

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		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Susan Vittori EA Susan Vittori ED

TITLE

(X6) DATE

11/22/2019

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> <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." 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	<p>C101. 1.a On 11/15/2019 Maintenance Tech contacted Frye Key and Locksmith. On 11/20/19 Frye Key cut blanks for staff in CB to carry the release key, ED verified keys are available in the CB community.</p> <p>C101 1.b. ED notified all staff the Break/Time Clock room will remain unlocked at all times for staff to enter and exit freely, ED will monitor weekly and ongoing.</p> <p>C101 2. All staff trained by ED on location of release switch in the Break/Time clock room on 10/31/2019, this was documented on Training sign in sheet provided by ED and all new staff will be trained upon hire.</p>	
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	<p>Continued From page 2 review.</p> <p>This Rule is not met as evidenced by:</p> <p>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.</p> <p>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.</p>	C 111	<p>C111</p> <p>1. ED received copy of report from Fire Marshall on 11/21/2019 and is at community, annual inspection will be monitored by the Maintenance and recorded in TELS Maintenance Documenting System and Maintenance will monitor annually.</p> <p>C111</p> <p>2. Annual sprinkler reports from 2018 and 2019 were received and given to the Divisional Maintenance Tech and the Sprinkler company has been call on 12/20/2019 and all defecienies will be repaired/corrected by 12/15/2019, ongoing annual inspection will be monitored by the Maintenance Tech annually and as needed.</p>	
C 134	<p>Bathrooms-Roll-in Shower</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>(7) Each home shall have at least one bathroom opening off the corridor with:</p> <p>(A) a door of three feet minimum width;</p> <p>(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;</p> <p>(C) a bathtub accessible on at least two sides;</p> <p>(D) a lavatory; and</p> <p>(E) a toilet.</p> <p>(8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet;</p> <p>This Rule is not met as evidenced by: Based on observation, the tub accessible on 2</p>	C 134	<p>Type text here</p> <p>C134</p> <p>Maintenance Tech installed Faucet on 11/20/2019 to AL Spa Tub, ED verified and Maintenance Tech will monitor qaterly.</p> <p>Type text here</p>	

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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	Type text here	
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	C150 a. ED removed the weight scale on site on 10/31/2019 and placed in HWD nursing office. Corrected onsite during survey, this will be monitored ongoing daily by, ED, HWD and Maintenance Tech. C150 b. ED and Maintenance Tech removed the furniture stored in the corridor on at room 32 on 10/31/2019 corrected onsite during survey, this will be monitored ongoing as needed by Maintenance Tech and ED. C150 c. Ed and Maintenance Tech removed cart of furniture near room 32 on 10/31/2019 during survey. Corrected during survey. This will be monitored ongoing as needed by Maintenance Tech and ED.	
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	C153 1. Maintenance Tech removed the sign on 11/14/2019 from the left door in the AL Dining Room, sign has been permanently removed. C153 2. Maintenance tech removed keyed door entrance locks on 10/31/2019 and replaced correcting to lock from the inside, this was a permanent correction to the doors. ED verified door was repaired on 10/31/2019.	
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	<p>Type text here</p> <p>C154 4. STOP Alarms were installed on the inside of both Clare Bridge doors to alert staff of residents exiting the doors to the outside patio on 11/13/2019 by Maintenance Tech, ED verified door alarms were installed and will monitor ongoing.</p> <p>C150 a. ED removed the weight scale on site on 10/31/2019 and placed in HWD sing office. Corrected onsite during survey, this will be monitored ongoing daily by, ED, HWD and Maintenance Tech.</p>	
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	<p>Type text here</p>	

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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	C160 a. On 11/19/2019 MaintenanceTech retreaded the light to the base and covered exposed wires, verified by ED on 11/19/2019. <i>Type text here</i> C160 b. On 11/19/2019 Maitenance Tech purchased and replaced the weather tight cover on the receptacle outlet in the front yard, ED verified on 11/10/2019 and Maintenance Tech will monitor ongoing as needed.	
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	C164 a. HVAC exhaust grill and radiation damper in AL laundry was cleared and cleaned by Maintenance Tech on 11/12/2019. ED verified and Maintenance Tech will monitor ongoing monthly. C164 b. Maintenance Tech scrapped and cleaned the ceiling finish in the AL Beauty Salon on 11/12/2019.ED verified and Maintenance Tech will monitor ongoing as needed. C164 c. Maintenance Tech cleaned dust and lint from the HVAC exhaust and radiation damper in the Clare Bridge Spa room on 11/12/2019. ED verified and Maintenance will monitor ongoing monthly. C164 d. Maintenance Tech cleaned the HVAC exhaust grill and radiation damper in the Clare Bridge Closet #1 of excessive dust and lint on 11/12/2019. ED verified and Maintenance Tech will monitor ongoing monthly.	

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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	C166 1. Hasp and padlock on the outside of pantry door in AL was removed onsite during survey by the ED on 10/31/2019 will be monitored ongoing by ED monthly. C166 2. On 11/12/2019 Maintenance Tech repaired the loose toilet and secured the mounting tightly to the floor, ED verified and Maintenance Tech will monitor ongoing as needed. <i>Type text here</i> C166 3. On 10/31/2019 ED and Maintenance Tech removed the large of styrofoam cups/combustible items improperly stored and ED veified on 10/31/2019 and Maintenance Tech will monitor ongoing monthly.	

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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	C166 text here 4. Maintenance Tech had release keys made and the keys are onsite in Clare Bridge accessible to all staff effective 11/18/2019. ED verified and Maint. Tech will monitor monthly. C166 5. Maintenance Tech removed dresser for blocking the electrical panel onsite effective day of survey 10/31/2019. Maintenance Tech, this was verified by ED and Maintenance will monitor ongoing.	
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	Continued From page 9 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: 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. Findings for Clarebridge on 10-31-2019: 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	c185 a. b. c. ED and Maintenance Tech have both read and understand the policy on rehearsal of fire drills, also the importance and severity, Maintenance Tech will conduct 3 drills per quarter 1 per shift per in AL to remain in compliance effective immediately 11-1-2019 and ongoing. Maintenance Tech will monitor monthly and document ongoing. ED will verify ongoing. C185 a. b. c. and d. ED and Maintenance Tech have both read and understand the policy on rehearsal of fire drills, also the importance and severity, Maintenance Tec will conduct 3 drills per quarter 1 per shift to remain in compliance effective 11-1-2019 and document monthly ongoing. ED will verify ongoing.	
C 188	Electrical Outlets in Wet Locations 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. 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; a. The GFCI type receptacle in the public men's rest room 56 would not reset.	C 188	C188 c. The GFCI Receptacle in the AL spa was replaced and is currently in good working order. ED verified and Maintenance will monitor ongoing as needed.	

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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	C188 b. GFCI receptacle in bath room off room 27 was repaired effective 11/12/2019 and is now in good working condition. Verified by ED and Maintenance Tech will monitor ongoing monthly as needed. C188 c. The GFCI Receptacle in the AL dining room was replaced on 11/12/2019 by Maintenance Tech and is currently in good working order. ED verified and Maintenance Tech will monitor ongoing monthly as needed.	
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	C188 d. The GFCI receptacle in the AL spa has was replaced on 11/12/2019 by Maintenance Tech and is in good working order. ED verified and Maintenance will monitor ongoing, monthly as needed. C189 1. Effective 11/13/2019 new call system was installed by RF Technology and Maintenance Tech set all door alarms. Door alarms are currently activated and working properly effective 11/13/2019. ED and RFT Technology verified and Maintenance will monitor ongoing monthly or as needed. C189 2. On 11/12/2019 Maintenance Tech repaired all battery powered emergency lights, all lights currently working. Verified by ED and Maintenance will monitor monthly ongoing. C189 a. On 11/12/2019 Maintenance Tech repaired the emergency exit sign in AL, currently working properly. ED verified and Maintenance Tech will monitor monthly ongoing.	

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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 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	<p>Type text here</p> <p>C189 b. On 11/12/2019 Maintenance Tech repaired the light in the Clare Bridge breakroom. Ed verified and Maintenance will monitor monthly on going as needed.</p> <p>C189 3. a. On 11/12/2019 Maintenance Tech repaired the AL corridor, exit sigh at room 47, exit light is working and in good repair. ED verified and Maintenance Tech will monitor monthly and ongoing. b. On 11/12/2019 Maintenance Tech repaired the exit sign in the AL Kitchen, exit light is in good working order.ED verified and Maintenance Tech will Monitor monthly and ongoing. c. On 11/12/2019 Maintenance Tech repaired and replaced the battery on the exit sign in the AL dining room, light is in good working order. ED verified and Maintence will monitor monthly and going. d.On Maintenance Tech repair exit sign in Clare Bridge near room 74, and replaced the battery , ED verified and Maintenance Tech will monitor monthly ongoing.</p> <p>C189 4. a. On 11/12/2019, Maintenance Tech sealed sleeve through the ceiling of the riser room, sealed with Fire rated sealant verified by ED. b. On 11/12/2019 , Maintenance Tech properly installed the fire collar in the mechanical closet off the HWD office verified by ED. c. On 11/12/2019 Maintenance Tech sealed repaired the hole in the ceiling near the exit sign near employee bathroom, verified by ED. d. On 11/12/2019 Maintenance Tech sealed and repaired the hole in the ceiling at the exit sign nearroom 46, verified by ED. e. On 11/12/2019 Maintenance sealed and repaired the hole in the ceiling at the exit sign in the dining room, verified by ED. f. On 11/12/2019 Maintenance Tech sealed and repaired the hole in the ceiling at the exit sign near room 23 verified by ED. g. On 11/12/2019 Maintenance Tech sealed the sleavel through the ceiling of the mechanical room near the library with fire rated seal. , verified by ED.</p>	
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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 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	<p>C189 h. On 11/12/2019 Maintenance Tech repalced escutcheon in AL Spa Bathroom. ED verified and Maintenance to mointor monthly. i. On 11/as/2019 Maintenance Tech repaired the holes on the barrier wall in the Med Room in Clare Bridge permantly. Ed verified.</p> <p>C189 5 a. On 11/12/2019 section of door jam was replaced with new wood and it screwed, caulked and painted by Maintenance Tech. Ed verified and Maintenance will monitor ongoing as needed. b. On 11/19/2019 Maintenance Tech purchased metal plate to cover the holes a the latchset on the dining room door. ED verifeid and Maintenance will monitor oingong as needed. c. Maintenance tech has repaired the opening on the door on 12/6/2019 tor prevent smoke passage verified by ED and will monitor as needed ongoing. d. On 10/31/2019 ED removed trash can propping door open onsite during survey. ED and nursing to monitor daily. e. ED removed door wedge on 10/31/2019 at the Spa room and instructed staff to not use going forward and Maintenance Tech will monitor ongoing daily. f. Maintenance Tech ordered new door for the Sparoom in Clare Bridge and will be installed 11/25/19 to prevent the passage of smoke. ED will verify when installed. g. Maintenance Tech replaced the gaset to the door to room 61 in Clare Bridge to prevent the passage of smoke 11/12/2019. ED verified and Maintenance will Monitor ongoing as needed. h. Maintenance Tech replaced the gaset to the door on room 69 on 11/12/2019 to prevent the passage of smoke. ED verified and Maintenance Tech will monitor ongoing as needed. i. Maintenance ordered new door on for the Janitor Closet-1 and will installed on 11/25/2019 for proper latching. ED will verify and Maintenance will monitor ongoing as needed.</p>	

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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 189	Continued From page 13 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; a. Items had been stacked to within 6 inches of the ceiling in the file closet, b. Items had been stacked to within 7 inches of the ceiling in the medical supply closet. 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. 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.	C 189	C189 6. a. On 11/12/2019 Maintenance Tech removed all items that were stacked within 6 inches of the ceiling in file closet room in AL. ED verified and HWC will monitor ongoing monthly. b. On 11/12/2019 Maintenance Tech removed all items that were stacked 7 inches of the ceiling in the medical supply closet in AL. ED verified and HWC will monitor ongoing monthly. C189 7. On 11/12/2019 Maintenance Tech completed the inspection on the range hood fire suppression systems and logged the inspection date on the tag. Effective immediately and monthly ongoing Maintenance Tech will inspect and log the range hood suppression system as per requirements. ED verified and Maintenance will monitor ongoing. C189 8. On 11/12/2019 Maintenance Tech corrected the drain line on the ice machine in the AL kitchen to 2 inches above the floor drain as required by code. The lines will be maintained and monitored quarterly by Maintenance Tech and ED verified.	
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:	C 199		

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C 199	Continued From page 14 (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. Finding on 10-31-2019; The exhaust provided was not working in the employee bathroom in the AL building.	C 199	C199 Maintenance tech call District Maintenance Tech to assist in the repairs or replacement of the exhaust fan in the AI employee bathroom and will repaired and in good working order by 12/15/2019. ED will verify and Maintenance Tech will monitor ongoing monthly.	
C 170	Building Service Equipment-Call System 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. This Rule is not met as evidenced by: Based on observation, the call system was activated in room 38 but no staff responded.	C 170	C170 On 11/13/2019 RF Technology upgraded and replaced call system and all pagers are working and in repair. ED and RF Technology verified and Maintenance Tech and HWC will monitor daily or as needed ongoing.	