STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090022	A. BUILDING: **01** B. WING _____	**08/30/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MONROE SQUARE 2	**919 FITZGERALD STREET MONROE, NC 28112**

(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 8-30-2017. Records indicate this facility was licensed on 11-2-2000. The facility is currently licensed as a 65 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure, the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 (1999 Rev) Edition of the North Carolina State Building Code(s)-Institutional Occupancy.	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: 1. Based on observation, a Delayed Egress exit failed to comply with the NC State Building Code	C 101		

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C 101	Continued From page 1 that requires the doors begin the exit process when a force of not more than 15 pounds is applied. Finding includes: The Delayed Egress exit gate from the courtyard failed to open even when approximately 100 pounds of force was applied. Note; The gate did open on fire alarm activation and by use of the adjacent keypad. 2. Based on observation, some of the Delayed Egress exit doors failed to comply with Section 1012.6.2 of the 1996 NC State Building Code. Section 1012.6.2 requires a sign on each locked door that reads "PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND." Finding includes; The sign provided at the front door was mounted above the door rather than on the door as required.	C 101		
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. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Finding includes: There were 2 love seats in an intersection of the corridor reducing the clear width to about 40 inches.	C 150		

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C 166	Continued From page 2	C 166		
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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in no container at all in room 28. 2. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink 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. Note; A swing check valve has been installed vertically pointing downwards under the sink as an anti-siphon device. A swing check relies on gravity to close and cannot work as currently installed. 3. Based on observation, there was no inspection tag provided on the fire extinguisher in the corridor near room	C 166		

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C 166	Continued From page 3 29. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere, such as on a tag provided at the system pull. 4. Based on observation, there was no documentation of monthly inspections provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere, such as on a tag provided at the system pull. 5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Boxes had been stacked to within 6 inches of the ceiling in the clock room. Note; This deficiency was corrected during the survey. 6. Based on observation, an extension cord was being used in place of permanent wiring in the Activity office. Extension cords are intended for temporary use only. Note; This deficiency was corrected during the survey. 7 Based on observation, the facility failed to maintain free from hazards. The Electrical Code requires a clear working space of at least 30 inches wide and 36 inches deep be maintained in front of electrical panels. Storage obstructing electrical panels could delay access to the panel in an emergency. Findings include; a. There were items stored directly in front of the	C 166		

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C 166	Continued From page 4 main electrical panel. b. There were items stored directly in front of the electrical panel in the mechanical room near room 30. c. There were items stored directly in front of the electrical panel in the fire panel room.	C 166		
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 a review of documents, the records available onsite included little to no description of what the rehearsal involved. 2. Based on a review of documents, some of the records available onsite did not include the time or shift the rehearsal was done.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	Continued From page 5 (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, 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. The 3/4 hour fire rated door to the laundry near room 9 drags the floor and sometimes sticks in the open position. b. The 3/4 hour fire rated door to the laundry near room 9 does not fit the opening properly to be resistant to the passage of smoke. c. The doors to bedrooms 2, 7, 16, 25 and 37 were missing the latchbolt strike. d. The doors to rooms 1, 10, 21 and the time clock room do not fit the opening properly to be resistant to the passage of smoke. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole by a wire in the ceiling of the kitchen, b. Hole by a wire in the ceiling of the sprinkler	C 189		

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C 189	Continued From page 6 riser room, c. Hole in the ceiling of the fire panel room, d. Unsealed sleeves (3) penetrating the ceiling of the communication room, e. Sprinkler escutcheon not properly fitted to the ceiling in the fire panel room.	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. This Rule is not met as evidenced by: Based on observation the facility failed to provide exhaust as required by rule. Failure to provide exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Finding includex; There was no exhaust system provided in the housekeeping closet with a mop sink.	C 199		