STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025012	A. BUILDING: **01** B. WING _____	**01/21/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW BERN	**1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562**

(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 Survey by Billy S. Bryant and Frank Strickland conducted on 01/21/2016. Records indicate this facility was first licensed on 07/28/1997. The facility is currently licensed for 60 Beds. 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 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. The facility failed to have available for review and maintained on site a current (within the calendar year) required inspection report. There are required annual inspections by regulatory agencies to assess the facility's compliance with regulatory agency's requirements. Failure to have the required annual inspections conducted could effect all the occupants of the facility if the facility is found not to be in compliance. Finding on 01/21/2016: a. A current fire marshal's inspection report was not available for review at the facility at the time of	C 111		

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C 111	Continued From page 1 the survey.	C 111		
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's fire safety components are not being maintained in a manner that keeps the facility free from hazards. Doors were permitted to be blocked open or held open by unapproved devices. The occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin. Finding on 01/21/2016: a. Facility Wide - There is a pattern of wedges jammed under doors to hold the doors open. Note: Some door wedges were removed while the surveyor was on site. 2. Based on observation the storage of oxygen bottles was not maintained in a manner that keeps the facility free from hazards. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility. Finding on 01/21/2016:	C 166		

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C 166	Continued From page 2 a. There were approximately 6 oxygen cylinders found stored upright on top of a resident's dresser without any restraining device or storage rack. 3. Based on observation the facility's locking system is not being maintained in a manner to keep the facility free from hazards. Finding on 01/21/2016: a. Adjacent to Salon and Room 502 - The magnetic lock for the exit door adjacent to the salon would not re-lock after it was tested for emergency release.	C 166		
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 observation the facility was not maintained in a safe manner by a failure to to maintain electrical fire emergency/life safety related equipment. This could effect occupants of the facility if electrical fire detection devices did not operate and activate the fire alarm system. Finding on 01/21/2016: a. 300 Hal, Room 302 - The ceiling smoke	C 189		

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C 189	Continued From page 3 detector is detached from it's base and its wiring is visible. 2. Based on observation the facility was not maintained in a safe manner by a failure to have electrical emergency/life safety related equipment in an operating condition. This could effect occupants of the facility if exits and corridors were not illuminated during a power outage. Findings on 01/21/2016: a. 200 Hall - Wall mounted emergency light #15 did not work when tested on battery power. b. Wall mounted emergency light #23 did not work when tested on battery power. c. Kitchen Service Hall - Wall mounted emergency light #5 did not work when tested on battery power. d. Kitchen Area, The ceiling mounted emergency light did not work when tested on battery power. e. 300 Hall, Across from Salon- Wall mounted emergency light #10 did not work when tested on battery power. f. 200 Hall, Near Room 205 - Some directional exit sign light bulbs are burned out and the sign is not fully illuminated. 3. Based on observation there is a failure to maintain the facility's fire safety/life safety equipment in a safe operating condition as evidenced by doors that do not completely close and latch. All the occupants in the facility could be effected if doors do not latch and remain closed so as to limit the spread of smoke or fire to the area of origin.	C 189		

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C 189	Continued From page 4 Findings on 01/21/2016: a. Dining Room - The door coordinator for the cross corridor smoke doors adjacent to the restrooms and sunroom did not function correctly and did not allow the doors to completely close and latch when tested. b. Adjacent to Sunroom - The door coordinator for the cross corridor smoke doors adjacent to the restrooms and sunroom did not function correctly and did not allow the doors to completely close and latch when tested. c. 300 Hall, Room 301 - There is no lock hardware set installed on the door.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 adhere to the prohibition on the use of portable unvented electrical heaters. Portable unvented electrical heaters are a potential fire hazard and as such could effect all occupants of the facility.	C 191		

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C 191	Continued From page 5 Finding on 01/21/2016: a. A portable electrical heater was found in the director's office. Note: The heater was removed while the surveyor was on site.	C 191		