

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW BERN		STREET ADDRESS, CITY, STATE, ZIP CODE 1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562		
(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 Bryant, Billy Report of a Construction Section Biennial Survey by Billy S. Bryant conducted on 11/02/2017. This facility was first licensed on 07/28/1997. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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		

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: HAL025012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW BERN		STREET ADDRESS, CITY, STATE, ZIP CODE 1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562		
(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 101	Continued From page 1 1. Based on observation the facility did not meet the Building Code requirements at time of construction or renovation. The N.C. Building code requires that doors equipped with locking devices unlock upon activation of smoke detection or automatic sprinkler system. Failure to maintain fire safety equipment could effect occupants of the facility if the exit the did not unlock to allow exiting in an emergency. Findings on 11/02/2017: a. 500 Hall Exit Door - At the end of the corridor, the delayed egress exit door equipped with a magnetic lock did not unlock upon activation of the fire alarm. b. Exit Door Adjacent to the Salon - The delayed egress exit door equipped with a magnetic lock did not unlock upon activation of the fire alarm.	C 101		
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 facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW BERN		STREET ADDRESS, CITY, STATE, ZIP CODE 1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562		
(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 2 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on 02/11/2017: a. Cross Corridor Doors Adjacent to Room #101 - One leaf of the pair of fire resistant rated doors did not latch to remain shut when they were closed. b. Gallery - The pair of doors that open to the central common area did not latch to remain shut when they were closed. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on 11/02/2017: a. Director's Office - When tested on battery power the wall mounted emergency light outside the director's office did not illuminate. b. Adjacent to Room 102 - When tested on battery power only one lamp of the dual lamp wall mounted emergency light illuminated. c. Adjacent to Rooms #107, #701, #710, #711, and #810 - When tested on battery power the wall mounted emergency lights did not illuminate d. 100 Hall Salon - When tested on battery power the wall mounted emergency light did not illuminate. e. Main Mechanical Room - When tested on battery power the wall mounted emergency light did not illuminate.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW BERN		STREET ADDRESS, CITY, STATE, ZIP CODE 1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562		
(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 3 f. Adjacent to the Sale Manager's Office - When tested on battery power the wall mounted emergency light did not illuminate.	C 189		