

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE PEACHTREE AL		STREET ADDRESS, CITY, STATE, ZIP CODE 2806 PEACHTREE ROAD STATESVILLE, NC 28625		
(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 Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 5-3-2017. Records indicate this facility was first licensed on 12-16-1996, Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I Unrestrained Occupancy. Facility is licensed for 87 residents.	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; This Rule is not met as evidenced by: Based on observation, some of the Delayed Egress exits failed to comply with the NC State	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 Building Code that requires the doors begin the exit process when a force of not more than 15 pounds is applied. Finding includes: The Delayed Egress at the exit near room 51 would not initiate and open even after a force of 100 pounds was applied. Note: This deficiency was corrected during the survey.	C 101		
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: Based on observation, the facility failed to be maintained clean and in good repair. Finding includes: There was a significant growth of black mold growing on the ceiling around the AC register in the Therapy room.	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;	C 166		

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C 166	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. 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 include: Two portable medical oxygen cylinders were stored in no container in room #10. 2. Based on observation, the deep fat fryer had been moved partially from being under the range hood and completely from under the range hood fire suppression spray nozzle. When cooking equipment is moved to an improper location, the range hood and fire suppression system cannot protect the facility. 3. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. 4. Based on observation, a multi outlet plug adapter was in use in room 10. Multi outlet plug adapters are prohibited.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan	C 185		

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C 185	Continued From page 3 quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. 2. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 3rd quarter of this year, there was no rehearsal done during the 3rd shift.	C 185		
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)	C 189		

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C 189	Continued From page 4 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings include: a. The exit sign at the front door did not work on battery when tested. b. The exit sign in the dining room did not work on battery when tested. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed penetration in the ceiling of the Sales and Marketing office, b. Unsealed penetration in the ceiling of the Riser room, c. Unsealed penetration in the ceiling of the Activity room, d. Hole in the ceiling of the med room, e. Holes (several) in the ceiling of the kitchen near the fire suppression system, f. Hole, 6 inch by 15 inch, in the wall of the janitor's closet, g. Hole in the ceiling of the maintenance office, h. Radiation damper very dirty in the exhaust register in the laundry. Dirty radiation dampers may fail to close in a fire. i. Sprinkler escutcheons missing or not tightly fitted to the ceiling near the front door, in the	C 189		

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C 189	Continued From page 5 dining room, in the closet in room 22 and in the library (2). 3. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. There were mechanical "kick-downs" on the double doors to the Therapy room. b. The door from the kitchen to the dining room would not automatically latch when closed by the fire alarm system. c. The door to bedroom 24 would not latch when closed. d. The double doors to the Library would not latch when closed. e. The door to bedroom 15 does not fit the opening properly to be resistant to the passage of smoke.	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 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	C 199		

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C 199	Continued From page 6 (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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Non-functioning exhaust includes; a. Bathroom off room 1, b. Bathroom off room 10, c. Bathroom off room 11, d. Bathroom off room 22, e. Bathroom off room 33, f. Women's bathroom near room 24, g. Janitor's closet near room 17, h. Housekeeping closet near room 3.	C 199		