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	HAL068008	A. BUILDING: **01** B. WING _____	**08/16/2017**

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BROOKDALE MEADOWMONT	**100 LANARK ROAD CHAPEL HILL, NC 27514**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Ed Miller on August 16, 2017. Records indicate this facility was first licensed as a Home for the Aged serving 64 residents on 10-23-1997. The Special Care Unit houses up to 16 of the residents. Therefore, the facility must meet the 1996 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code(s), Section 409.1 Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

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C 101	Continued From page 1 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required components for doors equipped with Delayed Egress locking arrangements. This could affect all by potentially delaying exiting in an emergency for more than an acceptable time. Findings on August 16, 2017: a. 1st Floor Memory Care South Exit to Courtyard - a force greater than 15 pounds applied to the delayed egress door's releasing device, for more than three seconds, did not initiate an irreversible process to release the door. The door did unlock on fire alarm system activation and use of the adjacent key pad. b. 1st Floor Front Door - the delayed egress locked door does not have the required, readily visible sign mounted on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". Letters must be 1 inch high. c. 1st Floor Memory Care South Exit to Courtyard - the delayed egress locked door does not have the required, readily visible sign mounted on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". Letters must be 1 inch high. d. 1st Floor North Corridor Exit - the delayed egress locked door does not have the required, readily visible sign mounted on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". Letters must be 1 inch high. 2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required	C 101		

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C 101	Continued From page 2 components for doors equipped with "Special Locking" Arrangements. Findings on August 16, 2017: a. Courtyard Gate - the "Special Locking" locked door has a metal-keyed emergency release switch, with only the maintenance technician having a key. All staff responsible for evacuation of the locked unit must carry keys at all times. The gate did unlock on fire alarm system activation and use of the adjacent key pad. b. 1st Floor Memory Care Old Nurse Station - the master emergency release switch for the "Special Locking" system did not release the Gate. 2nd Floor Nurse Station master emergency release switch did release the Gate. c. 1st Floor Memory Care Old Nurse Station - the emergency release switch had no identifying label.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Maintenance Technician the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on August 16, 2017:	C 111		

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C 111	Continued From page 3 a. A current Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, was not available for Surveyor's review.	C 111		
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 Executive Director/Administrator/Maintenance Director/technician Manager, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on August 16, 2017: a. In the 2nd quarter for the last 12 months, no rehearsal was performed during 3rd shift. b. In the 3rd quarter for the last 12 months, no rehearsal was performed during 2nd and 3rd shift. c. In the 4th quarter for the last 12 months, no rehearsal was performed during 3rd shift. 2. Based on Record review and interview with Maintenance Technician the Facility failed to	C 185		

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C 185	Continued From page 4 document all aspects of the fire plan rehearsals. Findings on August 16, 2017: a. The fire plan rehearsal records did not provide a short 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 facility failed to maintain in a safe and operating condition unobstructed exterior exit paths to a public way. This would affect all if they could not promptly exit during an emergency. Findings on August 16, 2017: a. 1st Floor Stairwell 1- the exterior exit is blocked with a chair on the exterior. Deficiency corrected before Construction Surveyor departed site. b. 1st Floor Stairwell 1- cart, floor cleaning equipment, and sign are being stored in the stairwell under the stairs. c. 1st Floor Stairwell 2- cart, and holiday supplies are being stored in the stairwell under the stairs. 2. Based on observation, the building's	C 189		

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C 189	Continued From page 5 emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on August 16, 2017: a. 3rd Floor Stairwell 1 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. 3rd Floor Smoke Barrier North Side - the exit sign did not illuminate on backup power when tested. c. 2nd Floor Stairwell 1 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. d. 1st Floor Stairwell 1 - both wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. e. 1st Floor Front Entrance - the exit sign did not illuminate on backup power when tested. f. 1st Floor near Front Entrance - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. g. 1st Floor AL Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. h. 1st Floor Memory Care Corridor near Bedroom 103 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. i. 1st Floor Memory Care Corridor near Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. j. 1st Floor Memory Care Living - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. k. 1st Floor Stairwell 2 - the wall-mounted self-contained emergency light did not illuminate	C 189		

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C 189	Continued From page 6 on backup power when the test button is pushed. 3. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on August 16, 2017: a. 1st Floor Executive Director Office - the corridor door had a kick down device holding the door open. b. 1st Floor Memory Care Storage - the corridor door had a trash can holding the door open. 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on August 16, 2017: a. 3rd Floor North Electrical Room - there is an open-ended sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. 3rd Floor North Electrical Room - there are gaps around three cable not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. 3rd Floor North Electrical Room - a furred out gypsum wallboard enclosure above the electrical panel to the ceiling was used as an alternative to firestopping the cable penetration of the fire-resistance-rated ceiling assembly. This gypsum enclosure's joints have not been taped with joint compound and tape. d. 3rd Floor North Electrical Room - a furred out gypsum wallboard enclosure above the electrical panel to the ceiling was used as an alternative to firestopping the cable penetration of the fire-resistance-rated ceiling assembly. There are gaps between the connection of the gypsum wallboard enclosure and the electrical panel not	C 189		

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C 189	Continued From page 7 firestopped. e. 3rd Floor South Electrical Room - a furred out gypsum wallboard enclosure above the electrical panel to the ceiling was used as an alternative to firestopping the cable penetration of the fire-resistance-rated ceiling assembly. This gypsum enclosure's joints have not been taped with joint compound and tape. f. 3rd Floor South Electrical Room - a furred out gypsum wallboard enclosure above the electrical panel to the ceiling was used as an alternative to firestopping the cable penetration of the fire-resistance-rated ceiling assembly. There are gaps between the connection of the gypsum wallboard enclosure and the electrical panel not firestopped. g. 3rd Floor South Electrical Room - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling. h. 2nd Floor Janitor Closet - the exhaust fan did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. i. 1st Floor Beauty Shop - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling. j. 1st Floor Executive Director Office - there is a gap around a cable not firestopped as is penetrates the fire-resistance-rated ceiling assembly. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively/automatically latch into their frame under normal closing force. This could affect all if the doors did not latch to contain smoke/fire in the room of origin. Findings on August 16, 2017:	C 189		

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C 189	Continued From page 8 a. 2nd Floor South Electrical Room - the corridor door hits its doorframe and will not close and latch. b. 1st Floor Kitchen - the corridor door hits its doorframe and will not close and latch. 6. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be accomplished without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on August 16, 2017: a. 1st Floor Kitchen - the walk-in refrigerator/freezer is equipped with hasp hardware with a padlock on the door and the unit does not have an override device for this lock.	C 189		
C 199	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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 199		

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C 199	Continued From page 9 This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on August 16, 2017: a. 3rd Floor Soiled Linen - the exhaust ventilation system did not work, and there was an odor. b. 3rd Floor Bedroom 314 - the exhaust ventilation system did not work, and there was a little odor. c. 2nd Floor Soiled Linen across from Bedroom 218 - the exhaust ventilation system did not work, and there was an odor. d. 1st Floor Memory Care Spa - the exhaust ventilation system did not work, and there was an odor. e. 1st Floor Memory Care Housekeeping - the exhaust ventilation system is not drawing enough air to diminish the odor.	C 199		