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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 |
|---|---|---|---|
| | HAL074012 | A. BUILDING: 01<br>B. WING | 03/16/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BROOKDALE WARLINGTON BOULEVARD | 2105 WARLINGTON BOULEVARD<br>GREENVILLE, NC 27834 |

| (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 |
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| C 000 | Initial Comments<br><br>Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on March 16, 2016.<br><br>Records indicate this facility was first licensed on July 28, 1997 as a HA. 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 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.<br><br>Physical plant deficiencies were noted which require a plan of correction. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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 | C 101 | | |

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| C 101 | Continued From page 1<br>Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensing by not having all the required components of a properly operational delayed egress locking system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time.<br>Findings on March 16, 2016:<br>a. Front door - the door has delayed egress locking that reenergizes the lock after a short delay, when the fire alarm releases the lock,<br>b. Front Door - the door has delayed egress locking with its operational sign on the hinge side instead of near the release device, | C 101 | Door was re-set + repaired day of inspection 3-16-16 | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and | C 164 | | |

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| C 164 | Continued From page 2<br>visitors by exposing them to, unclean conditions and equipment in disrepair.<br>Findings on March 16, 2016:<br>a. Bedroom 203 - the connection of the commode to the floor was loose, | C 164 | a - tighten toilet base to floor and check monthly | 5-1-16 |
| C 183 | Fire Extinguishers<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0308 FIRE EXTINGUISHERS<br>(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.<br>(b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not identifing emergency equipment not in proper working order.<br>Findings on March 16, 2016:<br>a.Entire Building - including the "K" extinguisher in the kitchen, the documentation of the<br>portable fire extinguisher's monthly inspections stopped in January, 2016, | C 183 | a - check monthly and record on Tels. | 5-1-16 |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS | C 189 | | |

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| C 189 | Continued From page 3<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation and testing, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during power outages and there was no other illumination.<br>Findings on March 16, 2016:<br>a. Corridor near Executive Director Office - the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed.<br>b. Corridor near Unisex Toilet Room in Lobby - the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed.<br>c. Exterior entrance near Beauty Shop - the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed.<br>d. 400 Hall Mech room - the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed<br><br>2. Based on observations, the Building was not maintained in a safe and operating condition, | C 189<br><br>a -<br><br>b -<br><br>c -<br><br>d - | Replace battery and check 5.1.1-16 monthly and record on - Tele.<br>"<br>"<br>" | 5.1.1-16<br><br>"<br><br>" |

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| C 189 | Continued From page 4<br>because of holes and gaps through the fire-resistance-rated ceiling construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.<br>Findings on March 16, 2016:<br>a. Main Power Cut-Off Room - the one-hour fire-resistance-rated ceiling assembly had a gypsum patch that was deteriorating and could not properly stop a fire,<br><br>3. 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 residents, staff and visitors by allowing unsafe conditions to persist.<br>Findings on March 16, 2016:<br>a. Main Power Cut-Off Room - many items were being stored directly in front of the electric panels, preventing quick emergency access to the panel,<br>b. 400 Hall Mech Room - many items were being stored directly in front of the electric panels, preventing quick emergency access to the panel,<br>c. 400 Hall Mech Room - there was a broken electrical power light switch cover plate in this room,<br>d. 400 Hall Mech Room - there was a broken electrical power receptacle cover plate in this room,<br>e. Bedroom 801 - there was an unapproved multiple plug surge protector without overcurrent protection plugged into an electrical power receptacle<br><br>4. Based on observation, the Building was not | C 189 | a) Replace patch with fire-rated gypsum board<br><br>a) removed items & check monthly.<br><br>b) removed items & check monthly.<br><br>c) replaced ~~recept~~ cover plate & check monthly.<br><br>d.) replace cover plate & check monthly.<br><br>e) replace plug - & check monthly to reinspect. | 4-22-16<br><br>" |

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| C 189 | Continued From page 5<br>maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors keeping rooms the NC State Building Code defines as "Hazardous Area" separated from the rest of the Building. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin.<br>Findings on March 16, 2016:<br>a. 400 Hall Storage (100 + Sq Ft) - the door closure to the corridor door had been removed,<br><br>5. Based on observation, the Building Fire Safety Equipment was not maintained in a safe and operating condition. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide.<br>Findings on March 16, 2016:<br>a. Sprinkler Riser Room -, the dry fire sprinkler system's air compressor was frequently (3-4 Mins) starting up and running for 10 seconds to recharge the system,<br><br>6. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler heads have become obstructed. This could affect all residents, staff and visitors if fire is not suppressed.<br>Findings on March 16, 2016:<br>a. Bedroom 303 Closet, there were items stored within 18 inches of the fire sprinkler head that could disrupt the water discharge pattern,<br><br>7. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire | C 189 | a - Reattach closure to close door.<br><br>Sprinkler Contractor<br>a) Replacing compressor and checking monthly.<br><br>a) Remove items below 18" height. check monthly. | 5-1-16<br><br>5-1-16<br><br>5-1-16 |

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| C 189 | Continued From page 6<br>is not contained in the Room or compartment of origin.<br>Findings on March 16, 2016:<br>a. Bedroom 702 - the fire sprinkler escutcheon plate had dropped down from the ceiling,<br>b. Corridor near Bedroom 408 - the fire sprinkler escutcheon plate had dropped down from the ceiling,<br>c. Corridor near Bedroom 105 - the fire sprinkler escutcheon plate had dropped down from the ceiling<br>d. Main Power Cut-Off Room - the fire sprinkler escutcheon plate did not cover the complete hole through the ceiling,<br>e. Kitchen - the fire sprinkler escutcheon plate did not cover the complete hole through the ceiling,<br>f. Corridor near Bedroom 803 - the fire sprinkler escutcheon plate did not cover the complete hole through the ceiling,<br>g. Mailboxes - the fire sprinkler escutcheon plate did not cover the complete hole through the ceiling<br>h. Corridor near Bedroom 502 - the fire sprinkler escutcheon plate did not cover the complete hole through the ceiling<br>i. Bedroom 203 Bathroom - the fire sprinkler escutcheon plate was bent,<br>j. Bedroom 712 - the fire sprinkler escutcheon plate was missing,<br><br>8. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler heads have obstructed. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin.<br>Findings on March 16, 2016: | C 189 | a - replace plate and check monthly. 5-1-16<br>b - " "<br>c - " "<br>d - caulk gap with fire rated caulk and check monthly. 5-1-16<br>e - " "<br>f - " "<br>g - " "<br>h - " "<br>i - replace plate and check monthly. "<br>j - install new plate and check monthly. " | |

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| C 189 | Continued From page 7<br>a. Med Room - the fire sprinkler head was loaded (covered) with lint,<br>b. Lobby near front door - the fire sprinkler head was loaded (covered) with lint,<br>c. Service Corridor Staff Bath - the fire sprinkler head was loaded (covered) with lint,<br>d. Attic above Bedroom 404 - the fire sprinkler head was loaded (covered) with insulation,<br>e. Attic above Bedroom 406 - the fire sprinkler head was loaded (covered) with insulation,<br>f. Attic above Bedroom 408 - the fire sprinkler head was loaded (covered) with insulation,<br><br>9. Based on observation, the Building was not maintained in a safe and operating condition, 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.<br>Findings on March 16, 2016:<br>a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system, the documentation of the monthly inspections has stopped,<br><br>10. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin.<br>Findings on March 16, 2016:<br>a. Main Power Cut-Off Room - the wall behind HVAC #1 was damaged to a degree that it could | C 189 | a - clean sprinkler head and check monthly.<br>b - "<br>c - "<br>d - Remove insulation and check monthly.<br>e - "<br>f - "<br><br>Check monthly Has been checked on Tels<br><br>a) - Replace damaged wall and check monthly. | 5-1-16<br>"<br>"<br>5-1-16<br>"<br>"<br><br>5-1-16 |

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| C 189 | Continued From page 8<br>not contain a fire,<br>b. Main Power Cut-Off Room - the corridor wall behind HVAC #2 was damaged to a degree that it could not contain a fire,<br>c. Commercial Laundry - the gas line from the dryer penetrated the fire-resistance-rated wall and was not sealed,<br>d. Sprinkler Riser Room - there was a hole in the wall between this room and the Laundry and was not sealed,<br>e. Attic Smoke Barrier near Bedroom 404 - the smoke barrier wall assembly had a 12 x12 inches hole through the assembly,<br>f. Attic Smoke Barrier near Bedroom 101 - the smoke barrier wall assembly had several unprotected cable penetration through the assembly,<br><br>11. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated ceiling construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on March 16, 2016:<br>a. Kitchen - there were gaps was around the commercial kitchen hood's fire extinguishing system pipes that penetrated through the fire-resistance-rated ceiling assembly,<br>b. RCC/HCC Office - there was gaps around a cable above the Data Box that penetrated through the fire-resistance-rated ceiling assembly,<br><br>12. Based on observation, the facility fire resistance rated components have not been maintained safe and operating condition because | C 189 | b - replace damaged wall and check monthly.<br>c - Seal wall with fire rated caulk and check monthly<br>d - seal hole<br>e - replace hole with fire rated gypsum board. check monthly.<br>f - fire caulk cable penetration and check monthly.<br><br>Caulk with Fire Rated Caulk - 5-1-16<br><br>Caulk with Fire Rated Caulk 5-1-16 | 5-1-16<br>5-1-16<br>5-1-16<br>5-1-16<br>5-1-16 |

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| C 189 | Continued From page 9<br>the corridor doors are not smoke resisting. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.<br>Findings on March 16, 2016:<br>a. Therapy Services - the corridor door had holes through the door were the door closure had been removed,<br><br>13. 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.<br>Findings on March 16, 2016:<br>a. Sales and Marking Office - the corridor door had a wedge holding the door open,<br>b. Life Enrichment Coordinators Office - the corridor door was blocked open with a pile of supplies,<br>c. Kitchen - the corridor door had a wedge holding the door open,<br><br>14. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the cross-corridor barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin.<br>Findings on March 16, 2016:<br>a. Cross-corridor doors near 100 Hall Spa - the front leaf, of the cross-corridor doors did not latch when the fire alarm system released the doors, | C 189 | a - Re-install closure & check monthly<br><br>a - Remove wedge & check monthly<br>b - Remove debris and check monthly<br>c - removed wedge & check monthly<br><br>a - adjust door and check monthly | 5.1.16<br><br>5.1.16<br>5.1.16<br>5.1.16<br><br>5.1.16 |

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| C 189 | Continued From page 10<br>b. Cross-corridor doors near 100 Hall Spa - the cross-corridor doors was missing its strike plate, | C 189 | b - install strike plate & check monthly. | 5.1.16 |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain or provide a ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on March 16, 2016:<br>a. Soiled Utility - the local exhaust ventilation system did not remove the required air to dissipate the odors,<br><br>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation | C 199 | a - Replace exhaust motor and check monthly | 5.1.16 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL074012 | A. BUILDING: 01<br>B. WING | 03/16/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE WARLINGTON BOULEVARD | 2105 WARLINGTON BOULEVARD GREENVILLE, NC 27834 |

| (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 11<br>equipment/components good working order. This could affect all residents, staff and visitors by subjecting them to In the event of a fire the dampers does not close completely to contain the fire within the room of origin or being able to remove odors.<br>Findings on March 16, 2016:<br>a. Thought the Building - the exhaust fan cover, vanes and radiation damper have an excessive accumulation of dust/lint, | C 199 | a - clean vent covers and check monthly. | 5-1-2016 |