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
	HAL049019	A. BUILDING: 01 B. WING _____	08/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 Dennis Harrell on 8-2-2017. Records indicate this Facility was first licensed on 5-21-1990, for 40 resident beds and an additional 18 beds on 1-13-1992, increasing the total to 58 beds. Based on this information, the facility is required to meet the 1987 Minimum and Desired Standards and Regulations for the Licensing of Adult Care Homes, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1978 North Carolina State Building Codes (Rev 9 and 10), Section 409.1(c)-Institutional (I) Occupancy- Unrestrained.	C 000		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the tub in the spa.	C 133		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.	C 150		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dedra Shumaker

TITLE: Executive Director

(X6) DATE: 9/1/17

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C 150	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Findings include: a. There were 4 chairs and 3 boxes stored in the service hall corridor to the exit reducing the clear width to less than 3 feet. b. The electrical cord to a fan was stretched across the service hall creating a trip hazard.	C 150		
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 hose on the shower wand in bedroom 20 was long enough to reach the shower basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 2. Based on observation, fungus had been allowed to grow from the ice machine drain line to direct contact with the floor drain. Ice machine drain lines that directly contact the floor or floor drain could cause the ice to become contaminated.	C 166		

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C 188	Continued From page 2 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 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. This Rule is not met as evidenced by: 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 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	C 189		

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C 189	Continued From page 3 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, 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; a. One of the smoke barrier doors failed to close completely when activated by the fire alarm system, b. The 20 minute fire rated door to the large laundrywas propped open. c. The door to bedroom 13 was hard to close and latch. d. The door to bedroom 23 was propped open. e. The door to bedroom 25 was propped open. f. A screen door hook was used to hold open the door to the Dietary Supply closet. g. The latchset is loosely mounted on the door to the dining room. Note; This deficiency was corrected during the survey. 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. 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. 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	C 189		

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

The following is a summary of the Plan of Correction for Brookdale East Broad. This Plan of Correction is in regards to the Corrective Action Report dated August 15, 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 .0305 Physical Environment
(e) The requirements for bathrooms and toilet rooms are:
(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;
Designated spa tub will have a hand grip installed.

10A NCAC 13F .0305 Physical Environment
(g) The requirements for corridors are:
(4) Corridors shall be free of all equipment and other obstructions.
Items will not be placed in service corridors preventing clear access.
Cords will not be stretched across halls preventing trip hazards.

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
Designated shower wand will be replaced assuring that the length is not too long.
Ice machine drain line will be repaired preventing direct contact with the floor drain.
Trip hazards outside kitchen door will be removed.

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.
Going forward Fire plan rehearsals will include a description of what was involved in the rehearsal.

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.
Designated doors will be repaired/replaced assuring proper closure/latching.
Designated fire doors will not be propped open.
Designated latchset was repaired.
Designated doors that are not fitting correctly will be repaired/replaced.
Gap in kitchen door will be repaired preventing the possible passage of smoke.
Designated ceiling/wall holes will be repaired.
Designated ceiling gypsum compound and tape will be repaired/replaced.

The Executive Director/Maintenance Technician will review items noted for necessary completion and/or repair, on or before 9/15/17.

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.

Debra Shumaker,
Executive Director
8/29/17