PRINTED: 10/10/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049019	A. BUILDING: 01 B. WING	R 09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 Biennial Follow Up Construction Survey by Dennis Harrell on 9-21-2017. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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: 3. Based on observation, a floor squeegee had been left in the exit path just outside the exit near the kitchen. The obstruction was a significant trip hazard. Finding on 9-21-2017: The floor squeege had been removed but now there were 2 chairs obstructing the exit path.	{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	{C 185}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debra Shumaker, ED

TITLE: 10/23/17

(X6) DATE

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(C 185)	Continued From page 1 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: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. Finding on 9-21-2017: The description still does not state what staff did during the fire plan rehearsal.	(C 185)		
(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, 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. One of the smoke barrier doors failed to close	(C 189)		

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{C 189}	Continued From page 2 completely when activated by the fire alarm system. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several 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 on 8-2-2017 and 9-21-2017: a. Holes in the ceiling of the water heater room, d. Gypsum compound and tape falling off the ceiling in the basement storage room, e. Hole in the ceiling and wall of the exterior mechanical room near the Administrator's office, New finding on 9-21-2017: Switch plates had been removed for painting several days ago and had not been re-installed. The missing plates exposed energized parts and wires.	{C 189}		

The following is a summary of the Plan of Correction for Brookdale East Broad. This Plan of Correction is in regards to the Corrective Action Report dated October 10, 2017. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

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.
(c) This Rule shall apply to new and existing facilities

- Trip hazards outside kitchen door will be removed.

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.

- Going forward Fire plan rehearsals will include a description of what associates did during the drill.

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.

- Designated doors will be repaired/replaced assuring proper closure/latching.
- Designated ceiling/wall holes will be repaired.
- Designated ceiling gypsum compound and tape will be repaired/replaced.
- Missing switch plates will be replaced.

The Executive Director/Maintenance Technician will review items noted for necessary completion and/or repair, on or before 10/25/17.

The Executive Director/Maintenance Technician will do bimonthly building surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.

Debra Shumaker, ED
10/23/17