STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090022	A. BUILDING: **01** B. WING _____	**10/01/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MONROE SQUARE 2	**919 FITZGERALD STREET MONROE, NC 28112**

(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 Frank Strickland and Ed Miller conducted on 10/01/2015: Information obtained from the DHSR database, indicates that this facility was licensed on 11/02/2000. This facility is currently licensed as a 65 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure, the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 (1999 Rev) Edition of the North Carolina State Building Code(s)-Institutional Occupancy. Deficiencies were cited and a Plan of Correction is required.	C 000		
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. This Rule is not met as evidenced by: 1-Based on observations, the facility fire protection equipment was not maintained in a safe manner. This could effect all residents and staff by not providing full sprinkler coverage upon activation.	C 189		

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C 189	Continued From page 1 Findings on 10/01/2015: The following locations have dropped sprinkler head escutcheons: Educational Director's Office and the Kitchen's wash sink closet. 2-Based on observations, the facility has not maintained the operation and physical conditions of interior doors in a safe manner. This could effect all residents and staff by not permitting individuals from entering and leaving rooms. Findings on 10/01/2015: The Laundry Room entry door has a large split at the top that prevents the door from closing all the way to the door frame and the entry room doors for Rooms 4 & 29 drag on the floor. 3-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. Findings on 10/01/2015: The return-air grilles have excessive particulate build-up located in all the Resident Rooms and the Small Dining Room. 4-Based on observations, the facility fire protection equipment and safety signage has not been maintained in a safe manner. This will effect all residents and staff by not providing instruction at all exits in the event of an emergency. Findings on 10/01/2015: All of the 15 second delay/magnetically locked exit doors do not have the signage as required by the 1996 North Carolina State Builing Code-Section 1012.6.2. (PUSH-THIS DOOR WILL OPEN IN 15 SECONDS-ALARM WILL SOUND).	C 189		

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C 189	Continued From page 2 5-Based on observations, the facility fire protection equipment and has not been maintained in a safe manner. This could effect all residents and staff in the event that a fire is not contained in a room or compartment of origin. Findings on 10/01/2015: The ansul fire suppression system has an activation wall pull switch is broken.	C 189		