

PRINTED: 02/24/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28567		
(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	C 189		
C 189	Building Equipment Maintained Safe, Operating	C 189		
	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 has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings include: a- The closer coordinator for the smoke doors located at the Bistro in the Clara Bridge portion of the facility prevents the doors from closing completely. b- There is a chain across the doorway from the Dining Room to the Kitchen that is preventing the door from closing completely. c- The Dining Room corridor door on the 300 Hall side is propped open with the use of a wedge device. d- The Laundry Room corridor door is propped open with the use of a wedge device. e- The test button on the emergency light located at Resident Room 207 is broken.		This door has been adjusted and now closes properly. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS. Hook has been moved for chain to hook outside door. Now closes properly. Magnetic door strips installed. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS. Replaced emergency light. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS.	02/05/2016 02/04/2016 02/17/2016 02/15/2016

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NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557			
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C 100	Continued From page 3 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (c) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards by not storing oxygen containers securely to prevent them from falling over or rolling around. This could affect all persons in the facility as the oxygen containers could fall over, damaging the cylinder or nozzle. Findings include: a- In the Oxygen Storage Room, there are oxygen bottles that are not properly supported. b- In Room 101, there are oxygen bottles that are not properly supported. 2- Based on observations and testing, the facility has failed to maintain the EXIT doors so that they are easily opened in the event of an emergency. This deficiency may affect all person who may be required to exit through the door. Findings include: a- The EXIT door for the 200 Hall sticks and is not easily opened without excessive force.	C 100	All oxygen bottles are properly supported. More racks have been ordered in case we have more oxygen in the future. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS.		02/29/ 2016

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NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28657		
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C 150	Continued From page 2 than four feet wide. b- In the corridor outside Resident Room 304, materials and construction equipment were being stored in the corridor, and a med cart was parked across the hall. All of these items narrowed the corridor to less than three feet wide.	C 150	Med cart and construction equipment was moved. Now have 4 ft or more clearance. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS.	02/04/2016
C 104	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 observations, the facility has failed to maintain the building and furnishings clean and in good repair. Findings include: a- The vinyl sheet flooring in the EXIT vestibules of the Special Care wing have released from the subfloor and are curling up at the edges. b- Throughout the facility, the exhaust fan and HVAC return grilles and radiation dampers have an accumulation of dust and dirt.	C 104	Flooring has been repaired. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS. All HVAC grills and radiation damper has been cleaned. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS.	02/09/2016 02/17/2016
C 186	Housekeeping-Maintained Free of Hazards	C 186		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
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C 101	Continued From page 1 This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to ensure that the appropriate signage is posted at the delayed egress EXIT doors. This deficiency may affect all persons who may become confused due to the unexpected delayed exiting through these doors. Findings include: a- The marked EXIT door located at the rear of the Clare Bridge Unit is equipped with delayed egress however there is no signage designating it as delayed egress. b- The marked EXIT door located in the Dining Room is equipped with delayed egress however there is no signage designating it as delayed egress.	C 101	Both doors have been marked with delayed egress. Ordered new sign. Installed. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS.	02/09/2016
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the corridors free of obstructions which have narrowed down the corridors in areas, reducing the width significantly. Findings include: a- The corridors in the Clare Bridge Unit have furniture and planters in several areas which have narrowed the corridor to less	C 150		All furniture and planters have been moved in these areas. All corridors now have 4 ft. or more clearance. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS.

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NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
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C 109	Continued From page 5 f- The 200 Hall Dining Room corridor doors will not completely close and latch. 2- Based on observations, the facility has failed to maintain the building electrical system safe and operating. This deficiency may affect those persons using the receptacles by allowing the possibility of electrical shock. Findings include: a- The ceiling mounted light fixtures in two out of three EXIT vestibules in the Clare Bridge portion of the facility do not work, making the area very dark. b- The exterior light fixture at one of the three EXIT vestibules in the Clare Bridge portion of the facility does not work.	C 109	Door has been adjusted and now closes and latches properly. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS. Light bulbs have been replaced. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS. New exterior light fixture has been installed. MT will conduct a monthly inspection to correct deficiencies and recorded on TELS.	02/22/ 2016 02/05/ 2016 02/18/ 2016

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NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
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C 000	Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates and Billy Bryant on February 3, 2016. Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about August 20, 1997 for Seventy-Two (72) Beds. Based on the above information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 North Carolina Rules for Adult Care Homes of Seven or More Beds; and the 1985 North Carolina State Building Code Section 409.1- Group I.	C 000		
C 101	Existing Licensed Fac- No less than 71 Beds 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;	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:*Annette Springle*TITLE: *Executive Director* DATE: *3/4/2016*

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