NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 23, 2019
Ken Hinkle (via e-mail only)
160 Warren C Coleman Blvd
Concord, NC 28027

RE: The Living Center Of Concord - HA Biennial Survey
160 Warren C. Coleman Blvd.
Concord Cabarrus County
FID #920384 Hal013044

Dear Mr. Hinkle:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on May 15, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- 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.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by June 7, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your 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

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by June 7, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by June 7, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Dennis Harrell

Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013044	A. BUILDING: 01 B. WING _____	05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LIVING CENTER OF CONCORD	160 WARREN C. COLEMAN BLVD. CONCORD, NC 28027

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 5-15-2019. Records indicate this facility was first licensed on 9-1-1984. It is currently licensed for 180 residents. Therefore, we are requiring this facility to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1978 North Carolina State Building Code Volumn I - General Construction, Section 409.1 Institutional Occupancy.	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, the facility failed to comply with Section 409.3 (7.) A. of the 1978 NC	C 101		

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C 101	Continued From page 1 State Building Code. NOTE: Type I and Type II Construction, three stories or less in height are required to have sprinkler system or automatic fire detection system only in unoccupied areas such as, storage rooms, kitchens, recreation rooms, etc. Findings on 5-15-2019: There were no smoke or heat detectors installed in at least the 2nd floor storage beside the bed pan room, the women's and men's bathrooms off the corridors on the 2nd and 3rd floors and the 1st and 2nd floor shower rooms.	C 101	Called alarm company to install smoke or heat detectors in this rooms	7/17/19
C 156	Soil Utility Room SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: Based on observation, the hopper had been removed from the soil utility room. Futher inspection revealed there was no other space provided in the facility with the required equipment and handwashing facilities.	C 156	hopper will be put back in	7/17/19
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;	C 166		

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C 166	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to be maintained free of hazards because of exits signs directing exiting in the wrong directions. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Finding on 5-15-2019: The exit sign in the corridor near room 129 has the exit arrows pointing in the wrong directions for exiting. 2. 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 5-15-2019: a. A portable medical oxygen cylinder was stored in no rack or approved container in room 303. b. Two portable medical oxygen cylinders were stored in no rack or approved container in room 125. c. Several beverage crates (6) were found in the oxygen storage area in the basement. Beverage crates must not be used for oxygen storage. 3. Based on observation, a barrel bolt latch had been installed near the top of the double exit doors from the dining room. The doors, which are a required exit and are designated with a lighted exit sign, are obstructed from opening by the latch. 4. Based on observation, a cover was missing on an expansion joint in the floor of the corridor near	C 166 1 A-B C 3 4	Exit arrows was changed to point to the exit all oxygen was removed from rooms and returned to basement and stored in rack beverage crate was removed and oxygen put in racks Barrel lock was removed and holes repaired expansion cover has been order and will be instlled	5/16/19 5/20/19 5/20/19 5/20/19 7/17/19

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C 166	Continued From page 3 room 215. The missing cover creates a trip hazard. 5. Based on observation, the facility was not maintained in a safe condition because of storage stacked too close to the ceiling. Excess and improper storage, within 2 feet of the ceiling, increases the fuel load beyond the room's and the door's capacity to contain a fire. Finding on 5-15-2019; Boxes were stacked to within 4 inches of the ceiling in the basement.	C 166 5	boxes will removed to below 2 feet of the ceiling with clean out of basement	7/17/19
	6. Based on observation, a stairway was not maintained free of storage. Storage, especially combustible storage, must never be kept in stairways. Finding on 5-15-2019: There were 2 mattresses stored in the stairway nearest the dumpster.	6	mattresses was removed	5/17/19
	7. Based on observation, a lamp cord type extension cord was being used in place of permanent wiring in the 2nd floor med room area. Extension cords are intended for temporary use only and 2 wire lamp type extension cords must never be used.	7	extension cord removed	5/16/19
	8. Based on observation, the cord for a computer on a med cart in the corridor extended through the doorway and was plugged into a receptacle inside room 117. Electrical cords must never extend through doorways.	8	informed staff that we can not plug cord through a doorway and cord was removed	5/16/19
	9. Based on observation, the globe was missing on the light fixture in the women's bathroom on the 1st floor. The missing globe exposed electrical wiring. Exposed wiring could be a hazard to the resident.	9	replaced light fixture	5/28/19

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C 166	Continued From page 4 10. Based on observation, ice machine drain lines are not maintained at least 2 inches above the floor, floor drain or basin, as required by Code. Improperly installed ice machine drains could cause the ice to become contaminated. Findings on 5-15-2019: a. The drain line from one machine was in direct contact with the floor drain. b. The drain line from the other machine extends into the mop sink basin. 11. Based on observation, the facility failed to meet the requirements of the NC State Electrical Code as relates to required access for electrical panels. The Electrical Code requires the area in front of an electrical panel to remain clear for at least 2.5 feet wide by 3 feet deep. Findings on 5-15-2019; There were items stored directly in front of the electrical panel in the janitor's closet near room 321.	C 166 A-B 11	we contract food-service from the church and ice machine is the church responsibility and was fixed the day of survey items was removed and staff was informed to not store items in front of electrical panels	5/15/19 5/17/19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (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. (f) This Rule shall apply to new and existing facilities.	C 185		

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C 185	Continued From page 5 This Rule is not met as evidenced by: 1. 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. Findings on 5-15-2019: a. In the 1st quarter of this year, there was no rehearsal done during the 2nd shift. b. In the 2nd quarter of last year, there was no rehearsal done during the 2nd shift. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. 3. Based on a review of documents, some of the records available onsite did not indicate the shift.	C 185 A-B 2-3	Director was told to make sure rehearsal was done on each shift per quarter Director was told to put more description, indicate what shift and gave a example of how to do	5/17/19 5/17/19
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, the fire alarm signal is not audible or visible in the basement. The fire alarm must be able to notify residents and staff throughout the facility.	C 189	Called alarm company to install audible and visible devices in bsement	7/17/19

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C 189	Continued From page 6 2. 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 5-15-2019; a. The 3/4 hour fire rated door to the laundry chute room on the 3rd floor was blocked with a warning cone from being able to close and latch when activated by the fire alarm system. b. A hinge screw was missing to the 3/4 hour fire rated door to the laundry chute room on the 3rd floor. c. The laundry chute door on the 3rd floor would not automatically close and latch. d. The 1.5 hour fire rated door to the middle stairway on the 2nd floor was badly delaminating and was held together with tape. e. One of the 1.5 hour fire rated doors to the laundry chute room on the 1st floor could not close and latch because of a rag hanging on the door knob. This fire rated door must be self-closing or automatic closing on activation of the fire alarm system and must automatically latch when closed. f. The other 1.5 hour fire rated door to the laundry chute room on the 1st floor could not close and latch because of a cloth shopping bag hanging on the door knob. This fire rated door must be self-closing or automatic closing on activation of the fire alarm system and must automatically latch when closed. g. When the shopping bag was removed, the 1.5 hour fire rated doors to the laundry chute room on the 1st floor could not close and latch because it was dragging against the frame. This fire rated door must be self-closing or automatic closing on	C 189 A B C D E-F G	cone was removed so door will close and latch hinge screw was replaced door was adjusted to close and latch rags and shopping bags was removed so door could close and latch door was adjusted to close and latch	5/15/19 5/16/19 5/16/19 5/15/19 5/16/19

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C 189	Continued From page 7 activation of the fire alarm system and must automatically latch when closed. h. There was a 1/4 inch gap between the double doors to the exercise room on the 2nd floor. i. The door to the Transporting office will not latch when closed. j. The door to room 327 will not latch when closed. k. There were 6 holes through the top of door to room 310. l. The door to room 310 was hard to close and open because it drags against the frame. m. The door to the Administrator's office does not fit the opening properly to be resistant to the passage of smoke. n. The door to room 328 is sometimes wedged open. o. The door to room 117 was propped open with a trash can. p. The door to room 119 was wedged open q. There was a mechanical kick-down on the door to the med room. r. The door to the laundry supply room was wedged open. 3. 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. Findings on 5-15-2019: a. Holes in the wall of the janitor's closet near room 321, b. Fire rated ceiling tiles were missing in many places throughtout the facility including the shower room on the 3rd floor, the 3rd floor water heater room, the 2nd floor bed pan room, the adjacent storage room, the laundry supply room	C 189 H I J k L M N-P Q R A B	ordered nylon brush strip adjusted door to latch adjusted door to latch repaired holes in door adjusted door to not drag will adjusted door to fit opening removed wedges from rooms removed trash can from door way so door can close removed kick-down removed wedge holes was repaired Ceiling tiles was ordered and will be replaced	7/17/19 5/16/19 5/16/19 5/16/19 5/16/19 7/17/19 5/20/19 5/20/19 5/20/19 5/17/19 7/17/19

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C 189	Continued From page 8 and the 1st floor shower room. c. A 4 inch PVC drain pipe extended up through the basement ceiling and was not protected with a listed fire collar as required. d. Smoke detector in the corridor near room 321 was hanging by the wires, e. Hole in the ceiling above the emergency light in the 2nd floor elevator lobby, f. Hole in the ceiling above the emergency light in the 2nd floor stairs near the Activity room, g. Hole in the ceiling above the heat detector in the employee bathroom, h. Hole in the ceiling in the med room area, i. Many unsealed conduits in the basement, j. Unsealed cable penetration in the mechanical room off the lobby, k. Hole in the ceiling of the corridor near room 219.	C 189 C D E-K	ordered PVC collar will install when comes in Smoke detector was re-attached sealed with fire caulk	7/17/19 5/16/19 5/28/19
	4. Based on observation, the sampling tubes for the duct mounted smoke detectors in the basement were dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.	4	sampling tubes will be cleaned and put on quarter schedule to be cleaned	6/18/19
	5. 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 5-15-2019: The exit sign near room 315 did not work on battery when tested.	5	replaced battery	5/16/19
	6. Based on observation, a receptacle plate was missing in the med room. Missing electrical plates expose energized wires and parts.	6	replaced receptacle plate	5/16/19
	7. Based on observation, there was no			

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C 189	Continued From page 9 documentation of the required in house/owner's monthly inspections since January for the fire extinguisher in the beauty salon. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.	C 189 7	monthly inspections done and add to monthly inspections list	5/16/19
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; (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. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Findings 5-15-2019; The exhaust provided in the 3rd fllor shower room was so clogged with dirt and lint that it could not properly move air.	C 199	exhaust in shower room was cleaned	5/16/19
C 136	Drug Storage-Locked IV. The Building C. Physical Environment (10 NCAC 42D .1503)	C 136		

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C 136	Continued From page 10 6. Storage Rooms/Closets e. Drug Storage (2) All drugs (prescription and non-prescription drugs, including topical preparations) must be stored in a well lighted and well ventilated locked cabinet or closet except when under the direct supervision of employees approved to administer drugs. (3) This locked cabinet or closet must be large enough to store all drugs in an orderly manner. Dividers are to be installed or containers provided in the cabinet or closet and drug cart, when used, to separate each resident ' s drugs with proper labeling for each resident. This Rule is not met as evidenced by: Based on observation, the medication storage room on the 2nd floor was found unlocked and unsupervised. Many cards of medication were found accessible on the counter and in open shelves.	C 136	door was locked and staff was explained the importance of locking the medication room	5/16/19