

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE BURLINGTON AL (NC)		STREET ADDRESS, CITY, STATE, ZIP CODE 3615 SOUTH MEBANE STREET BURLINGTON, NC 27215		
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C 000	Initial Comments Report of a Construction Survey by Ed Miller on September 29, 2016. Records indicate that this facility was first licensed or submitted on October 27, 1997 as a Home for the Aged. The facility is currently licensed for 84 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 North Carolina State Building Code(s), Group I Occupancy and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited during the Survey and further action is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules 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		

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

Sawia King

TITLE

Executive Director

(X8) DATE

11/14/16

STATE FORM

6899

MC9G21

If continuation sheet 1 of 10

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C 101	Continued From page 1 This Rule is not met as evidenced by: 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. Findings on September 29, 2016: a. Front Door - the door has delayed egress locking, which requires a readily visible sign on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". b. Kitchen Exterior Door - the door has delayed egress locking, which requires a readily visible sign on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". c. Exit Door near Bedroom 31 - the door has delayed egress locking, which requires a readily visible sign near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS", half of the sign was missing. 2. Based on observation, the Building did not meet the Building Code requirements for delayed egress locks on exit doors. This could affect all residents, staff and visitors by potentially delaying or even stopping exiting in an emergency. Findings on September 29, 2016: a. West Wing Living Room - the pair of exterior exit doors did not initiate the irreversible process to unlock within 15 seconds, when the release device was depressed. b. Dining Room - the pair of exterior exit doors	C 101		

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C 101	Continued From page 2 both had delayed egress signs mounted on their individual leafs. The left leaf of this pair is an inactive leaf that would require the active leaf to open first and the inactive leaf's flush bolt released before you could push on the door to initiate the irreversible process to unlock the door in 15 seconds. Remove the delayed egress sign on the inactive leaf. c. West Wing Living Room - the pair of exterior exit doors both had delayed egress signs mounted on their individual leafs. The left leaf of this pair is an inactive leaf that would require the active leaf to open first and the inactive leaf's flush bolt released before you could push on the door to initiate the irreversible process to unlock the door in 15 seconds. Remove the delayed egress sign on the inactive leaf.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on September 29, 2016: a. Bedroom 31 Bathroom - the commode had a	C 133		

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C 133	Continued From page 3 loose hand grip (grab bar).	C 133		
C 164	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 Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on September 29, 2016: a. Bedroom 31 Bathroom - the wall base near the shower was coming off the wall.	C 164		
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: 1. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts.	C 166		

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C 166	Continued From page 4 This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on September 29, 2016: a. Bedroom 44, Bathroom - the connection of the commode to the floor was loose. b. East Wing Spa - the connection of the commode to the floor was loose. 2. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on September 29, 2016: a. Entire Building - the HVAC return and ventilation grilles throughout the Facility with their radiation dampers have an excessive accumulation of dust/lint.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (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. (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. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on September 29, 2016: a. West Wing Mech Room - the portable fire	C 183		

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C 183	Continued From page 5 extinguisher was sitting on the floor, not mounted as required by NFPA 10.	C 183		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault protection to these devices. Findings on September 29, 2016: a. Exterior near Kitchen Door- the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester.	C 188		
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 (e) which shall not apply to existing facilities.	C 189		

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C 189	Continued From page 6 This Rule is not met as evidenced by: 2. 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. Findings on September 29, 2016: a. Exit near Bedroom 50 - the exit sign above this exit had both chevrons graphics removed indicating that you should turn left or right but the way out was straight. b. Exit near Bedroom 43- the exit sign did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages. c. Corridor near Bedroom 50 - the ceiling-mounted remote headlight on the emergency lighting system did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages. 3. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on September 29, 2016: a. Kitchen - the Kitchen to Dining Room door was blocked open with a cart, preventing the rapid release of the door with a push or pull of the door, to close and latch b. Kitchen - the Kitchen to Dining Room - the door did not latch into its frame when closed. c. Therapy - the corridor door had a wedge holding the door open, preventing the rapid release of the door with a push or pull of the door, to close and latch d. Laundry - the corridor door had only a dead	C 189		

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C 189	Continued From page 7 bolt lock and could not automatically latch into its frame as required. e. Laundry - the corridor door was missing its strike plate. f. Bedroom 20 - the corridor door did not latch into its frame. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on September 29, 2016: a. East Wing Living Room - the active leaf of the double corridor doors did not positively latch into the inactive leaf. b. Dining Room - the active leaf of the double corridor doors did not positively latch into the inactive leaf. 5. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on September 6, 2016: a. Sales Office - the corridor door had two 1/4-inch holes through it where the replacement hardware did not cover the installation holes of the previous hardware. b. Bedroom 40 - the corridor door had two 1/4-inch holes through it where the replacement hardware did not cover the installation holes of the previous hardware. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and	C 189		

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C 189	Continued From page 8 operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on September 29, 2016: a. Bedroom 31 Bathroom- the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. b. Bedroom 31 Closet - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated ceiling, allowing the spread of fire and smoke. 7. Based on observation, the electrical system was not being maintained safe. Findings on September 29, 2016: a. Activity Office - an extension cord was being used to power office equipment. 8. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on September 29, 2016: a. Bedroom 13 - a portable medical oxygen cylinders were stored standing up in not secured to the structure.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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	C 199		

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C 199	Continued From page 9 requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on September 29, 2016: a. Mech Room with Clinical Sink - the exhaust ventilation system did not work.	C 199		