

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 R 01/14/2020
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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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(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 a Biennial Follow Up Construction Survey by Ed Miller, conducted on January 14, 2020. Deficiencies were cited that will require a new Plan of Correction. Note: This facility consists of 2 separate buildings. One for Assisted Living and the other Memory Care Unit.	{C 000}		
{C 111}	Must Have Current San. & Fire Safety Reports 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 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}		

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

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{C 188}	Continued From page 1	{C 188}		
{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 01/14/2020; d. The GFCI type receptacle in the AL spa was removed. Now two electrical power receptacles, that are within six feet of a sink or tub are not protected from ground faults.</p>	{C 188}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 2. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not</p>	{C 189}		

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{C 189}	<p>Continued From page 2</p> <p>work properly for at least 90 minutes could endanger the residents and staff. Findings on 01-14-2020;</p> <p>a. The combination emergency/exit sign in the AL med room,</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 on 01-14-2020;</p> <p>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 on 01-14-2020;</p> <p>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. 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}	Continued From page 3 h. Sprinkler escutcheon does not cover the complete hole around the Sprinkler head in the Spa, i. Several holes in the smoke barrier wall in the med room in Clarebridge. 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 01-14-2020; The ice machine drain line in the kitchen extended into the floor drain.	{C 189}		
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