

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 R 04/25/2019
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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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{C 000}	Initial Comments Report of Biennial Follow Up Construction Survey by Dennis Harrell on 4-25-2019. Several deficiencies were not corrected. Further action is required.	{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 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 4-25-2019: b. Entire Building - New keys had been obtained	{C 101}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 101}	<p>Continued From page 1</p> <p>and distributed to staff. However one staff in BTR had her key in her pocket book hanging on the wall. . 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. In addition, when she got her key and tried it, it would not operate the switch</p> <p>d. 1st FI MCU Med Room - the central on/off emergency override switch for the special locking system is located in the Med Room. New keys to the Med Room had been obtained and distributed to staff. The new med room keys are on rings with other keys and are not identified. At least one staff in BTR had her key on a ring with more than 20 other keys. She tried many keys but never found the correct one. The maintenance staff took her key ring and by comparing his key to her keys found the key and opened the door.</p> <p>(e) New finding on 4-25-2019: The emergency release switch located at the exit door in BTR near the med room would not unlock the door.</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 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.</p> <p>Findings on February 28, 2019: e. 1st FI MCU Trash Room - trash is being stored in this room in quantities in excess of 32 gallons</p>	{C 101}		

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{C 101}	Continued From page 2 per 64 square feet and this room is not designed, constructed and maintained as a hazardous area. The exhaust vent is not working properly because it is very dirty. Also, the door and frame are not 3/4 hour fire rated as required by Code for Trash and Soilded Linen holding areas.	{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 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. Loose handgrips are a significant fall hazard to the residents. Finding on 4-25-2019: A handgrip had been installed in the 1st floor Spa. However, it seemed loose, and when tested by the Administrator it pulled off the wall.	{C 133}		
{C 150}	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	{C 150}		

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{C 150}	<p>Continued From page 3</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Code requires at least 6 feet of clear width must be maintained in exit corridors. Finding on 4-25-2019: a. On first entering the facility the corridors were clear. On entering Special Care for the second time, a chair was found blocking the smoke barrier doors from being able to close. Note; This deficiency was corrected during the survey.</p> <p>New finding on 4-25-2019: The required exit door from the BTR Dining room was completely blocked with a whiteboard. Note; This deficiency was corrected during the survey.</p>	{C 150}		
{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. (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: 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the</p>	{C 189}		

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{C 189}	Continued From page 4 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. Findings on 4-25-2019: 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. 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. Finding on February 28, 2019: 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. Finding on 4-25-2019: The kick-down had been removed but the door was propped open with a trash can. Note; This deficiency was corrected during the survey.	{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;	{C 199}		

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{C 199}	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation there is no mechanical ventilation system and odor is present. Finding on 4-25-2019: b. 2nd Fl Bio-Hazardous/Electrical Panel Room - there is still no exhaust system provided in this room and there was a needle sharps bio-hazard container stored in the room.</p>	{C 199}		