

PRINTED: 07/05/2017
FORM APPROVED

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 R 06/22/2017
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 Biennial Follow Up Construction by Ed Miller and Frank Stricklan, on June 22, 2017. Deficiencies were cited that require a new Plan of Correction.	(C 000)		
(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. Findings on June 22, 2017: Based on observation and interview with Maintenance Director the ice machine will be raise on bricks to allow drain to have proper pitch on the condensation line and meet the clearance height require above the floor drain.	(C 164)		
(C 168)	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	(C 168)		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

0000

JC7422

If continuation sheet 1 of 5

Heather Jones Milton, Ed 7/17/17

PRINTED: 07/05/2017
FORM APPROVED

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 R 06/22/2017
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 188}	Continued From page 1 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: 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. Findings on June 22, 2017: Based on interview with Maintenance Director a revised proposal, received on 6-14-17, was sent to corporate for a Purchase Order. Work is to possibly starting the second week in July 2017.	{C 188}			
{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 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.	{C 185}			

PRINTED: 07/05/2017
FORM APPROVED

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 R 06/22/2017
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 185)	Continued From page 2 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. Findings on June 22, 2017: Based on review of documents and interview with Maintenance Director more detail of how staff directs occupants to evacuate and/or relocate will be included. Along with head counts and different location and type of fire events.	(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) 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: b. The exit sign in the dining room did not work on battery when tested. Findings on June 22, 2017: Based on documentation and interview with	(C 189)		

PRINTED: 07/05/2017
FORM APPROVED

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 R 06/22/2017
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 189)	Continued From page 3 Maintenance Director exterior exit sign battery was replaced but the charger must not be working. New unit will be installed. 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; b. The door from the kitchen to the dining room would not automatically latch when closed by the fire alarm system. d. The double doors to the Library would not latch when closed. Findings on June 22, 2017: Based on observation and interview with Maintenance Director, the doors still need adjustment to function properly.	(C 189)			
(C 189)	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.	(C 199)			

PRINTED: 07/05/2017
FORM APPROVED

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 R 06/22/2017
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 199}	Continued From page 4 (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; e. Bathroom off room 33, f. Women's bathroom near room 24, Findings on June 22, 2017: Based on observation and interview with Maintenance Director, Bathroom off room 33's drive belt, disintegrated and the correct size has not been found yet. The motor for Bathroom off room 24 is burned up and replacement motor just arrived.	{C 199}			

The following is a summary of the Plan of Correction for Brookdale Peachtree-AL. This Plan of Correction is in regards to the Corrective Action Report dated July 5, 2017. This Plan of Correction is not to be construed as an admission of or 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 mitigating factors.

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.**
 - Ice machine will be placed onto bricks allowing for proper drainage pitch.

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**
 - Ice machine drainage pitch will be addressed to meet the drainage requirements.

10A NCAC 13F .0309 Plan For Evacuation

- (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.**
- (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.**
 - Proper documentation to include; a short description how the evacuation And/or Relocation, area involved, type of fire event, etc will be present for conducted fire drills.

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 (c) which shall not apply to existing facilities.**
 - Indicated exit signs will be repaired/replaced.
 - Indicated doors will be repaired assuring proper closure/latching.

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.**
 - Indicated exhaust ventilations will be repaired/replaced.

The Executive Director/Maintenance Technician will review items noted for necessary completion and/or repair, on or before 7/21/17.

The Executive Director/Maintenance Technician will do bimonthly building surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.

Walter Mutton, ES
07/17/17