STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066014	A. BUILDING: 01 B. WING	07/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BERKLEY BOULEVARD	1800 N BERKLEY BLVD GOLDSBORO, NC 27534

(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 a Construction Section Biennial Survey by Billy S. Bryant conducted on 07/06/2017. Records indicate this facility was first licensed on 06/11/1987. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Bed sand applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
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 there is a failure to maintain the facility's fire safety systems in a safe manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Findings on 07/06/2017: a. Front Sitting Room - There is a gap in the fire	C 189	Maintenance Tech will caulk with fire resistant caulking	7/31

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Executive Director (X6) DATE 7/26/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096014	A. BUILDING: 01 B. WING	07/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BERKLEY BOULEVARD	1800 N BERKLEY BLVD GOLDSBORO, NC 27534

(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 1 resistant rated ceiling where the light fixture is mounted to the ceiling.	C 189		
	b. Corridor near Room 104 - A fire sprinkler head escutcheon is missing creating a hole in the fire resistant rated ceiling where it is penetrated by the sprinkler pipe.		Replaced and Fixed	7/20/17
	c. Main Mechanical Room - There are gaps around ductwork flanges where the ducts penetrate the fire resistant rated ceiling.		Regional Maintenance Director will assist in replacing ducts	9/5/17
	d. Main Mechanical Room - In several locations in the room there are gaps around PVC pipes where they penetrate the fire resistant rated ceiling.		MT will caulk with fire resistant Caulking	8/5/17
	e. Main Mechanical Room - In the corner of the room at the entrance moisture damage has caused holes in the fire resistant rated ceiling where it is penetrated by PVC piping.		MT will Caulk with fire resistant Caulking	8/5/17
	f. 800 Hall Mechanical Room - There are gaps around a ductwork flange where the duct penetrates the fire resistant rated ceiling.		MT will Caulk with fire resistant Caulking	8/5/17
	g. Kitchen - Above the refrigerators there is a gap between the wall where its meets the fire resistant rated ceiling.		MT will Caulk with fire resistant Caulking	8/5/17
	h. Laundry - In the fire resistant rated ceiling there is an approximately 8"x8" hole next to the sprinkler head above the location for the clothes dryer.		MT will Caulk with fire resistant Caulking	8/5/17
	i. Laundry - There is a gap in the fire resistant rated ceiling at the fire sprinkler head escutcheon.		MT will Caulk with fire Resistant Caulking	8/5/17
	2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Doors that open to		Fire doors fixed completed	7/20/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096014	A. BUILDING: 01 B. WING	07/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BERKLEY BOULEVARD	1800 N BERKLEY BLVD GOLDSBORO, NC 27534

(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 2 corridors are required to completely close and latch in the event of a fire. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Finding on 07/06/2017: a. 100 Hall Corridor - There are two sets of fire resistant rated cross corridor doors on the corridor. Each had one leaf of the double doors failed to completely close and latch when released from the magnetic hold open devices upon activation of the fire alarm.	C 189	Doors have been adjusted and now latching according to fire Codes	7/20/17
	b. 400 Hall Corridor - The fire resistant rated cross corridor doors had a leaf of the double door that failed to completely close and latch when released from the magnetic hold open devices upon activation of the fire alarm.		Doors have been adjusted and now latching according to fire codes	7/20/17
	3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and were not illuminated and exits sign were not visible during a power outage. Finding on 07/06/2017: a. 100 Hall - The wall mounted emergency light near the hall exit door did not operate when tested on battery power.		battery replaced and fixed	7/19/17
	b. Med Room - The wall mounted emergency light near the hall exit door did not operate when tested on battery power.		ordered batteries will have replaced when come in	8/5/17
	c. When tested on battery power the direction indicating exit sign did not illuminate.		Exit sign completed fixed	7/19/17