

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING:		(X3) DATE SURVEY COMPLETED R 05/25/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577			
(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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 25, 2017. There are deficiencies that remain to be corrected.	(C 000)			
(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 review of documentation the facility failed to have current (within the calendar year) required inspection reports maintained on site for review by the surveyor. Finding on 05/25/2017: a. The facility did not have a current fire sprinkler inspection report showing the fire sprinkler systems were completely functional and free from defects. Interview with Staff revealed that the piping has been patched but not repaired. Therefore, they have not been able to conduct the annual inspection. The new piping is on order and a sprinkler inspection will be conducted as soon as the repairs are complete.	(C 111)	Fire sprinkler system repaired, inspected and completely functional. Inspection report on file in facility.	6/16/17	
(C 199)	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	(C 199)			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Andrew Wheeler III

TITLE

Administrator

(X6) DATE

8/30/2017

STATE FORM

NJ2022

If continuation sheet 1 of 2

Division of Health Service Regulation

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(C 199)	Continued From page 1 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: 1. Based on observation there is an absence of exhaust ventilation in spaces required to have exhaust ventilation. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, fumes or possible air borne contaminants from areas or rooms required to have exhaust ventilation. Finding on 05/25/2017: a. Memory Care laundry room - the mechanical exhaust is located in a closet within the laundry room which does not provide ventilation to the laundry room as required. Interview with Maintenance revealed that he intends to install a louver in the closet wall. The louver is on order and will be installed when received.	(C 199)	<i>Exhaust Vent was installed in memory care laundry room.</i> <i>8/10/17</i>		

Enclosed is a copy of the Statement of Deficiencies. You will need to type or print clearly your correction action and then SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by August 2, 2017. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Sincerely,

Chris Sluder

Chris Sluder
Biennial Institutional Team Leader
DHSR - Construction Section

cc: DHSR - Adult Care Licensure Section
City Building Inspection Department-(via e-mail only)
Johnston County DSS-(via e-mail only)