

Summit Place of South Park

2101 Runnymede Ln, Charlotte NC 28209

PHONE: 704-525-5508 Ext.111

Fax: 704-525-2672

awarren@5ssl.com

FAX



To: Dennis Harrell

Fax: 919 733-6592

Date: 5/16/2019

Re: CAR

From: Amy Warren

Fax: 704-525-2672

PHONE: 704-525-5508

Cc:

Comments:

Pages:
including cover

17

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 1, 2019
Amy C Warren (via e-mail only)
2101 Runnymede Lane
Charlotte, NC 28209

RE: HA Follow-Up Biennial Construction Survey
FID #980186 Hal060116
Summit Place Of Southpark
2101 Runnymede Lane
Charlotte Mecklenburg County

Dear Ms. Warren:

On **April 25, 2019**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted May 16, 2019

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
CONSTRUCTION SECTION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR-Construction Section.
 - Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Dennis Harrell

Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Mecklenburg County DSS - with attachment-(via e-mail only)

Date: 5/15/2019

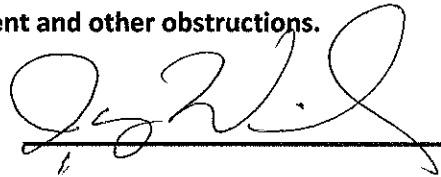
Manager: Nelson Santos

Inservice : How to release Emergency door with key access and switch

ALL staff MUST carry Master Key and Emergency Door keys at all times during scheduled shifts. The Master key for medication room where the Emergency Release switch is located will be coded Yellow, and the Emergency Door Key will be coded RED.

ALL Corridors (Exit Doors) shall be free of all equipment and other obstructions.

Joy Wilson
Golanda Houston

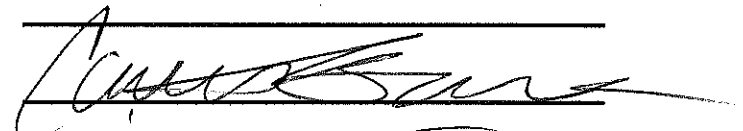


Earlene Joseph
Marie Alexis

Cartray Bennett

William Watson

Kishadora Williams



William Watson
K. Williams

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
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209
--	---

(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 Biennial Follow Up Construction Survey by Dennis Harrell on 4-25-2019. Several deficiencies were not corrected. Further action is required.	{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; 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}		

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

TITLE
ED

(X6) DATE
5/14/2019

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
NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209		
(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 101}	Continued From page 1 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 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. (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. 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. 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	{C 101}		

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
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209
---	---

(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 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}		

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
NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209		
(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 150}	Continued From page 3 (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: 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. 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.	{C 150}		
{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: 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the	{C 189}		

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
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209
---	---

(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 189}	<p>Continued From page 4</p> <p>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:</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>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:</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. 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.</p>	{C 189}		
{C 199}	<p>Exhaust Ventilation</p> <p>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;</p>	{C 199}		

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
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF SOUTHPARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 RUNNYMEDE LANE CHARLOTTE, NC 28209
---	---

(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 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}		

(Five Star Senior Living Plan of Correction

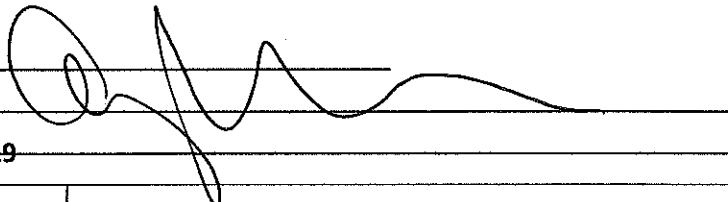
Names of Community: Summit Place of South Park

Address: 2101 Runnymede Lane, Charlotte, NC 28209

License number: HAL-060-116

Inspection date: 4/25/2019

Name and Title of Five Star Representative Signing the Plan of Correction:
Amy C. Warren, ED

Signature of Five Star Representative: 

Date of Submission: 5/16/2019

Regulation	Target Date by Which Correction will be completed	Plan of Correction
<p>(C 101) 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:</p> <p>(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</p>		<p>A. With respect to the specific resident/situation cited:</p>

<p>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:</p> <p>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).</p> <p>b. Entire Building- New Keys had been obtained 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</p>	<p>5/14/2019</p> <p>5/9/2019 & Ongoing</p>	<p>All keys have been tested and in working condition. Executive Director (ED), Maintenance Coordinator (MC), and/or Designee, will complete in-service regarding of safety importance regarding having keys on person at all times.</p> <p>Maintenance Coordinator, Designee, has reviewed with staff on how to release emergency door with key and by emergency switch.</p>
--	--	---

<p>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 identified. At least one staff in BTR had her key on a ring with more than 20 other keys. She tried too 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>5/15/2019</p>	<p>The Medication Room key will be color coded to identify to access in a timely manner.</p>
<p>(e) New finding on 4-25-2019:</p> <p>The emergency release switch located at the exit door in BTR near the med room would not unlock the door.</p> <p>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 fire separation and protection for hazardous areas. Storage of Trash or Soiled linen must be in</p>	<p>5/13/2019 & Ongoing</p>	<p>Emergency release switch repaired by Contractor and in working condition.</p> <p>Going forward, MC, Maintenance Assistance, and /or Designee, will complete routine monitoring for correct functioning of all Emergency exit doors.</p>

<p>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:</p> <p>e. 1st FI MCU Trash Room – trash is being stored in this room in quantities in excess of 32 gallons 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 ¾ hour fire rated as required by Code for Trash and Soiled Linen holding areas.</p> <p>(C133) Bathrooms-hand Grips</p> <p>SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidence by:</p> <p>1. Based on observation, the facility failed to provide all commodes accessible</p>	<p>4/25/2019</p> <p>5/14/2019</p>	<p>Exhaust vent cleaned and has proper functioning.</p> <p>New door rated ¾ hour fire rated door has been ordered and waiting for install.</p>
--	-----------------------------------	--

<p>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.</p> <p>Findings on 04-25-2019:</p> <p>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.</p> <p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300- PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g)The requirements for corridors are:</p> <p>(4) Corridors shall be free of all equipment and other obstructions.</p> <p>This rule was not met as evidence by:</p> <p>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.</p> <p>Findings: 04-25-2019:</p> <p>On first entering the facility the corridors were clear. On entering Special Care for the</p>	<p>4/29/2019</p> <p>4/25/2019</p> <p>5/15/2019</p>	<p>Handgrip installed and secured to wall. Going forward, handgrips will be installed with secure anchors to ensure safety.</p> <p>Corrected on Site</p> <p>Maintenance Coordinator, and/or Designee, provided in-service to staff regarding corridors must be free of all</p>
---	--	--

<p>second time, a chair was found clocking 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:</p> <p>The required exit door from the BTR Dining Room was completely blocked with a whiteboard. Note: This deficiency was corrected during survey.</p> <p>(C189) Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300- PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMETNS</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.</p> <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 evidence by:</p> <p>3. Based on observation, the Building was not maintained in a safe</p>	<p>4/25/2019</p> <p>5/15/2019</p>	<p>equipment and other obstructions.</p> <p>Corrected on Site</p> <p>Maintenance Coordinator, and/or Designee, provided in-service to staff regarding corridors must be free of all equipment and other obstructions.</p>
--	-----------------------------------	---

<p>and operating condition, because the doors 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 04-25-2019:</p> <p>(a) 2nd FI North Barrier- the front leaf, of the double egress cross-corridor doors, hits the other floor and did not latch to its frame, when the fire system released the doors.</p> <p>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>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>Finding: on 04-25-2019:</p> <p>The kick-down had been removed but the door was propped open with a trash can. Note;</p>	<p>5/2/2019</p> <p>5/4/2019 & Ongoing</p> <p>2/28/2019</p> <p>4/25/2019</p> <p>5/4/2019</p>	<p>Smoke Barrier corridor doors have been repaired and in operating condition.</p> <p>Going forward, MC, ED, and/ or Designee will test door for proper operation on a weekly basis for two months, and monthly thereafter.</p> <p>Corrected on Site.</p> <p>Corrected on Site.</p> <p>Installed door magnet to hold door open .</p>
--	---	--

<p>This deficiency was corrected during the survey.</p> <p>(c 199) Exhaust Ventilation</p> <p>SECTION .0300- PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</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> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area</p> <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 not mechanical ventilation system and odor is present.</p> <p>Findings on 04-25-2019:</p>	<p>5/1/2019</p> <p>5/1/2019 & Ongoing</p>	<p>Exhaust system installed on 2nd floor Bio-Hazard/Electrical Panel Room.</p> <p>Going forward, MC, and/ or Designee, will ensure all Bio-Hazard and Electrical rooms have exhaust system.</p>
--	---	--

<p>b. 2nd FI Bio-Hazardous/Electrical Panel Room-there is still no exhaust system provided in this room and there was a needle sharps bio-hazard container sored in the room.</p>		

<p>Regulation</p>	<p>Target Date by Which Correction will be completed</p>	<p>Plan of Correction</p>
--------------------------	---	----------------------------------