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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
	HAL041033	A. BUILDING: 01 B. WING	04/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1864 SKEET CLUB ROAD HIGH POINT, NC 27265

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C 000	Initial Comments Report of a Biennial Construction Survey by Suzanna Fay and Ed Miller conducted on April 27, 2017. Records indicate this facility was first licensed on March 17, 1998. The facility is currently licensed as a 65 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 1986 Edition of the North Carolina Building Code, Institutional Occupancy, and the 1986 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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:	C 101		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Executive Director (X6) DATE 06/07/17

STATE FORM 6899 885J21 If continuation sheet 1 of 12

Maintenance Tech 6/7/17

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C 101	Continued From page 1 1. Based on observations, the special locking did not meet the requirements of the code requirements at the time of licensure. Findings on April 27, 2017: a. The key override for the exit doors and the back gate are momentary switches. The switch has be in the locked position to remove the key. The doors and gate lock back when the key is removed which could trap Residents in the facility if the door hardware fails to operate during an emergency. b. The kitchen exit did not release when the fire alarm was activated. 2. Based on interview with Staff, four of four interviewed were not prepared for exiting in an emergency as required by licensure and code. Findings on April 27, 2017: a. Two of four Staff had keys for the override switch but did not know that the keys were for. b. Two of the four Staff knew what the keys were for, but neither of these had their keys in their possession at the time of the interview.	C 101	* first phone call to Ed + Suzanna concerning front entry key pads and key pad on kitchen staff does have keys requested	5/19 6/2
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. Review of records revealed that the facility did not have current sanitation and fire safety	C 111		

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C 111	Continued From page 2 Inspection reports. Findings on April 27, 2017: a. Records indicate that the last Kitchen Sanitation inspection was April 8, 2016. b. Records indicate that the last Fire Inspection was conducted on September 11, 2015. c. Records indicate that the last Fire Sprinkler System inspection was conducted on January 26, 2016.	C 111		
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. Observations revealed that the ceiling was not maintained in good repair. Findings on April 27, 2017: a. Mechanical Room 3 - there was a small hole, approximately 1/4" wide by 1" long at the sprinkler head which compromises the one hour ceiling assembly. b. The finish on the corridor ceiling outside of Room 07 is spalling. c. The sprinkler head in the corridor outside of Room 14 has dropped leaving a 1/2" gap between the head and the fire rated corridor ceiling.	C 164	Complete Repaired by	6/2 6/5

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C 164	Continued From page 3 d. Residential Laundry 1 - black mildew spots were on the ceiling at the supply vent. e. The finish on the corridor ceiling was spalling outside the Program Coordinator's office by the cross corridor doors. f. Mechanical Room (back hall) - there are open penetrations in the one hour ceiling assembly that are not fire caulked. g. In the corridor outside of Mechanical Room 2, the sprinkler head has dropped, leaving a 1/2" gap between the head and the fire rated corridor ceiling. h. Staff Lounge - there is a small hole where the cable wire penetrates the rated ceiling assembly. i. Staff Lounge - there is a large brown water stain running along the wall by the mechanical room. Some patching has been attempted but the sheetrock tape is pulling loose from the ceiling. j. Mechanical Room D - the conduit for the fire alarm panel is not fire caulked where it penetrates the rated ceiling assembly. k. Pantry - there is a stain from an old leak at the corridor wall and the finish is popping off around the stain. l. Pantry - there is a 3/4 PVC pipe in the corner that penetrates the rated ceiling assembly. m. Room 37 - There is a leak around the sprinkler head in the left closet. The ceiling is stained and the finish is flaking off. n. Business Office Coordinator's office - there is a small 3/4" hole in the ceiling at the front corner of the office which compromises the rated ceiling assembly. o. Corridor outside of Executive Director's office - 2 nail pops were observed in the ceiling by the attic access hatch. 2. Observations revealed that the walls were not kept in good repair.	C 164	Cleaned 5/26 Repaired 6/5 MKP filled in holes completed the repairs that was needed completed the repairs that was needed completed the repairs completed the repairs that was needed	5/26 5/24 5/24 6/4 5/26 6/2

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C 164	Continued From page 4 Findings on April 27, 2017: a. Room 37 - a large hole approximately 24" wide by 6" deep had been cut into the bathroom wall over the door. Interview with Staff revealed that the hole had been cut to look for the leak in the closet.	C 164	Complete	6/5
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. This Rule is not met as evidenced by: 1. Based on observation, the cross corridor doors were not maintained in a safe and operating condition. Findings on April 27, 2017: a. The back leaf of the cross corridor doors left of the main entrance was dragging at the header and did not latch. b. The front leaf of the cross corridor doors outside of Room 118 had a 3/4" gap at the top edge when closed. 2. Based on observation, one of the Resident room doors was not maintained in good condition. Findings on April 27, 2017:	C 189	Complete	5/24

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C 189	Continued From page 5 a. Room 01 - There were two small 1/4" diameter holes in the door above and below the door knob. 3. Based on observation, the mechanical exhaust system was not maintained in operating condition. Findings on April 27, 2017: a. Four of four Resident bathrooms tested using a thin plastic sheet revealed that the mechanical exhaust system was not working. b. In the right housekeeping closet near the sunroom, the mechanical exhaust fan was not working based on testing with a thin plastic sheet. c. In the left housekeeping closet near the sunroom, the exhaust fan had a heavy accumulation of dust and the cover was missing. 4. Based on observation, three toilet fixtures were not maintained in a safe and operating condition. Findings on April 27, 2017: a. Room 02 - the tank on the Resident toilet fixture was loose and leaning against the wall. b. Spa 3 - the tank on the toilet fixture was loose. c. Room 31 - the toilet seat was damaged at the hinges and the seat was very loose. 5. Based on observation, equipment was not maintained in a safe condition. Findings on April 27, 2017: a. Room 06 - an unsecured oxygen tank was observed sitting on the floor in the first closet. b. Storage Room (outside of Room 20) - the helium tank was observed sitting unsecured on the floor of the room. c. Mechanical Room (back hall) - the fire extinguisher for this area was sitting on the floor.	C 189	complete Parts was order due to wrong parts ~~ordered~~ purchased 5/26 complete helium tank is secured fire extinguisher removed	5/28 6/7 6/5 5/28 5/26

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C 189	Continued From page 6 8. Based on observation, the air supply vents were not maintained in operating condition. Findings on April 27, 2017: a. Approximately 50 percent of the supply vents had dust accumulating in the grilles and spread out on the ceiling around the vents. 7. Based on observation, the exit doors were not maintained in a safe and operating condition. Findings on April 27, 2017: a. The exit door by Room 11 did not latch on its on when released. 8. Observations revealed that two electrical outlets were not maintained in operating condition. Findings on April 27, 2017: a. Room 18 - the GFCI outlet in the bathroom did not trip when tested. b. Laundry Room (back corridor) - the outlet behind the washer is crushed at the lower receptacle. 9. Observations revealed that one emergency light was not maintained in operating condition. Findings on April 27, 2017: a. The emergency light in the Program Coordinators Office (future med room) was not working. 10. Observations revealed that the exterior facade was not maintained in good condition. Findings on April 27, 2017: a. Outside the sunroom, a portion of the exterior	C 189	repaired door Complete complete lights working complete	5/24 5/30 5/28 5/28

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C 189	Continued From page 7 aluminum soffit had fallen off where the roof lines intersect. b. Outside the sunroom, a panel covering the exterior sheathing had fallen off where the roof lines intersect. 11. Observations revealed that the fire safety equipment was not maintained in a safe and operating condition. Findings on April 27, 2017: a. In the office adjacent to the sunroom, a pillow was stored on the top shelf and did not allow the 18" minimum clearance below the sprinkler head. The pillow was removed on site. No further action is required. 12. Observations revealed that the building was not maintained in a safe manner. Findings on April 27, 2017: a. A door wedge was found in the office adjacent to the sunroom. b. A door wedge was being used in the Health and Wellness Director's office door. c. Spa 2 - a small screw was in the inside face of the door which could cause an injury. d. There were small nails for hanging items in the door faces of the Business Office Coordinator's office and on the Executive Director's office. e. Room 37 - a towel bar was removed from the back of the bathroom door, but the brackets remain. The brackets have hard metal edges that could cause injury. f. There is a clean out in the floor outside of Room 34. The clean out does not have a beveled cover and the edges of the clean out are raised about 1/4" and the carpet around the clean out is frayed creating a possible tripping hazard.	C 189	Wedge removed complete removed bar brackets Complete	5/23 6/6 6/6 5/24

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C 189	Continued From page 8 13. Based on observation, the laundry room equipment was not maintained in a safe and operating condition. Findings on April 27, 2017: a. Laundry Room (back corridor) - there was an accumulation of lint behind the dryer and there were several pieces of clothing or linens that had fallen behind the dryer. b. Laundry Room 3 - the dryer duct is crushed. 14. Based on observation, one of the spa tubs was not maintained in operating condition. Findings on April 27, 2017: a. Spa 2 - the spray nozzle had been removed from the tub fixture. Interview with Staff revealed that the tub was not in use. 15. Based on observation, one light fixture was not maintained in operating condition. Findings on April 27, 2017: a. Staff Lounge - the lens cover on the front light was damaged and was being held in place with tape. 16. Based on observation, the ice machine in the kitchen was not maintained in a safe and operating condition. Findings on April 27, 2017: a. The drain line was dripping directly into the drain and did not have a minimum 1 1/2" vacuum break. 17. Review of records revealed that the kitchen hood was not maintained in a safe and operating condition.	C 189	Complete Complete Complete Complete Complete Complete	6/6 6/6 5/28 6/7 6/2 6/8

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C 189	Continued From page 9 Findings on April 27, 2017: a. Monthly maintenance checks were not completed and documented by the kitchen or maintenance staff. 18. Observations revealed that the laminate was not maintained in good condition in the beverage kitchen. Findings on April 27, 2017: a. The laminate behind the sink was buckled and cracked. Small black mildew stains were observed at the seams.	C 189	had to reorder a different counter top due to know match with the one that was going to be installed	6/7
C 124	Bathrooms-Hand Grips IV. The Building C. Physical Environment (10 NCAC 42D .1503) 5. The requirements for bathrooms and toilet rooms are: f. Hand grips must be installed at all commodes, tubs and showers used by or accessible to residents. This Rule is not met as evidenced by: 1. Observations revealed that one tub did not have hand grips installed. Findings on April 27, 2017: a. The tub in Spa 2 did not have approved hand grips installed. A suction cup type grab bar was sitting on the side of the tub, unsecured.	C 124	installed hand grips	5/25
C 147	Corridors-Free Of Equipment & Obstructions IV. The Building C. Physical Environment (10 NCAC 42D .1503) 7. The requirements for corridors are:	C 147		

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C 147	Continued From page 10 d. Corridors must be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not maintained free of equipment and other obstructions. Findings on April 27, 2017: a. In the corridor outside of Room 23, a 36" round table and four chairs were obstructing the corridor. Interview with Staff revealed that they had been moved into the corridor during a performance in the living room. The table was moved back during the survey. The chairs were occupied by Residents and could not be moved.	C 147	Complete all was removed.	4/28
C 157	Outside Premises-Clean, Safe IV. The Building C. Physical Environment (10 NCAC 42D .1503) 13. The requirements for outside premises are: a. The outside grounds must be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on April 27, 2017: a. Three of the four walkway lights outside the main entry were damaged and had fallen over in the mulch.	C 157	Remove lights will replace with new model	6/5
C 169	Building Service Equipment-Ventilation IV. The Building D. Building Service Equipment (10 NCAC 42D	C 169		

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C 169	Continued From page 11 .1605) 7. Ventilation The spaces listed below must 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 adequate natural ventilation in these specified spaces. a. soiled linen storage; b. soil utility room; c. bathrooms and toilet rooms; d. housekeeping closet; and e. laundry area. This Rule is not met as evidenced by: 1. Observations revealed that required ventilation was not provided in one space. Findings on April 27, 2017: a. Mechanical Room/Housekeeping 4 - did not have mechanical exhaust. The room contained a mop sink and had bleach and other cleaning supplies stored in the room.	C 169	Removed Housekeeping supplies	4/28