

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL041030</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>11/22/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE HIGH POINT</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>201 WEST HARTLEY DRIVE<br/>HIGH POINT, NC 27265</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                         | Initial Comments<br><br>Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on November 22, 2016.<br><br>The following deficiencies cited during the previous Construction Section Biennial Survey, have not been satisfactorily corrected and will require a new Plan of Correction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | {C 000}                                                                                         |                                                                                                                          |                                                                    |
| {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 keep walls, ceilings, floors or floor coverings and furniture clean and in good repair.<br>Findings on September 7, 2016:<br>b. Women Public Restroom - the textured ceiling around the sprinkler head was falling off the ceiling.<br>c. Bedroom 44 - the carpet was stained. | {C 164}                                                                                         |                                                                                                                          |                                                                    |
| {C 166}                                                         | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {C 166}                                                                                         |                                                                                                                          |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| {C 166}                                                         | Continued From page 1<br><br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<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 maintain the building in an uncluttered, clean and orderly manner.<br>Findings on September 7, 2016:<br>a. Beauty Shop - the HVAC grille with their radiation damper have an excessive accumulation of dust/lint.<br>b. Laundry - the HVAC grille with their radiation damper have an excessive accumulation of dust/lint.                                                                                                                         | {C 166}                                                                                         |                                                                                                                          |                                                                    |
| {C 189}                                                         | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>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>1. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. | {C 189}                                                                                         |                                                                                                                          |                                                                    |

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| {C 189}                                                         | Continued From page 2<br><br>Findings on September 7, 2016:<br>a. Cross-Corridor Doors near Bedroom 30 - the exit sign did not work on backup power when tested. Exit signs must work on backup power to provide directions during power outages.<br>b. Library Exit Door near Bedroom 55 - the exit sign did not work on backup power when tested. Exit signs must work on backup power to provide directions during power outages.<br><br>2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin<br>Findings on September 7, 2016:<br>b. Sales Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.<br>d. Med Room - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.<br>e. Middle Attic Furnace Room - there was a hole through the fire-resistance-rated ceiling assembly near AHU #2.<br>f. Middle Attic Furnace Room- there was a hole in the fire-resistance-rated wall assembly near the door.<br><br>3. 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 documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.<br>Findings on September 7, 2016:<br>a. Kitchen -Since the semi-annual maintenance | {C 189}                                                                                         |                                                                                                                          |                                                                    |

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| {C 189}                                                         | Continued From page 3<br><br>of the commercial kitchen hood's fire<br>extinguishing system, there has been no record<br>keeping of the monthly inspections.<br><br>4. Based on observation, the Building was not<br>maintained in a safe and operating condition,<br>because the corridor doors did not resist the<br>passage of smoke due to the doors not<br>positively/automatically latching into their frame<br>under normal closing force. This could affect all<br>residents, staff and visitors if the doors were not<br>latched and did not contain smoke/fire in the<br>room of origin.<br>Findings on September 7, 2016:<br>a. Bedroom 32 - the corridor door was missing<br>its latch bolt and could not latch into its frame. | {C 189}                                                                                         |                                                                                                                          |                                                                    |