

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/06/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CONCORD PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027</b>
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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
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Complaint Survey by Ed Miller, conducted on October 6, 2022.</p> <p>The Complaint alleged that there is a is are issues with the maglock system at the facility.</p> <p>Records indicate this facility was first licensed on 10-9-1996, for 112 beds, including 25 beds Special Care Unit (SCU). 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>The complaint was substantiated</p> <p>Deficiencies were cited that require a Plan of Correction</p>	C 000	<p>The following is the Plan of Correction for Brookdale Concord Parkway. This Plan of Correction is in regards to the State of Deficiencies dated 10/06/2022. This plan of correction is not to be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation provided.</p>	
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</p> <p>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</p>	C 101		

Division of Health Service Regulation 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>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> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on observation and interviews with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the procedures to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the door(s). Findings on October 6, 2022:               <ol style="list-style-type: none"> <li>a. SCU Entire Building - 1 of the 5 staff interviewed carried a key to operate the on/off emergency release switches at the building's exit and back gate. This is not per the NC State Building Code, that if on/off emergency release switches are of the locking type, then all staff responsible for the evacuation of the locked Unit must carry emergency release switch keys.</li> <li>b. SCU Med Room - the central on/off emergency release switch, for the special locking system, is located here, and most staff interviewed did not remember it location or its function until they read its label.</li> <li>c. SCU Med Room - the central on/off emergency release switch for the special locking system is in the Med Room. Only a few staff have keys to this room. The NC State Building Code requires the central on/off emergency release switch to be accessible to all staff responsible for evacuation. The central on/off emergency release switch should be located to a readily accessible location that is staff supervised 24 hours a day.</li> </ol> </li> <li>2. Based on observation, the building does not</li> </ol>	C 101	<p>The security system and call bell system for the SCU was replaced on 11/14/23. All exterior doors require a code for egress. Associates were trained and are aware of how to utilize the system. The on/off emergency release switches are no longer operated by a key. Additionally, the doors will release after 15 seconds of continuous pressure. See attached.</p> <p>The lock for the med room door was changed from a key to a code. All staff have the code to access the med room door.</p> <p>Due to the replacement of the security system, there is no longer a central on/off emergency release switch. All doors are controlled by code. See attached.</p>	<p>11/14/2023</p> <p>11/14/2023</p> <p>11/14/2023</p>

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C 101	Continued From page 2  meet the code requirements in effect at the time of initial Licensing or alteration, by not providing all required exits with a means to exit. This could affect residents, staff, and visitors by not providing egress directions for a prompt evacuation of the building. Findings on October 6, 2022: a. SCU Living, Back Two Exits - these marked exterior exits have their locksets installed backwards. When these devices are locked, egress through these doors is impossible without the keys.	C 101	Key pads were replaced during the install of the new security system. See attached.	11/14/2023
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# INSTALLATION JOB FORM

Issue Date: 10/19/2022

Task #: 75024

Customer #: 383764

Issued By: MARY MOTOLA

Customer: Brookdale Concord Parkway #18310

Request #: 234512

2452 Rock Hill Church Road  
CONCORD NC, 28027

Project #:

Sales Person: Ron Kosek

Customer Contact:

Terms: Net 45

Phone:

Installing Company: INTEGRITY INSTALLATIONS EXPERTS ASP

Email:

Installer Contact:

Task Type: INSTALL - INSTALLATION PROJECT

On-Site ST: \_\_\_\_\_ On-Site OT: \_\_\_\_\_ On-Site DT: \_\_\_\_\_

Start Date: 11/14/2022

Total Time: \_\_\_\_\_ Travel Time: \_\_\_\_\_ Add'l Airfare: \_\_\_\_\_

Description: Install Equipment Per Quote#24358  
Test System for Functionality and Train Staff. Take Pictures of Installed Equipment.

### Installer Notes

All devices have been tested, installed, and powered on for all 4 doors and all pull-cords. The head end has been installed in the storage room next to the old system's head end. Both repeaters have been installed in the hallways. All devices have been integrated into the new server.

Tech Location: \_\_\_\_\_

Current SW Ver: \_\_\_\_\_

Model: \_\_\_\_\_

Updated SW Ver: \_\_\_\_\_

Frequency: \_\_\_\_\_

Qty	Item Number	Description	Unit Price	Ext. Price

Serial # \_\_\_\_\_ Replaced by # \_\_\_\_\_

*If more serial numbers are needed, add on back of sheet.*

### Customer Approval

I have inspected the work performed by RF Technologies, Inc. and/or their subcontractors, and acknowledge that the work has been completed to my satisfaction.

### Installing Company Instructions

1. Be sure to include Task# 75024 on all relevant forms.
2. Obtain a customer signature when work is completed.
3. Return this form with request for payment.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

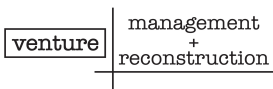
\_\_\_\_\_  
Customer Name (Please Print)

\_\_\_\_\_  
Email

# venture companies

## Estimate

Date	Estimate No.
10/7/2022	15741



8250 Poplar Tent Rd, STE 101  
Concord, NC 28027  
855-795-6127

Brookdale Senior Living Inc.  
111 Westwood Place  
Suite 200  
Brentwood, TN 37027

Community Name  
Brookdale Concord Parkway  
2452 Rock Hill Church Road  
Concord, NC 28027  
BU #18310  
Cabarrus 7

Description	Qty	Rate	Total
Front Entrance door from vestibule to inside community - Remove and Replace front entrance door - New door to be like for like as close as possible - Install new door frame, sidelines, and main 42" door - Prime and Paint entire door and frame - Point up and repair drywall as needed around opening - Clean up and Haul away all construction related debris  ** Reset of existing hardware** ** Automatic door company may be needed to adjust mag locks after new door install	1	9,320.00	9,320.00T
NC Sales Tax		7.25%	675.70

Thank you for the opportunity! We now accept credit card payments!!  
If interested, please contact Terry at 855-795-6127 or  
Terry@venture-gc.com.

<b>Total</b>	<b>\$9,995.70</b>
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C 000	<p><b>Initial Comments</b></p> <p>Report of Construction Section Biennial Survey by Suzanna Fay conducted on July 26, 2023.</p> <p>Records indicate this facility was first licensed on October 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> <p>Deficiencies were cited and a Plan of Corrections is required.</p>	C 000	<p>The following is the Plan of correction for Brookdale Concord Parkway. This Plan of Correction is in regards to the State of Deficiencies dated 07/26/2023. This Plan of Correction is not to be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to the identified issues. We have not provided a detailed response to each allegation.</p> <p>Type text here</p>	
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</p> <p>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</p>	C 101		

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C 101	<p>Continued From page 1</p> <p>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. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Delayed egress doors shall have a sign provided on the door located above and within 12 inches of the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.</p> <p>Findings on July 26, 2023: AL Building:</p> <p>a. Bistro - the exterior doors leading to the side porch are delayed egress and there is not a sign posted on the doors.</p> <p>2. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door.</p> <p>Findings on July 26, 2023: Memory Care Building:</p> <p>a. The courtyard gate has an electromagnetic lock and there is not an on/off emergency release</p>	C 101	<p>Signage to be added to delayed egress door.</p> <p>Cove base repair has taking place</p> <p>G.</p>	9/15/2023

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C 101	Continued From page 2 at the gate. Verify that the central emergency override switch is still functional.	C 101	Central emergency override switch is functional. Located in storage closet.	July 26th, 2023
C 116	<p>Plans Submittals and Approvals</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS</p> <p>(a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents.</p> <p>(b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.</p> <p>(c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.</p> <p>(d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.</p> <p>(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall</p>	C 116	<p>lights to be rehung and working properly</p>  <p>Type text here</p>	



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C 116	Continued From page 3  submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.  This Rule is not met as evidenced by: 1. Review of records revealed that the facility made revisions to the Memory Care Unity locking system and did not submit plans to the Division of Health Service Regulation/Construction section for review and approval.  Findings on July 26, 2023: Memory Care Building: a. The response to the Statement of Deficiencies for an October 6, 2022 complaint revealed that the facility changed from an electromagnetic locking system to a delayed egress system on November 14, 2022. Plans were not submitted for the change in the locking system.	C 116	Administrator submitted plans in response to Statement of Deficiencies for October 6, 2022 on March 29th, 2023. See attached.	3/29/2023
C 160	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (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;  This Rule is not met as evidenced by: 1. Observations revealed that the outside	C 160		

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C 160	Continued From page 4  premises were not maintained in a clean and safe condition.  Findings on July 26, 2023: AL Building: a. Porch by Room 1 - the ceiling paint is cracked and peeling along the length of the porch and the emergency light is dangling leaving a hole for pests to enter. (typical for three locations) b. Med Room Porch - the bottom section of the aluminum trim at the right side of the porch was off.	C 160	Ceiling and light repairs to be completed by 10/1/23.   Med room porch repairs to be completed by 10/1/23	10/1/23   10/1/23
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: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair.  Findings on July 26, 2023: AL Building: a. Library - the ceiling is spalling around the supply vent near the back right corner. b. B Hall Spa - the threshold is missing at the door and the vinyl flooring in front of the door is buckling creating a trip hazard. c. A Hall Housekeeping - the wall below the	C 164	A. Library ceiling repaired.  B. Repair to be made during the replacement of floors. Quote obtained and work scheduled for September	8/1/23  9/25/23

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C 164	Continued From page 5  chemical dispensers is heavily damaged. d. Kitchen - the R/A grille over the dishwashing area has a heavy residue of grease. e. Wellness Office - the ceiling is damaged around the supply vent. f. C Hall Staff Bath - the vinyl floor is buckling and pulling away from the walls.  Memory Care Building: g. Room 60 - the base below the bathroom sink is pulling loose. h. Residential Laundry - the wall behind the washers is heavily damaged. The base has fallen off and the sheetrock behind the base is damaged with large holes at the base of the wall. The sheetrock finish is damaged the entire length of the wall. There is a hole in the wall below the washer connections exposing the insulation and the area is black with mildew. The base of the cabinet at this wall is water damaged and bowing out making the cabinet unsafe. i. There is a general pattern of exhaust fans with heavy accumulations of dust. j. Left Spa - there is a ding in the wall behind the door where the door handle has damaged the sheetrock.  2. Observations revealed that the furnishings were not kept in good repair.  Memory Care Building: a Left Spa - the towel bar on the right wall is broken.	C 164	C. Wall scheduled for repair  d. Grille to be cleaned and removal of grease.  e. Damaged ceiling is repaired  f. Quote received for new flooring in staff restroom    g. Cove base repair has taken place.  h. Sheetrock completely removed and repairs in progress    I. Exhaust fans cleaned and dusted.  J. Wall repaired    A. New towel bar ordered for replacement	10/01/23  9/15/23  8/4/23  9/25/23    7/30/23  8/9/23    8/9/23  8/8/23   9/15/2023
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

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C 166	<p>Continued From page 6</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation.</p> <p>Findings on July 26, 2023: Memory Care Building: a. Left Electrical Room - there was a walker, a picture and a cone stored within three feet of the electrical panels.</p>	C 166	Items removed and space is free of clutter.	7/27/23
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</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. (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 and testing there is failure to maintain the facility's emergency fire</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CONCORD PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027</b>
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C 189	<p>Continued From page 7</p> <p>alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire.</p> <p>Findings on July 26, 2023: a. Memory Care Building - the FACP shows trouble indicating there is a fault on the Relay (IFC.) The system was tested and appears to be working correctly.</p> <p>2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on July 26, 2023: AL Building: a. The sprinkler head outside of Room 117 is missing the escutcheon ring leaving a hole in the fire resistant rated ceiling. b. A Hall Housekeeping - the escutcheon ring is missing on the sprinkler head leaving a hole in the fire resistant rated ceiling. c. Dining - equipment was removed over the beverage counter leaving unsealed ceiling penetrations. d. Kitchen - equipment was removed over the dishwashing area leaving unsealed ceiling penetrations. e. Med Room Porch - there is a hole at the sprinkler head near the Med Room door allowing pests to enter the facility. f. Bistro - there is an open junction box in the ceiling near the exterior exit leaving an opening in the fire resistant rated ceiling. g. Main Laundry - the ducts for the commercial dryers do not have collars and the fire caulk is</p>	C 189	<p>System continues to work correctly. Working with vendor to fix the display.</p> <p>All missing escutcheon rings are on order.</p> <p>C. Will reseal the ceiling penetrations.</p> <p>D. Will reseal the ceiling penetrations</p> <p>E. Hole to be repaired when trim is replaced on porch.</p> <p>F. This item has been addressed.</p> <p>Laundry ducts to be repaired and gaps filled in for fire rated ceiling.</p>	<p>9/15/23</p> <p>9/15/23</p> <p>9/20/23</p> <p>9/20/23</p> <p>10/1/23</p> <p>8/15/23</p> <p>9/25/23</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
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C 189	<p>Continued From page 8</p> <p>pulling away from the ceiling leaving gaps in the fire resistant rated ceiling.</p> <p>Memory Care/SCU:</p> <p>a. Telephone Room off of the front Office - the escutcheon ring on the sprinkler head is missing leaving a hole in the fire resistant rated ceiling.</p> <p>b. Room 60 - the sprinkler head has dropped in the Bedroom leaving a hole in the fire resistant rated ceiling.</p> <p>c. Room 60 - there is a large opening around the sprinkler head in the closet and the head does not have an escutcheon ring.</p> <p>d. Spa (Right) - the escutcheon ring on the sprinkler head near the tub is missing leaving a hole in the fire resistant rated ceiling.</p> <p>e. Soiled Linen in Laundry - the exhaust fan grille is not secure to the ceiling leaving a gap in the fire resistant rated ceiling.</p> <p>f. There is a hole in the wall at the thermostat outside of Room 67.</p> <p>g. Storage Room/Electrical - there is an unsealed cable bundle along the back wall.</p> <p>h. Dining - there is a 2 1/2" diameter black spot from a leak on the ceiling over the service area that appears to have damaged the fire resistant rated ceiling.</p> <p>i. Dining - there is an unsealed cable penetration above the emergency light.</p> <p>j. Program Coordinator's Office - the junction box on the left wall is missing a cover plate.</p> <p>k. Med Room - the door hardware was changed leaving a 3" diameter hole through the corridor door.</p> <p>l. Dining Service Area - the escutcheon ring on the sprinkler head is missing leaving a hole in the fire resistant rated ceiling.</p> <p>m. Left Spa - there are 1/4" diameter holes through the door above and below the door handle.</p>	C 189	<p>All missing escutcheon rings are on order.</p> <p>Contacted vendor for sprinkler head repair.</p> <p>The exhaust fan grille secured after current drywall project is complete.</p> <p>Adding wall plate behind thermostat.</p> <p>Cable bundle to be sealed.</p> <p>Currently under repair.</p> <p>Penetration to be sealed.</p> <p>Ordered cover and will replace.</p> <p>Currently under repair.</p> <p>Plan in place to replace the door and/or the door jam to ensure the issue is resolved.</p>	<p>9/15/23</p> <p>10/1/23</p> <p>10/1/23</p> <p>9/15/23</p> <p>9/15/2023</p> <p>10/1/23</p> <p>9/15/23</p> <p>9/15/23</p> <p>10/1/23</p> <p>10/15/23</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CONCORD PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027</b>
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C 189	<p>Continued From page 9</p> <p>3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on July 26, 2023: AL Building: a. Three of the exterior emergency lights over the exit doors were dangling from the ceiling. b. B Hall Exit - the exterior emergency light was damaged. c. Wellness Office - the battery for the emergency light battery pack was on the floor of the Mechanical Room off of the Office and the battery pack box was open.</p> <p>4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.</p> <p>Findings on July 26, 2023: AL Building: a. The exit sign at the exit by Room 51 did not illuminate on test.</p> <p>5. Based on observation electrical equipment has not been maintained in a safe manner.</p> <p>AL Building: a. Library - the light globe for the ceiling mounted light is missing over the TV.</p> <p>6. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near</p>	C 189	<p>Lights to be rehung and working properly</p> <p>Battery ordered and replaced for emergency lighting.</p> <p>Replacement exit sign ordered.</p> <p>Replacement globe has been ordered.</p> <p>G.</p>	<p>9/20/23</p> <p>8/1/23</p> <p>8/15/23</p> <p>8/22/23</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
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C 189	<p>Continued From page 10</p> <p>water sources do not function to provide shock protection.</p> <p>AL Building:</p> <p>a. Small Dining - the GFCI outlet at the bar is loose and does not have power.</p> <p>b. Small Dining Women's Toilet - the GFCI outlet is not secure to the wall.</p> <p>c. Small Dining Men's Toilet - the GFCI outlet does not have power.</p> <p>d. Room 32 Bath - the GFCI outlet has tripped and will not reset.</p> <p>e. Laundry - the electrical box behind the commercial dryer is not secure.</p> <p>7. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed.</p> <p>Findings on July 26, 2023:</p> <p>AL Building:</p> <p>a. Kitchen - the cover for the junction box for the suppression hood's fusible link has fallen off.</p> <p>Memory Care Building:</p> <p>b. Spa Right - the cover plate for the GFCI outlet by the tub is missing.</p> <p>c. Sitting Room - the outlet behind the door is not secure to the wall.</p> <p>8. Based on observation there is a failure to maintain the facility in a safe manner. Emergency means of egress/pathways must not be blocked or obstructed. This could delay the occupants' evacuation from the facility in an emergency.</p> <p>Findings on July 26, 2023:</p> <p>AL Building:</p>	C 189	<p>All small dining room GFCI are working properly.</p> <p>GFCI is working properly and will reset.</p> <p>Scheduled for repair.</p> <p>New cover installed.</p> <p>Cover ordered and installed.</p> <p>Outlet has been secured.</p>	<p>8/16/23</p> <p>8/16/23</p> <p>9/25/23</p> <p>8/10/23</p> <p>8/1/23</p> <p>8/1/23</p>



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
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C 189	<p>Continued From page 11</p> <p>a. Kitchen - a dishwashing cart was overlapping the door to Dining and prevented the door from closing when released from the magnet. The cart was moved at the time of survey.</p> <p>b. Dining - two large heavy food cans were placed in front of each of the porch exit doors preventing residents from exiting through the exterior doors. The cans were removed at the time of survey.</p> <p>c. C Hall - the exit by Room 30 had three large plants around the door reducing the corridor egress path to less than 6' clear. The plants were moved at the time of survey.</p> <p>9. Observations revealed that the plumbing was not maintained in a safe and operating condition. Loose toilet seats can cause injury from a slip or fall.</p> <p>Findings on July 26, 2023: AL Building: a. Women's Toilet off of Small Dining - the toilet seat is loose.</p> <p>10. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops.</p> <p>Findings on July 26, 2023: AL Building: a. Supply Closet by Dining Services Coordinator - the top hinge on the corridor door is loose causing the door to drop and leaving about a 3/4" gap at the top left of the door.</p> <p>Memory Care Building: b. Left Spa - the door hinge is loose and there is a 1/2" gap between the door and door frame at</p>	C 189	<p>Type text here</p> <p>Toilet seat has been tightened</p> <p>Tightened hinge to ensure there is no gap in the door.</p>	<p>7/30/23</p> <p>8/1/23</p>
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Division of Health Service Regulation

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C 189	<p>Continued From page 12</p> <p>the top right corner of the door and along the hinge side of the door.</p> <p>11. Based on observation the mechanical equipment is not maintained in operating condition.</p> <p>Findings on July 26, 2023: AL Building:</p> <p>a. B Hall Mechanical - the condensate line for the mechanical unit was disconnected and water was collecting on the floor around the unit. This was corrected at the time of survey.</p> <p>b. Wellness Office Mechanical Room - the sampling tube had a thin layer of dust collecting on the tube.</p> <p>c. Wellness Office Mechanical Room - the mechanical room had boxes of PPE equipment, adult diapers, office equipment and office supplies blocking access to the equipment and creating a possible fire hazard. The storage was removed at the time of survey.</p> <p>d. Laundry - the corrugated stainless steel tubing on the gas lines is not properly supported behind the commercial dryers.</p> <p>12. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on July 26, 2023: AL Building:</p> <p>a. Dining - the automatic closers on the dining doors are not synchronized so that the door with the astragal closes first.</p>	C 189	<p>Duct detector scheduled for cleaning.</p> <p>Will repair to ensure tubing is supported.</p> <p>Adjsting door hinges to gurantee automatic closers are working properly</p>	<p>9/15/23</p> <p>9/20/23</p> <p>9/20/25</p>
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
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C 189	<p>Continued From page 13</p> <p>Memory Care Building: b. Janitor by Left Spa - the closer on the door has been disabled so that the door which swings into the corridor no longer automatically closes and latches.</p> <p>13. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on July 26, 2023: Memory Care Building: a. The left door of the cross corridor doors by Room 61 rubs at the top of the frame and did not close completely when released by the fire alarm.</p>	C 189	<p>New closer ordered. Install upon arrival.</p> <p>Door adjusted and is in proper working order.</p>	<p>9/20/23</p> <p>8/3/23</p>
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: (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>	C 199	<p>New fan belts ordered for exhaust system. Will be installed upon arrival.</p>	<p>10/1/23</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
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C 199	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors.</p> <p>Findings on July 26, 2023:</p> <p>a. AL - A Hall - the exhaust fans to the right of the smoke barrier wall are not working.</p> <p>b. AL - C Hall - the exhaust fans on the long hall including the Staff Bathroom are not working.</p> <p>c. SCU - the exhaust fans on the left side of the left hall are not working.</p>	C 199	<p>New fan belts ordered for exhaust system. Will be installed upon arrival.</p>	10/01/23