

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 12/20/2023
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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}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on December 20, 2023. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. 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.	{C 101}		

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

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{C 101}	Continued From page 1 Findings on December 20, 2023: AL Building: a. Bistro - the exterior doors leading to the side porch are delayed egress and the posted sign does not meet the requirements of the NCSBC. There is a paper sign that reads, "Alarm will sound for 15 second." New Deficiency: Memory Care Building b. The courtyard gate is a delayed egress locking system and there is not a sign posted on the gate stating, "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS."	{C 101}		
{C 116}	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (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. (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. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised	{C 116}		

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{C 116}	<p>Continued From page 2</p> <p>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 submit documentation to the Division that "as built" drawings have been received from the builder.</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p> <p>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.</p> <p>Findings on December 20, 2023: Memory Care Building:</p> <p>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 to DHSR/Construction for review in regard to the change in the locking system.</p>	{C 116}		
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{C 160}	Continued From page 3	{C 160}		
{C 160}	<p>Outside Premises-Clean, Safe</p> <p>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;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.</p> <p>Findings on December 20, 2023: AL Building: b. Med Room Porch - the bottom section of the aluminum trim at the right side of the porch was off.</p>	{C 160}		
{C 164}	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>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.</p> <p>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.</p>	{C 164}		

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{C 164}	Continued From page 4 Findings on December 20, 2023: AL Building: 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. Interview with staff revealed that new flooring was approved by Corporate and will be installed in January. c. A Hall Housekeeping - the patch on the wall below the chemical dispensers is not holding and a 4" chunk of the patching material has fallen off. 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. Interview with staff revealed that new flooring was approved by Corporate and will be installed in January. Memory Care Building: j. Left Spa - there is a ding in the wall behind the door where the door handle has again damaged the sheetrock.	{C 164}		
{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.	{C 189}		

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{C 189}	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by:</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 December 20, 2023:</p> <p>AL Building:</p> <p>c. Dining - equipment was removed over the beverage counter leaving unsealed ceiling penetrations.</p> <p>d. Kitchen - equipment was removed over the dishwashing area leaving unsealed ceiling penetrations.</p> <p>e. Med Room Porch - there is a hole at the sprinkler head near the Med Room door allowing pests to enter the facility.</p> <p>g. Main Laundry - the ducts for the commercial dryers do not have collars and the fire caulk is pulling away from the ceiling leaving gaps in the fire resistant rated ceiling.</p> <p>New Deficiency:</p> <p>h. Kitchen - there is a leak above the ceiling at the dishwashing area. There is a 6" diameter black stain on the 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</p>	{C 189}		
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{C 189}	<p>Continued From page 6</p> <p>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>g. Storage Room/Electrical - there is an unsealed cable bundle along the back wall.</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> <p>3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on December 20, 2023: AL Building: 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. Interview with staff revealed that the emergency lighting connected to this battery pack will need to be replaced.</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 water sources do not function to provide shock</p>	{C 189}		

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{C 189}	<p>Continued From page 7</p> <p>protection.</p> <p>AL Building:</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>e. Laundry - the electrical box behind the commercial dryer is not secure.</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 December 20, 2023:</p> <p>AL Building:</p> <p>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>Memory Care Building:</p> <p>b. Left Spa - the door hinge is loose and there is a 1/2" gap between the door and door frame at the top right corner of the door and along the hinge side of the door.</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>	{C 189}		

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{C 189}	Continued From page 8 Findings on December 20, 2023: AL Building: a. Dining - the automatic closers on the dining doors are not synchronized so that the door with the astragal closes first. 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. This was corrected at the time of survey.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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.	{C 199}		

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{C 199}	Continued From page 9 Findings on December 20, 2023: a. AL - A Hall - the exhaust fans to the right of the smoke barrier wall are not working. Interview with staff revealed that a motor has been purchased but not installed. b. AL - C Hall - the exhaust fans on the long hall including the Staff Bathroom are not working. Interview with staff revealed that a motor has been purchased but not installed. c. SCU - the exhaust fans on the left side of the left hall are not working.	{C 199}		
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