Division of Health Service Regulation

PRINTED: 03/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051024	A. BUILDING: 01 B. WING	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SMITHFIELD	830 BERKSHIRE ROAD SMITHFIELD, NC 27577

(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 Construction Section Biennial Survey by Billy S. Bryant and Ed Miller conducted on 02/16/2017. Records indicate this facility was first licensed on 11/20/1997. The facility is currently licensed for 74 Beds including a 24 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1998 (1007 Rev) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000	This Plan of Correction is not to be construed as an admission of our agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigation factors.	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on review of documentation the facility failed to have current (within the calendar year) required inspection reports maintained on site for review by the surveyor. Finding on 02/16/2017: a. The facility did not have a current fire sprinkler inspection report showing the fire sprinkler systems were completely functional and free from defects.	C 111	10A NCAC 13F .0302 Design and Construction 1A. The fire sprinkler system will be inspected upon final completion of repairs being made to total system. Sprinkler system was temporarily repaired and inspected by Fire Marshal to be in compliance and be taken off fire watch. Once final repairs are completed, the sprinkler system will be inspected and records maintained in the community and available for surveyor to review. 2. The system will be inspected annually as required.	4/30/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Andrew Wheeler III TITLE: Executive Director (X6) DATE: 3/17/17

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C 164	Continued From page 1	C 164		
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 ceilings were not kept in a clean condition as evidenced by dirty and dusty HVAC grilles and registers. Finding on 02/16/2017: a. Out of the first 10 exhaust and return air grilles examined 8 were completely clogged with dust thus indicating that throughout the facility there is a pattern of the grilles being clogged with dust.	C 164	10A NCAC 13F .0306 Housekeeping and furnishings 1. All HVAC grills and registers have been cleaned. A cleaning schedule has been put in place for monthly inspection and cleaning. The Executive Director (ED) will visually inspect and ensure the cleaning schedule is being followed.	3/16/2017
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 there is a failure to maintain the facility free from hazards.	C 166		

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C 166	Continued From page 2 Emergency means of egress/pathways must be kept clear of obstructions and encroachments and not used for storage. In the event of an emergency requiring evacuation from the facility, obstructing or encroaching on the means of egress/pathways could effect occupants of the facility by delaying evacuation. Finding on 02/16/2017: a. Memory Care, Exit Adjacent to Room #412 - There are items stored in the exit path of the vestibule from the designated exit door to exterior of the building. 2. Based on observation the facility is not maintained free from hazards. The building code designated required clearance of 36 inches for electrical equipment must not be encroached upon. Obstructing access to electrical equipment could delay timely operation in an emergency situation. Findings on 02/16/2017: a. Kitchen Mechanical Room - Access to the electrical panels is obstructed by items stored in front of the panels. b. Activity Office - Access to the electrical panels is obstructed by items stored in front of the panels.	C 166	10A NCAC 13F .0306 Housekeeping and furnishings (Hazards) 1A. All items were cleared out of vestibule in memory care. Director of maintenance and ED will check weekly to ensure no items are being stored in these areas of exit pathways. 2A. All stored items were cleared and removed from obstructing access to electrical panels in main Mechanical Room. 2B. All stored items were cleared and removed from obstructing access to electrical panels in Activity Room. The Director of Maintenance and ED will monitor weekly these areas and ensure they are kept in compliance.	2/20/2017 2/17/2017 2/17/2017
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	C 189		

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C 189	Continued From page 3 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. This Rule is not met as evidenced by: 1. Based on observation and documentation of the fire sprinkler inspection report the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect all occupants of the facility if the equipment is not capable of operating so as to provide its required fire safety function and purpose in the event of a fire in the facility. Findings on 02/16/2017. a. Kitchen Mechanical Room - The entire "dry" fire sprinkler system serving the attic and exterior portions of the facility was completely disabled and therefore would not provide fire suppression in the event of a fire. Examination of the fire sprinkler riser showed the water supply gauge indicated "0" P.S.I. of water pressure. The air supply pressure gauge indicated "0" P.S.I. of air pressure in the system. The control valve allowing water to enter the inlet side of the clapper valve was in the closed position. Examination a report from an annual inspection conducted on 10/29/2016 by a licensed fire sprinkler system contractor showed leaks were discovered in the dry system. Another inspection report by the the same licensed contractor conducted on 02/07/2017 stated the dry fire sprinkler system was not in operation upon their arrival. DHSR surveyors also noted the facility's FACP did not show any "troubles" or "supervisory alarms" on its display and the FACP's status read	C 189	10A NCAC 13F .0311 Physical Plant – Other Requirements 1A. Tyco Simplex Grinnel Sprinkler Company came to facility on 2/17/2017 and repaired system (dry system) to get it into operational status. The Fire Marshal was called and inspected the system and cleared it as operational and took facility off of fire watch status. Required inspections will be conducted to ensure system is totally functional and kept in full operational order as required. Director of Maintenance and ED will ensure these inspections will be conducted as scheduled.	

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C 189	Continued From page 4 "normal". During interviews with the facility maintance person and the business officer, both stated that there was no fire watch in progress. Also both stated that the provider had not been able to obtain a date from the fire sprinkler contractor to return and repair the system. The local Fire Marshall was notified and he contacted the responding fire station's captain who visited the facility while the DHSR surveyors were on site. The fire department captain approved fire watch procedures for the facility. b. Physical Therapy Room Exterior Porch - One of the two required "dry" fire system sprinkler heads had been removed and replaced with a quarter turn valve. 2. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Findings on 02/16/2017: a. Laundry - There is an approximately 4"x 6" hole in the gypsum board fire resistant rated ceiling. b. Kitchen Mechanical Room - There is a gap at the joint in the fire resistant rated ceiling where the gypsum board joint tape and finish compound has failed. c. Kitchen Mechanical Room - Repair of the ceiling leak is not complete. There are gaps in the	C 189	1B. Dry sprinkler system head on exterior porch outside physical therapy room replaced. 2A. Laundry Room penetration: Gypsum board was replaced and repaired the 4x6 penetration to meet this rule. 2B. Main Mechanical Room penetration: Gaps have been repaired with fire rated compound and re-taped. 2C. Main Mechanical Room joints in ceiling were repaired, taped and finished.	4/21/2017 2/24/2017 2/22/2017 2/22/2017

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C 189	Continued From page 5 joints in the fire resistant rated ceiling where the gypsum board joint have not been taped and finished. d. Salon - The sprinkler head escutcheon is missing thus leaving a hole in the fire resistant rated ceiling where it is penetrated by the piping for the fire sprinkler head. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the facility could be effected if doors required to be smoke resistant do not latch and remain closed as required to help limit the spread of smoke or fire to the area of origin. Findings on 02/16/2017: a. Laundry Rooms - The door frame strike plates were taped over so the doors would not latch to remain closed when shut. Note: Tape was removed while surveyor was on site. b. Memory Care, Room #409 - The hardware for the resident room door to the corridor is broken and the door will not latch to remain closed when shut. 4. Based on observation electrical emergency/safety related equipment is not being maintained in safe operating condition. Failure to maintain electrical emergency safety equipment in safe and operable condition could effect occupants of the facility if the equipment did not function when and as required. Finding on 02/16/2017: a. Memory Care Entry/Exit door - The wall mounted directional exit sign is not illuminated on	C 189	2D. Salon – Escutcheon was replaced and hole around pipe effectively covered to meet standard. 3A. Laundry Rooms – Tape covering strike plates was removed and latches properly. 3B. Memory Care Room 409 – Latch mechanism was replaced on this door to allow to close and latch. 4A. Memory Care entry/exit door light was replaced and operating properly.	2/20/2017 2/16/2017 2/20/2017 2/21/2017

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C 189	Continued From page 6 house current or on battery back up. 5. Med Room - Based on observation the facility did not maintained electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Finding on 02/16/2017: a. The wall mounted emergency light did not operate when tested on battery power.	C 189	5A. Med Room emergency light was replaced and operating properly. Maintenance Director test lights on scheduled basis and will replace when found not operating properly.	2/21/2017
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 there were electrical portable heaters in the facility. Findings on 02/16/2017: a. There was an portable electrical combination fan and heater in the reception area. Note the heater was removed while the surveyor was on site.	C 191	10A NCAC 13F .0311 1A. Portable electrical heater in reception area was removed during site survey.	2/16/2017

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C 181	Continued From page 7 b. Room #304 - There was an portable electrical heater in the resident's room.	C 191	1B. Portable electrical heater in Room 304 was removed by resident's family.	2/17/2017
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 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 there is an absence of exhaust ventilation in spaces required to have exhaust ventilation. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, fumes or possible air borne contaminates from areas or rooms required to have exhaust ventilation. Finding on 02/162/2017: a. Memory Care - There is no exhaust fan installed in the laundry room to exhaust air to the exterior of the building envelope.	C 199	Maintenance director, housekeeper and ED will monitor all areas of the facility to ensure this rule stays in compliance. 10A NCAC 13F .0311 1A. Exhaust Fan in memory care will be installed in laundry room.	4/30/2017

SMITHFIELD FIRE DEPARTMENT
FIRE INSPECTION REPORT

Date of Inspection: Wed Mar 22, 2017 **Start Time:** 14:00 **Finish Time:** 14:30

Occupancy Name: Brookdale of Smithfield
Address: 830 BERKSHIRE RD **Suite/Apt #:**
City/State/Zip: Smithfield, NC 27577

Inspection Type: INSPECTION - FOLLOW-UP

Occupancy Type: I2 Institutional - Medical, Surgical, Nursing Care
Detector Type: 1 Present
AES Type: 1 Present

THE FOLLOWING ITEMS ARE IN VIOLATION OF THE N.C. STATE FIRE PREVENTION CODE. YOU ARE REQUIRED TO CORRECT ALL ITEMS NOTED BELOW:

Code	Correction to be Made
****	NOTES 3/21/17 RB

Follow up to Fire Alarm call ~~2/21/17~~. Sprinkler Dry system activated alarm due to Power frailer. Simplex Grin dell service can and re-set the Dry system. Fire Alarm is active at this time.

Talked with Austin - He did return on 2/17/17 after the System had been re-set and released the Fire watch.

THIS IS A REPORT OF CONDITIONS FOUND DURING THE FIRE PREVENTION INSPECTION AS REQUIRED BY G.S. 160A-411. FAILURE TO COMPLY WITH THE FOREGOING ORDER BEFORE THE DATE OF SUCH REINSPECTION MAY RENDER YOU LIABLE TO THE PENALTIES PROVIDED BY LAW FOR SUCH VIOLATIONS.

R. B. Jones

Jones, R. B.
Fire Code Official

X

Occupant/Owner

Date of Next Reinspection: —