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 |
|---|---|---|---|
| | HAL076034 | A. BUILDING: 01<br>B. WING _____ | R<br>06/23/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKSTONE HAVEN | 501 POINTE SOUTH DRIVE<br>RANDLEMAN, NC 27317 |

| (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<br><br>Report of a Follow-Up Construction Survey by Ed Miller on June 23, 2016.<br><br>The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. | {C 000} | | |
| {C 189} | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<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>6-Based on observation, the facility has not maintained the door hardware in heavy use passage ways. This could eventually harm residents, guests and staff.<br><br>Findings on 06/23/2016:<br>The smoke-barrierdoors leading into "C" Hall have attached panic door hardware with no end caps on the actuation bars that expose sharp edges.<br><br>8-Based on observation, the facility has not maintained the sprinkler system replacement requirements.<br><br>Findings on 06/23/2016: | {C 189} | Door Hardware was ordered and will been on first week in august will be installed<br><br>Sprinkler heads have been ordered and will be in place | 8/10/16<br><br>7/20/16 |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Director of Maintenance 7/26/16

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|---|---|---|---|---|
| {C 189} | Continued From page 1<br>There are not any spare sprinkler heads for each type installed in the facility per NFPA 25. | {C 189} | | |
| {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>2-Based on observation, the facility has not maintained and serviced the mechanical ventilation in rooms and/or closets.<br><br>Findings on 04/20/2016:<br>The mechanical ventilation is not functional located at the following locations:<br>(a) "A" Hall Laundry | {C 199}<br><br>A | Fan was replaced | 6/24/16 |