

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROCKY MOUNT		STREET ADDRESS, CITY, STATE, ZIP CODE 650 GOLDROCK ROAD ROCKY MOUNT, NC 27804		
(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 Construction Section Biennial Survey report by Frank Strickland and Billy Bryant on 10/12/2017: This facility was first licensed on 07/31/1997 for Sixty (60) residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Domiciliary Homes and the 1996 North Carolina State Building Code, Section 419- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	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, this facility has failed to maintain the fire-rated roof/ceiling assembly construction in a safe condition. Findings on 10/12/2017: There are penetrations and construction failures in the fire-rated roof/ceiling construction at the following locations: (a) Mechanical Room 402 (Damaged sheetrock	C 189		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROCKY MOUNT		STREET ADDRESS, CITY, STATE, ZIP CODE 650 GOLDROCK ROAD ROCKY MOUNT, NC 27804		
(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 due to water migration) (b) Mechanical Room 408 (Ceiling penetration) 2-Based on observation, this facility has failed to maintained the fire detection devices in a safe condition. Findings on 10/12/2017: The smoke detector located in Mechanical Room 408 is not secured to the ceiling. 3-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Findings on 10/12/2017: The emergency wall lights at the following locations did not illuminate when tested in the emergency mode: (a) Salon (b) 400 HALL (c) Front Entry Porch 4-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency exit signage. This could affect all residents, staff and visitors if the egress pathways were not indicated in an event of an emergency. Findings on 10/12/2017: The following following locations have exit signage that does not illuminate went tested in the emergency mode: (a) Shower Hall/100 HALL (b) 300 HALL (c) 800 HALL	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROCKY MOUNT		STREET ADDRESS, CITY, STATE, ZIP CODE 650 GOLDROCK ROAD ROCKY MOUNT, NC 27804		
(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 199	Continued From page 2	C 199		
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: 1-Based on observation, this facility has failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. Findings on 10/12/2017: The mechanical exhaust fan is not exhausting interior air in the Main Housekeeping Closet.	C 199		