

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>HAL049019</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/02/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE EAST BROAD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2441 EAST BROAD STREET<br/>STATESVILLE, NC 28677</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 Construction Section Biennial Survey<br>by Dennis Harrell on 8-2-2017.<br><br>Records indicate this Facility was first licensed on<br>5-21-1990, for 40 resident beds and an additional<br>18 beds on 1-13-1992, increasing the total to 58<br>beds. Based on this information, the facility is<br>required to meet the 1987 Minimum and Desired<br>Standards and Regulations for the Licensing of<br>Adult Care Homes, applicable portions of the<br>2005 Licensing of Adult Care Homes of Seven or<br>More Beds, and the 1978 North Carolina State<br>Building Codes (Rev 9 and 10), Section 409.1(c)-<br>Institutional (I) Occupancy- Unrestrained. | C 000                                                                                            |                                                                                                                          |                                                        |
| C 133                                                           | Bathrooms-Hand Grips<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL<br>ENVIRONMENT<br>(e) The requirements for bathrooms and toilet<br>rooms are:<br>(6) Hand grips shall be installed at all<br>commodes, tubs and showers used by or<br>accessible to residents;<br><br>This Rule is not met as evidenced by:<br>Based on observation, there was no hand grip<br>provided at the tub in the spa.                                                                                                                                                                                                                                                                 | C 133                                                                                            |                                                                                                                          |                                                        |
| C 150                                                           | Corridors-Free of equipment and Obstructions<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL<br>ENVIRONMENT<br>(g) The requirements for corridors are:<br>(4) Corridors shall be free of all equipment and<br>other obstructions.                                                                                                                                                                                                                                                                                                                                                                                                                                   | C 150                                                                                            |                                                                                                                          |                                                        |

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 150                                                           | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on observation, the corridor was not<br>maintained free of obstructions.<br>Findings include:<br>a. There were 4 chairs and 3 boxes stored in the<br>service hall corridor to the exit reducing the clear<br>width to less than 3 feet.<br>b. The electrical cord to a fan was stretched<br>across the service hall creating a trip hazard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C 150                                                                                            |                                                                                                                          |                                                        |
| C 166                                                           | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and<br>orderly manner, free of all obstructions and<br>hazards;<br>(e) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the hose on the shower<br>wand in bedroom 20 was long enough to reach<br>the shower basin and there was no vacuum<br>breaker provided. Hoses on water fixtures that<br>are long enough to reach the flood rim of the<br>fixture present the possibility of siphoning<br>contaminated water into the water system unless<br>a vacuum breaker is installed.<br><br>2. Based on observation, fungus had been<br>allowed to grow from the ice machine drain line to<br>direct contact with the floor drain. Ice machine<br>drain lines that directly contact the floor or floor<br>drain could cause the ice to become<br>contaminated. | C 166                                                                                            |                                                                                                                          |                                                        |

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| C 166                                                           | Continued From page 2<br><br>3. Based on observation, a floor squeegee had been left in the exit path just outside the exit near the kitchen. The obstruction was a significant trip hazard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C 166                                                                                            |                                                                                                                          |                                                        |
| C 185                                                           | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR<br>EVACUATION<br>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.<br>(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.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. | C 185                                                                                            |                                                                                                                          |                                                        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C 189                                                                                            |                                                                                                                          |                                                        |

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| C 189                                                           | <p>Continued From page 3</p> <p>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. 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.</li> </ol> <p>Findings include;</p> <ol style="list-style-type: none"> <li>a. One of the smoke barrier doors failed to close completely when activated by the fire alarm system.</li> <li>b. The 20 minute fire rated door to the large laundry was propped open.</li> <li>c. The door to bedroom 13 was hard to close and latch.</li> <li>d. The door to bedroom 23 was propped open.</li> <li>e. The door to bedroom 25 was propped open.</li> <li>f. A screen door hook was used to hold open the door to the Dietary Supply closet.</li> <li>g. The latchset is loosely mounted on the door to the dining room. Note; This deficiency was corrected during the survey.</li> <li>h. The door to the dining room does not fit the opening properly at the top and side to be resistant to the passage of smoke.</li> <li>i. The door from the kitchen to the dining room is in 2 pieces like a Dutch door. There is a large gap of about 1/2 inch between the 2 halves this is not resistant to the passage of smoke.</li> </ol> <ol style="list-style-type: none"> <li>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</li> </ol> | C 189                                                                                            |                                                                                                                          |                                                        |

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| C 189                                                           | Continued From page 4<br><br>possibility that a fire that begins in one space can quickly spread to other areas of the facility.<br>Findings include:<br>a. Holes in the ceiling of the water heater room,<br>b. Holes in the ceiling of the boiler room,<br>c. Holes in the ceiling of the basement mechanical room,<br>d. Gypsum compound and tape falling off the ceiling in the basement storage room,<br>e. Hole in the ceiling of the exterior mechanical room near the Administrator's office,<br>f. Holes in the wall and ceiling of the med room,<br>g. Hole at wires in the ceiling of the medical supply closet. | C 189                                                                                            |                                                                                                                          |                                                        |