19</p> <p>3/1/19</p> <p>3/1/19</p> <p>3/1/19</p> <p>3/1/19</p>	<p>b)Removed glove from door strike.</p> <p>In-serviced staff on maintaining fire and smoke resistance of doors safe and operating condition.</p> <p>c) Removed glove from door strike.</p> <p>In-serviced staff on maintaining fire and smoke resistance of doors safe and operating condition.</p> <p>d) Replaced lock to ensure proper operating condition.</p> <p>e) Repaired elevator room door to ensure operating condition.</p>
<p>5. 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. Findings on February 28, 2019:</p>		
<p>a. AL Dining - the North Courtyard exit sign did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages.</p>	<p>3/1/19</p>	<p>a) Replaced with new exit sign Ordered back up signs for future need</p>
<p>b. 1st Service Hall Entrance - the exit sign above the pair of cross-corridor doors has both chevron (arrows) removed, indicating that you should turn left and/or right to exit, but the way out is straight.</p>	<p>3/1/19</p>	<p>b) Replaced with new exit sign Ordered back up signs for future need</p>
<p>c. 1st MCU Living - the exit sign above the pair of exit doors has the left chevron (arrows) removed, indicating that you should turn left to exit, but the way out is</p>	<p>3/1/19</p>	<p>c) Replaced with new exit sign Ordered back up signs for future need</p>

<p>straight. d. 1st South Smoke Barrier - the exit sign above the double egress cross-corridor doors on the south side has both chevron (arrows) removed, indicating that you should turn left and/or right to exit, but the way out is straight.</p>	<p>3/1/19</p>	<p>d) Replaced with new exit sign Ordered back up signs for future need</p>
<p>6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on February 28, 2019: a. 3rd FI Electrical Room - there is an open-ended sleeve with a flexible-conduit not fire stopped as it penetrates the fire-resistance-rated ceiling assembly. b. 1st FI MCU Mop Room - there are holes not sealed as it penetrates the smoke-resistance-construction.</p>	<p>3/2/19</p> <p>3/2/19</p>	<p>a) Placed caulk with fire proof insulation sleeve to ensure a safe and operating condition.</p> <p>b) Sealed holes to ensure safe and operating condition.</p>
<p>7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on February 28, 2019: a. Bedroom 303 - the corridor door does not latch into its frame all the times when closed. b. 1st Floor MCU Clean Linen Room - there are two 1/4 inch diameter holes through the corridor door around the door handle. c. Bedroom 113 - the corridor door has a zero to 1/4 inch gap between the top of the door and</p>	<p>3/16/19</p> <p>3/16/19</p> <p>3/4/19</p>	<p>a) Repaired corridor door to ensure proper operation and condition.</p> <p>b) Repaired holes through corridor doors to ensure proper operation and condition.</p> <p>c) Re-adjusted door to close gap to ensure proper operation and condition.</p>

<p>the bottom of the doorframe's header stop.</p> <p>8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on February 28, 2019:</p> <p>a. 2nd FI Movie Room - the electromagnetic hold open device for the corridor door has become loose from the wall.</p> <p>b. Bulk Laundry - a junction box is dangling from its conduit by its power wires.</p> <p>9. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on February 28, 2019:</p> <p>a. Bedroom 341 Closet - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>b. Bedroom 329 Window Closet - the firesprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>c. 1st FI Storage near Spa - the fire sprinkler head is missing its escutcheon plate, exposing an opening</p>	<p>3/7/19</p> <p>3/11/19</p> <p>3/1/19</p> <p>3/7/19</p> <p>3/7/19</p>	<p>a) Repaired open device for the door to hold open to ensure proper operation and condition.</p> <p>b) Junction Box has been secured to ensure proper operation and condition.</p> <p>a) Replaced sprinkler escutcheon. Going forward, MC will have escutcheon plates in community to ensure proper operation and condition. ED will monitor weekly during community rounds to ensure proper operation and condition.</p> <p>b) Replaced sprinkler escutcheon. Going forward, MC will have escutcheon plates in community to ensure proper operation and condition. ED will monitor weekly during community rounds to ensure proper operation and condition.</p> <p>c) Replaced sprinkler escutcheon. Going forward, MC will have escutcheon plates in community to ensure proper operation and condition. ED will monitor weekly during community rounds to ensure</p>
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<p>through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>10. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin.</p> <p>Findings on February 28, 2019:</p> <p>a. 3rd FI Nurse Station - the corridor 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.</p> <p>b. Bedroom 332 - the corridor 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.</p> <p>c. 2nd FI Nurse Office - the corridor door has a kick down 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. 1st FI Parlor - the corridor door has a plant 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.</p> <p>C 199 Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in</p>	<p>2/28/19</p> <p>2/28/19</p> <p>2/28/19</p> <p>2/28/19</p>	<p>proper operation and condition.</p> <p>a) Removed wedge to the corridor doors to maintain in a safe and operating condition.</p> <p>Educated staff the safety of maintaining corridor doors in a safe and operating condition.</p> <p>b) Removed wedge to the corridor doors to maintain in a safe and operating condition.</p> <p>Educated staff the safety of maintaining corridor doors in a safe and operating condition.</p> <p>c) Removed the kick down to the corridor doors to maintain in a safe and operating condition.</p> <p>Educated staff the safety of maintaining corridor doors in a safe and operating condition.</p> <p>d) Removed plant to the corridor doors to maintain in a safe and operating condition. Installed magnet to hold door in open position.</p> <p>Educated staff the safety of maintaining corridor doors in a safe and operating condition.</p>
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<p>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:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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 there is no mechanical ventilation system and odor is present. Findings on February 28, 2019:</p> <p>a. 3rd FI South Trash Room - there is no ventilation systems to exhaust odors from this room.</p> <p>b. 2nd FI Bio-Hazardous/Electrical Panel Room - there is no ventilation systems to exhaust odors from this room.</p> <p>2. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on February 28, 2019:</p> <p>a. 3rd FI Linen (soiled)</p>	<p>3/8/19</p> <p>3/8/19</p> <p>3/27/19</p>	<p>a) Removed trash can to ensure no odors present.</p> <p>b) Removed trash can to ensure no odors present.</p> <p>a) Repaired exhaust ventilation system to remove air/odor from room.</p>
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across from Bedroom 303 - the exhaust ventilation system is blowing air into the room instead of removing it.
b. 1st FI MCU Mop Room - the required exhaust ventilation system did not work, and there is odor.

3/8/19

b) Removed trash can from room to ensure no odors present.