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
	HAL025012	A. BUILDING: 01 B. WING	R 04/06/2016

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 This report is of a Followup Survey done by Bob Getchell on April 6, 2016. The followup survey revealed that all deficiencies were not corrected, therefore a new plan of correction is required.	{C 000}		
{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: 2. Based on observation the storage of oxygen bottles was not maintained in a manner that keeps the facility free from hazards. Followup Findings on April 6, 2016: a) In room 605 there is an oxygen cylinder that is not secured in an approved holder. b) In room 106 there are 3 large and 1 small oxygen cylinders that are not secured in an approved holder 3. Based on observation the facility's locking system is not being maintained in a manner to keep the facility free from hazards. Followup Findings on April 6, 2016: a. Adjacent to Salon and Room 102 - The exit door configured with delayed egress adjacent to the salon would not re-lock after it was tested for	{C 166}	✓ COMPLETE	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kristie Moore, ED — TITLE: Executive Director — (X6) DATE: 4/25/16

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	HAL026012	A. BUILDING: 01 B. WING	R 04/06/2016

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(C 166)	Continued From page 1 emergency release. New Citation from 4-6-16 followup survey: b. The service corridor Exit door is configured with special locking. Staff did not have a key for the keyed over ride switch to the left of the door.	(C 166)	WILL PUT SIGN ON DOOR	
(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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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. Followup Findings on April 6, 2016: c. Kitchen Service Hall - Wall mounted emergency light #5 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	(C 189)	✓ COMPLETED ✓ COMPLETED	

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(C 189)	Continued From page 2 evidenced by doors that do not completely close and latch. Followup Findings on April 6, 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. c. 300 Hall, Room 301 - There is no locking hardware set installed on the door.	(C 189)		