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	HAL041033	A. BUILDING: **01** B. WING _____	**03/26/2015**

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BROOKDALE HIGH POINT NORTH	**1564 SKEET CLUB ROAD HIGH POINT, NC 27265**

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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Billy S Bryant on March 26, 2015. Records indicates this facility was first licensed or submitted on 03/17/1998 as a HA. The facility is currently licensed as a 65 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Physical plant deficiencies were noted which require a plan of correction.	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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components of doors equipped with Special Locking Arrangements. This could effect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on March 26, 2015: a. The exit door at the kitchen service corridor has a magnetic lock installed and there is not an emergency release switch provided. This is not in accordance with the NC State Building Code requirement to have an emergency release switch located within 3 feet of the locked door. b. The exit door at the exit corridor between Bedroom 11 and Bedroom 12 has a magnetic lock installed and the emergency release switch requires a key to operate. Interview with staff in the area revealed that they did not have keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times. c. The exit door at the exit corridor between Bedroom 27 and Bedroom 28 has a magnetic lock installed and the emergency release switch requires a key to operate. Observation of staff unlocking the door using the emergency release switch revealed that the key could not be removed from the switch without reenergizing the lock. This is not in accordance with the NC State Building Code requirement that the emergency release switch be an on/off switch.	C 101		

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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 all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on March 26, 2015: a. There were no hand grips (grab bar) for the tub in the following locations to include but not limited to: i. Spa #3,	C 133		
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 a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: Based on observation, the Building was not	C 153		

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C 153	Continued From page 3 maintained in a safe by failing to ensure that exit door locks are easily operable by a single hand motion from the inside at all times. This could affect all occupants needing to evacuate through the door if exiting were delayed. Findings on March 26, 2015: a. The exit door at the Exit Corridor between Bedroom 11 & Bedroom 12 had doubled cylinder dead bolts installed in addition to a lockset door knob. b. The exit door at the Exit Corridor between Bedroom Bedroom 27 & Bedroom 28 had dead bolt with inside thumb turn in addition to a lockset door knob.	C 153		
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 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 chronic unpleasant odors, unclean conditions and equipment/furniture in disrepair. Findings on March 26, 2015: a. The glass covered picture frame in the	C 164		

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C 164	Continued From page 4 Corridor between Bedroom 7 and 8 had its glass broken exposing sharp and jagged edge to all that passed by.	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, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation grilles and their associated damper might not function properly. This could affect all residents, staff and visitors if in the event of a fire the dampers does not close completely to contain the fire within the room of origin. Findings on March 26, 2015: a. The return HVAC/ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint thought-out the Facility.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where	C 183		

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C 183	Continued From page 5 applicable, in the maintenance shop. 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 not having emergency equipment in proper working order. Findings on March 26, 2015: a. Through-out the building, there was no documentation of the portable fire extinguisher monthly inspections on the maintenance tag since January 2015.	C 183		
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 in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on March 26, 2015: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle outside the exit between Bedroom 11 & 12 was missing its cover plate.	C 188		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	Continued From page 6 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 Building was not maintained in a safe and operating condition, because the exit sign, was in disrepair. This would affect all residents, staff and visitors if the signs did not work during an emergency. Findings on March 26, 2015: a. The exit sign ' s face plate was falling off at the following locations to include but not limited to: i. Exit Corridor between Bedroom 11 & 12. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a smoke barrier wall that did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on March 26, 2015: a. The left front corridor cross-corridor doors, back leaf rub the frame and did not close with acceptable clearances when the fire alarm system released the doors. b. The cross-corridor doors near Bedroom 18 the front leaf rub the frame and did not close with acceptable clearances when the fire alarm system released the doors. 3. Based on observation, the Building was not maintained in a safe and operating condition,	C 189		

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C 189	Continued From page 7 because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on March 26, 2015: a. Since the semi-annual inspection of the commercial kitchen hood's fire extinguishing system the monthly inspections, and record keeping had not been documented. b. On the commercial kitchen hood's fire extinguishing system the manual actuator (pull station) was obstructed with duct tape covering it. 4. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on March 26, 2015: a. There were two 1/4 inch diameter holes through the door beside the door latching device in the following room: i. Bedroom 2. b. There was one 1/4 inch diameter holes through the door beside the door latching device in the following room: i. Bedroom 28. 5. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.	C 189		

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C 189	Continued From page 8 Findings on March 26, 2015: a. Gaps are around the ground cable through the wall assembly in the Mech Room Near Bedroom 3, b. The corridor door assembly to the Sale Office had a ¼ inch to zero gap between the top edge of the door and the bottom of the doorframe ' s stop. c. Two ¾ inch EMT conduit had gaps around them as them penetrate the fire-resistance-rated ceiling: i. Storage Room #2. d. The Mech Room wall near Bedroom 3 had two open ended metal sleeve penetration with a cable bundle that had no firestopping sealant inside, e. There was one ¾ inch hole and one ½ inch hole through the fire-resistance-rated ceiling at the following locations to include but not limited to: i. Storage Room #2. 6. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. a. Corridor door to the RCC Office was wedged open, b. Corridor door to the Med Room was wedged open. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all	C 189		

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C 189	Continued From page 9 residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on March 26, 2015: a. Corridor door to Bedroom 18 did not latch to its frame, 8. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on March 26, 2015: a. Many items are being stored directly in front of the electric panels, encroaching upon the required clear working space at the following locations to include but not limited to: i. Mech Room 9. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings in the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room or compartment of origin. Findings on March 26, 2015: a. The fire sprinkler escutcheon plate had dropped down from the ceiling at the following locations to include but not limited to: i. Corridor outside of Spa 2.	C 189		
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting,	C 197		

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C 197	Continued From page 10 minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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 maintain in a properly operating manner the general illumination of the building. This would affect all residents, staff and visitors if light levels were lower than required, as traversing the space become more difficult and tripping/falling could increase. Findings on March 26, 2015: a. Corridor near Bedroom 2, the light fixture was not working and there were no windows.	C 197		
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.	C 199		

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C 199	Continued From page 11 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 maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on March 26, 2015: a. The exhaust fan was not running, at the following locations to include but not limited to: i. Bedroom 9. ii. Bedroom 15	C 199		