

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2019
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 10-31-2019.</p> <p>Records indicate this facility was first licensed on 10-9-1996, for 112 beds, including 25 Special Care (SCU) beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Group I Unrestrained Occupancy.</p> <p>Note: This facility consists of 2 separate buildings. One for Assisted Living and the other Memory Care Unit.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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;</p>	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>This Rule is not met as evidenced by:</p> <p>1. Based on observation, this facility failed to meet the NC State Building Code requirements for Special Locking (magnetic locks) on the exit doors in Clarebridge. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys."</p> <p>Findings on 10-31-2019:</p> <p>a. The required emergency release switches located at the magnetically locked front exit door and the exit gate from the courtyard.were of the locking type. Staff did not carry release switch keys.</p> <p>b. The required central on/off emergency override switch for the special locking system is located in the Break/ timeclock room which is capable of being locked. If the room is ever locked, all staff must carry a key to the room.</p> <p>2. Based on observation and interview, no staff were aware of the location or the use or even the existence of the required central emergency release switch for the Special (magnetic) Locking on the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.</p>	C 101		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for</p>	C 111		

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C 111	Continued From page 2 review. This Rule is not met as evidenced by: 1. Based on a review of documents, a recent Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 2. Based on a review of documents, the most recent sprinkler system inspection report dated 1-18-18, listed several corrections, comments and suggestions for both buildings. No subsequent documentation was available to indicate the required corrections (aka deficiencies) had been corrected.	C 111		
C 134	Bathrooms-Roll-in Shower SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (7) Each home shall have at least one bathroom opening off the corridor with: (A) a door of three feet minimum width; (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet; (C) a bathtub accessible on at least two sides; (D) a lavatory; and (E) a toilet. (8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet; This Rule is not met as evidenced by: Based on observation, the tub accessible on 2	C 134		

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C 134	Continued From page 3 sides was not maintained serviceable. Finding on 10-31-2019; The faucet was missing the control knob at the accessible tub in the AL spa.	C 134		
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: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings on 10-31-2019: a. There was a weight scales chair stored in the corridor near room 48 reducing the clear width to about 4.5 feet. Note; This deficiency was corrected during the survey. b. Work was being done in room 32 and the furniture was stored in the corridor reducing the clear width to about 4.75 feet clear. c. The exit near room 30 was completely blocked with a cart of furniture and personal belongings from room 32. Note; This deficiency was corrected during the survey.	C 150		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by	C 153		

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C 153	Continued From page 4 a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Based on observation, both of the double exit doors at the rear of the AL Dining room were equipped with Delayed Egress locking and both were designated with a lighted exit sign. The required Delayed Egress sign which reads, "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS" was also provided on both doors. However, the left door was also mechanically locked and could not operate and open as required for Delayed Egress. 2. Based on observation, both of the exit doors at the rear of the Clarebridge Dining/living/activity room were designated with a lighted exit sign. Keyed entrance locks had been installed backwards on both doors so they could be locked for exiting but could not prevent entrance. The left door was found locked. Interview with the Administrator revealed the staff had been instructed to unlock the doors during the day and to lock them at night. Some staff did not carry keys for the locks and the current arrangement required several hand motions to open.	C 153		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 154		

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C 154	<p>Continued From page 5</p> <p>(h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.</p> <p>This Rule is not met as evidenced by: Based on observation, both of the exit doors at the rear of the Clarebridge Dining/living/activity room have keyed entrance locks been installed backwards on both doors so they could be locked to prevent exiting. Interview with the Administrator revealed the staff had been instructed to unlock the doors during the day and to lock them at night.</p> <p>Therefore, during the day the exit doors are accessible to residents and neither door was provided with an alarm.</p>	C 154		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p>	C 160		

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C 160	Continued From page 6 This Rule is not met as evidenced by: Based on observation, the grounds were not maintained in a safe condition. Findings on 10-31-2019; a. There was a broken yardlight in the front yard adjacent to the sidewalk that exposed electrical wiring. b. There was a receptacle outlet in the front yard missing the weather tight cover which could allow water to enter the outlet.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on 10-31-2019: a. The HVAC exhaust grill and radiation damper in the AL laundry had an extreme accumulation of dust/lint. b. The ceiling finish was falling off in the beauty salon in places and was dirty in other places. c. The HVAC exhaust grill and radiation damper in the Clarebridge Spa had an excessive accumulation of dust/lint. d. The HVAC exhaust grill and radiation damper	C 164		

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C 164	Continued From page 7 in the Clarebridge "Janitor Closet 1" had an excessive accumulation of dust/lint.	C 164		
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 there was a hasp and padlock on the outside of the door to the pantry. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. Note; This deficiency was corrected during the survey. 2. Based on observation a toilet was loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Finding on 10-31-2019; The toilet was loosely mounted to the floor in the Clarebridge Spa. 3. Based on observation, the facility failed to be maintained free of hazards because of combustible storage kept near a fuel fired appliance. Finding on 10-31-2019; A large box of styrofoam cups was stored directly in front of and very near to a gas furnace in the	C 166		

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C 166	Continued From page 8 mechanical closet off the HWD office. 4. Based on observation, there was no key onsite to allow entry into the soiled linen room in Clarebridge to survey for hazards. 5. Based on observation, the facility failed to maintain 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 10-31-2019; A chest of drawers was stored in front of and blocking several electrical panels in the riser room. Note; This deficiency was corrected during the survey	C 166		
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. This Rule is not met as evidenced by: Based on review of documents, fire drill rehearsals are not being done regularly with at	C 185		

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C 185	<p>Continued From page 9</p> <p>least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings for the AL building on 10-31-2019:</p> <ul style="list-style-type: none"> a. In the 1st quarter of this year, there were no rehearsals done. b. In the 3rd quarter of this year, there were no rehearsals done during the 2nd shift or 3rd shifts. c. In the 4th quarter of last year, there were no rehearsals done during the 2nd or 3rd shifts. <p>Findings for Clarebridge on 10-31-2019:</p> <ul style="list-style-type: none"> a. In the 1st quarter of this year, there were no rehearsals done during the 2nd or 3rd shifts. b. In the 2nd quarter of this year, there were no rehearsals done. c. In the 3rd quarter of this year, there were no rehearsals done. d. In the 4th quarter of last year, there was no rehearsal done during the 2nd shift. 	C 185		
C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: Based on observation, GFCI type receptacles were not working properly. GFCI type receptacles that don't work properly present the hazard of serious electrical shock or electrocution. Findings on 10-31-2019;</p> <ul style="list-style-type: none"> a. The GFCI type receptacle in the public men's rest room 56 would not reset. 	C 188		

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C 188	Continued From page 10 b. The GFCI type receptacle in the bath room off room 27 would not trip off when tested. c. The GFCI type receptacle outside the AL dining room had no power. d. The GFCI type receptacle in the AL spa had no power.	C 188		
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 Delayed Egress locking on all the exit doors from the AL building was de-activated. Interview with the Maintenance Director indicated the system was "down" and they were waiting on a part to correct it. With the system "down" the exit doors could not be checked for delayed egress operation or for automatic release on activation of the fire alarm system. 2. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. The combination emergency/exit sign in the AL	C 189		

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C 189	<p>Continued From page 11</p> <p>med room, b. The emergency light in the Clarebridge breakroom.</p> <p>3. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings include: a. The exit sign in the AL corridor at room 47 was hanging by the wires. b. The exit sign in the kitchen did not work at all. c. The exit sign in the Dining room did not work on battery when tested. d. The exit sign in Clarebride near room 74 did not work on battery when tested.</p> <p>4. 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 include: a. Unsealed sleeve through the ceiling of the riser room, b. Fire collar not properly installed in the mechanical closet off the HWD office, c. Hole in the ceiling at the exit sign near the employee bathroom, d. Hole in the ceiling at the exit sign near room 46. e. Hole in the ceiling at the exit sign in the dining room, f. Hole in the ceiling at the exit sign near room 23, g. Unsealed sleeve through the ceiling of the mechanical room near the library,</p>	C 189		

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C 189	<p>Continued From page 12</p> <p>h. Sprinkler escutcheon missing in the Spa, i. Several holes in the smoke barrier wall in the med room in Clarebridge.</p> <p>5. 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 10-31-2019; a. The door jamb was severely damaged to Mechanical room 3 so that it could not latch when closed. b. There were holes at the latchset through the door to the Dining room. c. The door to the medical supply closet does not fit the opening properly to be resistant to the passage of smoke. d. The door to bedroom 39 was propped open. Note; This deficiency was corrected during the survey. e. A wedge was found at the door to the Spa indicating it is sometimes wedged open. f. The door to the Spa in Clarebridge does not fit the opening properly to be resistant to the passage of smoke. g. The door to room 61 in Clarebridge does not fit the opening properly to be resistant to the passage of smoke. h. The door to room 69 in Clarebridge does not fit the opening properly to be resistant to the passage of smoke. i. The door to Janitor Closet 1 will not latch when closed.</p> <p>6. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler</p>	C 189		

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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 189	<p>Continued From page 13</p> <p>head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 10-31-2019;</p> <p>a. Items had been stacked to within 6 inches of the ceiling in the file closet,</p> <p>b. Items had been stacked to within 7 inches of the ceiling in the medical supply closet.</p> <p>7. Based on observation, there was no documentation of the required in house/owner's monthly inspections since June provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.</p> <p>8. Based on observation, plumbing equipment drain lines were not maintained in a safe condition. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. Findings on 10-31-2019; The ice machine drain line in the kitchen extended into the floor drain.</p>	C 189		
C 199	<p>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>	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2019
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
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C 199	<p>Continued From page 14</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Finding on 10-31-2019; The exhaust provided was not working in the employee bathroom in the AL building.</p>	C 199		
C 170	<p>Building Service Equipment-Call System</p> <p>IV. The Building D. Building Service Equipment (10 NCAC 42D .1605) 8. Where required for staffing purposes, an electrically operated call system must be provided connecting each resident bedroom to the live-in staff bedroom. The resident call switches must be such that they can be activated with a single action and remain on until switched off by staff. The call switch must be within reach of the resident lying on his/her bed.</p> <p>This Rule is not met as evidenced by: Based on observation, the call syatem was activated in room 38 but no staff responded.</p>	C 170		