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
	HAL041039	A. BUILDING: 01 B. WING _____	04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH AL (NC)	1568 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 Ed Miller and Billy Bryant on April 12, 2017. Records indicate that this facility was first licensed as a Home for the Aged, serving one hundred and two residents on August 28, 1998. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code; Section 409 Institutional Occupancy - Group I Unrestrained. Deficiencies were cited that require a Plan of Correction.	C 000	Please see attachment	
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances. Findings on April 12, 2017: a. Spa near Bedroom 12 - there is a cabinet left unlocked containing several open bottles of	C 143		

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C 143	Continued From page 1 cleaning supplies that residents can access.	C 143		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors smooth and in good repair. Findings on April 12, 2017: a. Sun Room - there were two floor electrical power outlets under the carpet that extended at least 3/8 inches above the slab, creating a tripping hazard.	C 155	Please see attachment	
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, the facility failed to maintain the building in an uncluttered, clean and orderly manner.	C 166		

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C 166	Continued From page 2 Findings on April 12, 2017: a. Soiled Utility - the ventilation grille and its radiation damper has an excessive accumulation of dust/lint. b. Spa across from Bulk Laundry - the ventilation grille and its radiation damper has an excessive accumulation of dust/lint. c. Mech Room across from Bedroom 44 - the ventilation grille and its radiation damper has an excessive accumulation of dust/lint.	C 166	Please see attachment	
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. This Rule is not met as evidenced by: 1. Based on Record review and interview with associate Executive Director and Maintenance Director the facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on April 12, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present but little to	C 185		

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C 185	Continued From page 3 no description of what the rehearsal involved.	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 building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on April 12, 2017: a. Exit near Bedroom 22 - the exit sign did not illuminate on backup power when tested. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on April 12, 2017: a. Main Electrical room - there was an open-ended 2 inch PVC sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Mech Room near Bedroom 19 - a leak had deteriorated the one-hour fire-resistance-rated	C 189	Please see attachment	

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C 189	Continued From page 4 gypsum ceiling assembly to a point where the tape and joint compound had disappeared. 3. Based on observations and record review, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on April 12, 2017: a. Bedroom 19 - a fire sprinkler head was debris-loaded with lint. b. Bulk Laundry - two fire sprinkler heads were debris-loaded with lint. 4. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on April 12, 2017: a. Living Room - a fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. Deficiency corrected before Construction Surveyors departed the site. b. Storage across from Bedroom 43 - items are stored within 18 inches below the fire sprinkler head. c. Storage near Beauty Shop - items are stored within 18 inches below the fire sprinkler head. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could	C 189	Please see attachment	

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C 189	Continued From page 5 affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 12, 2017: a. Kitchen -since the semi-annual maintenance of the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly inspections. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 12, 2017: a. Kitchen - a kitchen tray rack was stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to 2-inches. This prevents quick access in any emergency. Deficiency corrected before Construction Surveyors departed the site. 7. Based on Observation, the Building was not maintained in a safe and operating, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on April 12, 2017: a. Associate Executive Director Office - the latch bolt stays retracted and will not latch into its doorframe because the inside door lever handle gets tangled up in the lift cord for the door blinds.	C 189	Please see attachment	

The following is a summary of the Plan of Correction for Brookdale High Point.North AL. This Plan of Correction is in regards to the Corrective Action Report dated April 4,2017. 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.

C 143 Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(f) The requirements for storage rooms and closets are:(B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: C 143 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled.
This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances. Findings on April 12, 2017: a. Spa near Bedroom 12 - there is a cabinet left unlocked containing several open bottles of

- Indicated cabinet will be locked and monitored for compliance.
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C 155 Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(i) The requirements for floors are:(1) All floors shall be of smooth, non-skid Material and so constructed as to be easily
Cleanable ;(2) Scatter or throw rugs shall not be used; and
(3) All floors shall be kept in good repair.
This Rule is not met as evidenced by:
C 1551. Based on observations, the facility has failed
to maintain the floors smooth and in good repair.
Findings on April 12, 2017:a. Sun Room - there were two floor electrical Power outlets under the carpet that extended at
Least 3/8 inches above the slab, creating a
Tripping hazard.

- Indicated electrical power outlets will be addressed.

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:C 166 1. Based on Observation, the facility failed to Maintain the building in an uncluttered, clean and orderly manner. Continued Findings on April 12, 2017:a. Soiled Utility - the ventilation grille and its radiation damper has an excessive accumulation of dust/lint. b. Spa across from Bulk Laundry – the ventilation grille and its radiation damper has an excessive accumulation of dust/lint. c. Mech Room across from Bedroom 44 – the ventilation grille and its radiation damper has an excessive accumulation of dust/lint.

- Indicated ventilation grilles will be addressed by June 15th, 2017.

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 This Rule is not met as evidenced by C 185 1. Based on Record review and interview with associate Executive Director and Maintenance Director the facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on April 12, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present but little to no description of what the rehearsal involved.

- Monthly Fire inspections will be completed.

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:C 189 1. Based on observation, the building's emergency equipment was not maintained in a Safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an Emergency. Findings on April 12, 2017: a. Exit near Bedroom 22 - the exit sign did not illuminate on backup power when tested.

2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on April 12, 2017: a. Main Electrical room - there was an open-ended 2 inch PVC sleeve with a cable bundle not fire stopped as it penetrates the fire-resistance-rated ceiling assembly.

Mech Room near Bedroom 19 - a leak had deteriorated the one-hour fire-resistance-rateden tested. gypsum ceiling assembly to a point where the tape and joint compound had disappeared.

3. Based on observations and record review,the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire.

Findings on April 12, 2017: a. Bedroom 19 - a fire sprinkler head was debris-loaded with lint. b. Bulk Laundry - two fire sprinkler heads were debris-loaded with lint. 4. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin.

Findings on April 12, 2017: a. Living Room - a fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. Deficiency corrected before Construction

Surveyors departed the site. b. Storage across from Bedroom 43 - items are stored within 18 inches below the fire sprinkler head. c. Storage near

Beauty Shop - items are stored within 18 inches below the fire sprinkler head.5.
Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections,
maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.

Findings on April 12, 2017: a. Kitchen -since the semi-annual maintenance of the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly inspections. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.
Findings on April 12, 2017: a. Kitchen - a kitchen tray rack was stored in front of the electrical panel, limiting the required 36-inches inimum clear working space to 2-inches. This prevents quick access in any emergency. Deficiency corrected before Construction Surveyors departed the site. 7. Based on Observation, the Building was not maintained in a safe and operating, because some building components fail to function as Originally intended. This could affect all residents' staff and visitors if the component or assembly does not function properly and cannot contain Smoke/fire in the room or fire compartment of origin
Findings on April 12, 2017: a. Associate Executive Director Office – the latch bolt stays retracted and will not latch into its doorframe because the inside door lever handle Gets tangled up in the lift cord for the door blinds.

- Indicated exit sign will be addressed by 6-15-17.
- Indicated PVC sleeve will be addressed by 6-15-17
- Indicated fire resistance rateden will be addressed by 6-15-17
- Indicated Fire sprinkler heads that are obstructed with debris and lint will be addressed by 6-15-17
- Indicated Storage areas will be addressed with items stored properly by 6-15-17
- Documentation of kitchen hood fire suppression system Inspections will be addressed by 6-15-17
- The door latch in the Associate Executive Directors off ice will be addressed by 6-15-17