Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HA1049020	A. BUILDING: 01 B. WING	12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE 1	2806 PEACHTREE ROAD STATESVILLE, NC 28625

(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 Construction Survey by Ed Miller and Greg Cates on December 4, 2014. Records indicates that this facility was either first licensed or submitted for licensure on December 16, 1998. Based on this information we are requiring the facility to meet the 1998 "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 1998 Edition of the North Carolina State Building Code; Section 409.1 Group I Unrestrained Occupancy. Facility is licensed for EIGHTY-SEVEN residents. Physical plant deficiencies were noted which require a plan of correction.	C 000	See Attached CONSTRUCTION SECTION JAN 30 2015 RECEIVED	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on December 4, 2014: a. There were loose hand grips (grab bar) in the	C 133		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia McCulloch — TITLE: Executive Director — (X6) DATE

STATE FORM 6899 SYEQ21 If continuation sheet 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL048020	A. BUILDING: _____ B. WING _____	12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE 1	2906 PEACHTREE ROAD STATESVILLE, NC 28625

(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 133	Continued From page 1 following locations to include but not limited to: i. Bedroom 42, Commode side.	C 133		
C 184	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. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair. Findings on December 4, 2014: a. The exhaust fan and its radiation damper had an excessive accumulation of dust/lint in the following locations: i. Bedroom 36, Bathroom, ii. Bulk Laundry. b. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice.	C 184		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a	C 184		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049020	A. BUILDING: 01 B. WING _____	12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE 1	2606 PEACHTREE ROAD STATESVILLE, NC 28625

(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 184	Continued From page 2 diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 184		
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: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles near wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on December 4, 2014: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button was pushed at the following locations to include but not limited to: i. Staff Toilet Room in the Health and Wellness Office.	C 188		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: 01 B. WING _____	12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE 1	2606 PEACHTREE ROAD STATESVILLE, NC 28625

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 3 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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the Building was not maintain in a safe manner because of breaches through the fire-resistance-rated construction invalidates its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on December 4, 2014: a. Throughout the facility, many smoke detectors did not cover the gaps (gaps vary between ¼ to ¾ inch) around the junction boxes penetrating the ceiling. b. The fire sprinkler escutcheon had drop down from the ceiling, exposing an unprotected opening in the Mech Room in the Health and Wellness Office. c. In the Right Side Mech Room, the wall/ceiling joint had deteriorated and was falling down. 2. Based on observation, the Building was not maintained in a safe manner by having corridor doors that do not automatically latch into their frame when closed or held. This could affect all residents, staff and visitors if these doors did not latch and contain/resist the passage of smoke in the room of origin. Findings on December 4, 2014: a. Bedroom 42, b. Kitchen, c. Resident Programs Coordinator,	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL048020	A. BUILDING: 01 B. WING _____	12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE 1	2836 PEACHTREE ROAD STATESVILLE, NC 28625

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 4 d. Bedroom 24. 3. Based on observation, the Building failed to maintain in an operating manner the emergency illumination of the exit signs. This would affect all residents, staff and visitors, by causing difficulty in finding the exits during an emergency. Findings on December 4, 2014: a. The exit sign did not work on backup power when the test button was pushed in the following locations to include but not limited to: i. Back side of cross-corridor door near Health and Wellness Office. 4. Based on Observation, the Building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fell, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on December 4, 2014: a. A portable medical oxygen cylinder was stored standing up not secured to the structure in the Health and Wellness Office. 5. Based on observation, the Building failed to provide complete fire sprinkler protection. This would affect all residents, staff and visitors, if fire were not suppressed by the fire sprinkler system. Findings on December 4, 2014: a. In the Med Room, a new closet was built eliminating the fire sprinkler protection to that area. 6. Based on observation, the Building failed to maintain in a proper safe operating manner the electrical power system. This would affect all staff, by allowing unsafe conditions to persist. Findings on December 4, 2014: a. In the Left and right Side Large Mech Room,	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: 01 B. WING _____	12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE 1	2804 PEACHTREE ROAD STATESVILLE, NC 28625

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 6 many items are being stored directly in front of the electric panels, encroaching upon the required clear working space. b. In the Kitchen electrical panel there was an open slot were a breaker was removed or a blank fell out.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 building's hot water temperature was not maintained in accordance with the Rules. This would affect all residents if hot water were not provided within the limits set forth in the Rule. Findings on December 4, 2014: a. In Bedroom 38, the Bathroom sink's hot water was 98 degrees Fahrenheit.	C 195		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049020	A. BUILDING: 01 B. WING	12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE 1	2806 PEACHTREE ROAD STATESVILLE, NC 28625

(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 199	Continued From page 6 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. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not ventilating area where odors are generated or maintaining equipment/systems. This could affect all residents, staff and visitors by subjecting them to odors. Findings on December 4, 2014: a. The spot exhaust fan at the Kitchen Mop Closet did not work.	C 199		

Brookdale Peachtree 1 HA Biennial Survey

The following is a summary of the Plan of Correction for Brookdale Peachtree 1. This Plan of Correction is in regards to the Construction Section Biennial Survey conducted on December 4th, 2014 and received on December 23rd, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as 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 or finding, nor have we identified mitigating factors.

2806 Peachtree Rd., Statesville NC 28625

FID #961012 **Hal049020**

C133 Bathroom Hand Grips

1. Will secure handgrips by February 15th, 2015

C164 Housekeeping Furniture

a. Will clean exhaust vents by February 15th, 2015
b. Will re-pipe drain by February 15th, 2015

C184 Fire Evacuation Plan

1. Will provide evacuation plan by February 15th, 2015

C188 Electrical Outlets in Wet Locations

1. Will repair GFCI by February 15th, 2015

C189 Building Maintained Safe Operating

1. Will seal penetrations and repair damaged ceiling by February 15th, 2015
2. Will repair doors by February 15th, 2015
3. Will repair exit signs by February 15th, 2015
4. Will properly store and secure oxygen cylinders by February 15th, 2015
5. Will modify sprinkler system as mandated per local building and fire code by February 15th, 2015
6. Will move stored items and add/install blank covers by February 15th, 2015

C195 Hot Water System

1. Will repair and or adjust hot water system by February 15th, 2015

C199 Exhaust System

1. Will repair or replace exhaust system as necessary by February 15th, 2015

To assist with compliance, the Executive Director or designee will review monthly preventative maintenance reports completed by the Maintenance Technician and will do a monthly walk through of the building with the Maintenance Technician for two months.