STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036012	A. BUILDING: **01** B. WING _____	**10/18/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNION	**1717 UNION ROAD** **GASTONIA, NC 28054**

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C 000	Initial Comments This is a Report of a Biennial Construction Survey conducted by Suzanna Fay and Ed Miller on October 18, 2017. Based on information gathered from our files, the Facility was first licensed on January 3, 1995. Plans for a 30 bed addition was submitted on June 5, 1998. The facility is currently licensed for Seventy-Eight (78) residents. Based on this information, we are requiring the original facility to meet the 1993 Rules for the Licensing of Domiciliary Homes and the 1991 North Carolina State Building Code, Section 409- Institutional Occupancy; the addition to meet the 1996 Rules for the Licensing of Domiciliary Homes and the 1996 North Carolina State Building Code, Section 409- Institutional Occupancy and the entire facility to meet the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds.	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",	C 101		

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C 101	Continued From page 1 copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the smoke barrier wall doors do not meet the requirements of the building code in effect at the time of construction. Findings on October 18, 2017: a. The double egress smoke barrier wall doors by Room 10 did not have a vision panel of 1/4 inch labeled wire glass or fire rated glass mounted in steel frames. b. The double egress smoke barrier wall doors by Room 42 did not have a vision panel of 1/4 inch labeled wire glass or fire rated glass mounted in steel frames. 2. Observations revealed that the delayed egress doors were not identified as required by the building code in effect at the time of licensure. Findings on October 18, 2017: a. The main entry door is a delayed egress door operating on a timer. The door was not provided with the required signage for a delayed egress door which states "Push until alarm sounds. Door can be opened in 15 seconds." b. The exit door in the Magnolia Room was not labeled as a delayed egress door. The door was not provided with the required signage for a delayed egress door which states "Push until alarm sounds. Door can be opened in 15 seconds."	C 101		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT	C 160		

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C 160	Continued From page 2 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on October 18, 2017: a. The paint finish on the exterior hand rails at the Exit by 53 was flaking and peeling. b. Porch at Exit by 40 - the sheetrock tape is peeling and falling off in several locations at the porch ceiling.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not free of chronic unpleasant odors. Findings on October 18, 2017: a. Spa by Room 10 - had a strong, unpleasant	C 164		

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C 164	Continued From page 3 odor. b. A Hall, Room 14 - the bathroom had a strong, unpleasant odor. c. B Hall had an unpleasant odor. 2. Observations revealed that the walls were not kept in good repair. Findings on October 18, 2017: a. Kitchen Janitorial closet - the walls are damaged along the right and back side. The finish is torn and pulling away from the wall at the mop sink. 3. Observations revealed that the ceilings were not kept in good repair. Findings on October 18, 2017: a. Kitchen - the ceiling over the dish sink had water damage and the finish was torn and peeling. b. The corridor ceiling outside of Room 23 was damaged from a drain pain leak in the attic. 4. Observations revealed that the plumbing fixtures were not maintained in good condition. Findings on October 18, 2017: a. Employee lounge bathroom - the toilet was not secure to the floor. 5. Observations revealed that the mechanical equipment was not maintained clean in good repair. Findings on October 18, 2017: a. There was a pattern of mechanical vents throughout the facility with a heavy accumulation of dust on the grilles, radiation dampers and hardware.	C 164		

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C 164	Continued From page 4 b. There was a pattern of exhaust fans with a heavy accumulation of dust on the grilles and fan equipment.	C 164		
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. Observations revealed that the facility was not maintained free of hazards. Unsecured hand grips could cause a resident to fall resulting in injury. Findings on October 18, 2017: a. Room 41 - the hand grip at the toilet was not secure. 2. Observations revealed that the facility was not maintained free of hazards. Portruding nails can cause injury to residents, staff and visitors. Findings on October 18, 2017: a. Room 24 - there is a sharp nail portruding from the door. 3. Observations revealed that the facility was not maintained free of hazards. Sliding locksets on the outside of doors can create an entrapment hazard for the residents or staff.	C 166		

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C 166	Continued From page 5 Findings on October 18, 2017: a. The shared bath between Rooms 24 and 25 had sliding locks on the outside of both doors which could trap someone in the bathroom if both were engaged.	C 166		
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on October 18, 2017: a. The escutcheon plate was missing from the sprinkler head outside of Room 20 leaving an opening in the rated ceiling assembly. b. The attic access hatch by Room 15 was pulling away from the ceiling leaving a gap between the frame and ceiling. c. Mechanical room across from PT - there are two 1 1/2" conduits penetrating the ceiling that do not have fire caulk. d. Sprinkler Riser room - the domestic water	C 189		

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C 189	Continued From page 6 lines were not sealed at the ceiling penetration. e. Room 41 - the escutcheon plate on the sprinkler head at the back of the room had slipped down leaving a gap in the ceiling. f. Exit by Room 40 - the escutcheon plates is missing from one of the porch sprinkler heads leaving a hole in the porch ceiling. g. Exit by Room 28 - the escutcheon plate has dropped at the sprinkler head leaving a gap in the ceiling and the head is partially obstructed by an accumulation of spider webs. 2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain exit locking systems in operating condition effects the safety of the residents, staff and visitors by obstructing exits in the case of a fire. Findings on October 18, 2017: a. Exit by Room 34 - the delayed egress system did not work. This item was corrected on site. b. Exit from Magnolia Room (not a required exit) - the delayed egress system did not work. 3. Observations revealed that the mechanical equipment was not maintained. Findings on October 18, 2017: a. Business Office - the mechanical supply did not have a grille. 4. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources or at exterior locations do not function. Findings on October 18, 2017: a. Exit by 53 - the exterior GFCI outlet did not trip	C 189		

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C 189	Continued From page 7 when tested and it did not have a protective cover. b. Exit by 40 - the exterior GFCI outlet to the left of the door did not trip when tested. c. Exit by 40 - the exterior GFCI outlet to the right of the door did not have power at the time of this survey. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close to help limit the spread of smoke or fire to the area of origin. Findings on October 18, 2017: a. Kitchen - the door separating the kitchen from the dining area did not have a closer and did not close when the magnet was released during the fire alarm test. Also, the door hardware was loose. 6. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. This could effect all occupants of the facility if the domestic water supply became contaminated. Findings on October 18, 2017: a. Kitchen icemaker - the condensate drain line was not a minimum 2" above the drain. b. Kitchen icemaker - the floor drain was blocked by food items and trash. 7. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment did not operate when needed.	C 189		

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C 189	Continued From page 8 Findings on October 18, 2017: a. Monthly in house service checks were not being conducted and logged on the tag for the kitchen range hood suppression system. 8. Based on observation, the mechanical exhaust for the dryers was not maintained in a safe and operating condition. Venting into the occupied room creates a fire hazard. Findings on October 18, 2017: a. The booster for the dryer exhaust duct was not working and the heat and lint was exhausting back into the laundry room.	C 189		
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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. Observations revealed that the corridor lights were not maintained to provide the minimum lighting. Findings on October 18, 2017: a. The corridor fixture outside of Room 23 did not have bulbs and the cover was missing. The corridor lighting was dim. Interview with maintenance staff revealed that the light was under repair.	C 197		

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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. Observations revealed that the exhaust ventilation was not maintained to provide ventilation at the rate of two cubic feet per minute per square foot. Findings on October 18, 2017: a. A Hall, Room 14 - the bathroom fan was not working. b. A Hall, Room 15 - the bathroom fan had difficulty pulling a light, thin sheet of plastic. c. B Hall - the exhaust system was not operating on this hall.	C 199		