

PRINTED: 09/15/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT		STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514		
(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 Construction Section Biennial Survey by Ed Miller on August 16, 2017. Records indicate this facility was first licensed as a Home for the Aged serving 64 residents on 10-23-1997. The Special Care Unit houses up to 16 of the residents. Therefore, the facility must meet the 1996 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code(s), Section 409.1 Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	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

Reagan B. Deart

TITLE

Executive Director

(X6) DATE

11-08-17

STATE FORM

6506

11M21

If continuation sheet 1 of 10

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C 101	Continued From page 1 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required components for doors equipped with Delayed Egress locking arrangements. This could affect all by potentially delaying exiting in an emergency for more than an acceptable time. Findings on August 16, 2017: a. 1st Floor Memory Care South Exit to Courtyard - a force greater than 15 pounds applied to the delayed egress door's releasing device, for more than three seconds, did not initiate an irreversible process to release the door. The door did unlock on fire alarm system activation and use of the adjacent key pad. b. 1st Floor Front Door - the delayed egress locked door does not have the required, readily visible sign mounted on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". Letters must be 1 inch high. c. 1st Floor Memory Care South Exit to Courtyard - the delayed egress locked door does not have the required, readily visible sign mounted on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". Letters must be 1 inch high. d. 1st Floor North Corridor Exit - the delayed egress locked door does not have the required, readily visible sign mounted on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". Letters must be 1 inch high. 2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required	C 101	At Installed required devices to meet standards by RF Technologies a - 1) b - 1) c - 1) d - 1)	10-1-2017 11 11 11

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C 101	Continued From page 2 components for doors equipped with "Special Locking" Arrangements. Findings on August 16, 2017: a. Courtyard Gate - the "Special Locking" locked door has a metal-keyed emergency release switch, with only the maintenance technician having a key. All staff responsible for evacuation of the locked unit must carry keys at all times. The gate did unlock on fire alarm system activation and use of the adjacent key pad. b. 1st Floor Memory Care Old Nurse Station - the master emergency release switch for the "Special Locking" system did not release the Gate. 2nd Floor Nurse Station master emergency release switch did release the Gate. c. 1st Floor Memory Care Old Nurse Station - the emergency release switch had no identifying label.	C 101 a - b - c -	All STAFF Have been give Barrel Key TO Bypass Installed required gate devices to meet standards by RF technologies	10-1-2017 11 11
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 record review, and interview with Maintenance Technician the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on August 16, 2017:	C 111		

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C 111	Continued From page 3 a. A current Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, was not available for Surveyor's review.	C 111 a -	a copy sent to surveyors (check monthly)	9-10-2017
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 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: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/technician Manager, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on August 16, 2017: a. In the 2nd quarter for the last 12 months, no rehearsal was performed during 3rd shift. b. In the 3rd quarter for the last 12 months, no rehearsal was performed during 2nd and 3rd shift. c. In the 4th quarter for the last 12 months, no rehearsal was performed during 3rd shift. 2. Based on Record review and interview with Maintenance Technician the Facility failed to	C 185 a - b - c -	MT began 3rd shift drills (check monthly) MT began 3rd shift drills (check monthly) MT began 3rd shift drills (check monthly) 2nd shift completed	9-5-2017 9-5-2017 9-5-2017

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C 185	Continued From page 4 document all aspects of the fire plan rehearsals. Findings on August 16, 2017: a. The fire plan rehearsal records did not provide a short description of what the rehearsal involved.	C 185 a -	MT started performing fire rehearsal on 3rd shift. (check monthly)	9-5-2017
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 the facility failed to maintain in a safe and operating condition unobstructed exterior exit paths to a public way. This would affect all if they could not promptly exit during an emergency. Findings on August 16, 2017: a. 1st Floor Stairwell 1- the exterior exit is blocked with a chair on the exterior. Deficiency corrected before Construction Surveyor departed site. b. 1st Floor Stairwell 1- cart, floor cleaning equipment, and sign are being stored in the stairwell under the stairs. c. 1st Floor Stairwell 2- cart, and holiday supplies are being stored in the stairwell under the stairs. 2. Based on observation, the building's	C 189 - - -	Completed moved to another area (check monthly) moved to another area (check monthly)	8/16/2017 8-21-2017 8-21-2017

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C 189	Continued From page 5 emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on August 16, 2017: a. 3rd Floor Stairwell 1 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. 3rd Floor Smoke Barrier North Side - the exit sign did not illuminate on backup power when tested. c. 2nd Floor Stairwell 1 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. d. 1st Floor Stairwell 1 - both wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. e. 1st Floor Front Entrance - the exit sign did not illuminate on backup power when tested. f. 1st Floor near Front Entrance - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. g. 1st Floor AL Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. h. 1st Floor Memory Care Corridor near Bedroom 103 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. i. 1st Floor Memory Care Corridor near Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. j. 1st Floor Memory Care Living - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. k. 1st Floor Stairwell 2 - the wall-mounted self-contained emergency light did not illuminate	C 189 a b c d e f g h i j k	replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly) replaced battery (check monthly)	9-5-2017 9-5-2017 9-5-2017 9-5-2017 9-6-2017 9-6-2017 9-6-2017 9-6-2017 9-7-2017 9-7-2017 9-7-2017

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C 189	Continued From page 6 on backup power when the test button is pushed. 3. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on August 16, 2017: a. 1st Floor Executive Director Office - the corridor door had a kick down device holding the door open. b. 1st Floor Memory Care Storage - the corridor door had a trash can holding the door open. 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on August 16, 2017: a. 3rd Floor North Electrical Room - there is an open-ended sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. 3rd Floor North Electrical Room - there are gaps around three cable not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. 3rd Floor North Electrical Room - a furred out gypsum wallboard enclosure above the electrical panel to the ceiling was used as an alternative to firestopping the cable penetration of the fire-resistance-rated ceiling assembly. This gypsum enclosure's joints have not been taped with joint compound and tape. d. 3rd Floor North Electrical Room - a furred out gypsum wallboard enclosure above the electrical panel to the ceiling was used as an alternative to firestopping the cable penetration of the fire-resistance-rated ceiling assembly. There are gaps between the connection of the gypsum wallboard enclosure and the electrical panel not	C 189 a- b- a- b- c- d-	removed device (check monthly) removed trash can Sealed gap with fire caulk (check monthly) Sealed gap with fire caulk (check monthly) Sealed gap with fire caulk (check monthly) Sealed gap with fire caulk (check monthly)	9-2-2017 9-2-2017 9-3-2017 9-3-2017 9-3-2017 9-3-2017

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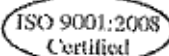
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C 189	Continued From page 7 firestopped. e. 3rd Floor South Electrical Room - a furred out gypsum wallboard enclosure above the electrical panel to the ceiling was used as an alternative to firestopping the cable penetration of the fire-resistance-rated ceiling assembly. This gypsum enclosure's joints have not been taped with joint compound and tape. f. 3rd Floor South Electrical Room - a furred out gypsum wallboard enclosure above the electrical panel to the ceiling was used as an alternative to firestopping the cable penetration of the fire-resistance-rated ceiling assembly. There are gaps between the connection of the gypsum wallboard enclosure and the electrical panel not firestopped. g. 3rd Floor South Electrical Room - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling. h. 2nd Floor Janitor Closet - the exhaust fan did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. i. 1st Floor Beauty Shop - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling. j. 1st Floor Executive Director Office - there is a gap around a cable not firestopped as is penetrates the fire-resistance-rated ceiling assembly. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively/automatically latch into their frame under normal closing force. This could affect all if the doors did not latch to contain smoke/fire in the room of origin. Findings on August 16, 2017:	C 189 9 - F - g - h - i - j -	Seal gaps with fire chalk (check monthly) Seal gaps with fire chalk (check monthly) sealed hole with fire caulk (check monthly) Sealed hole with fire caulk (check monthly) chaulked with fire chalk (check monthly) chaulked with fire chalk (check monthly)	9-1-2017 9-1-2017 9-1-2017 9-1-2017 9-1-2017 9-1-2017

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C 189	Continued From page 8 a. 2nd Floor South Electrical Room - the corridor door hits its doorframe and will not close and latch. b. 1st Floor Kitchen - the corridor door hits its doorframe and will not close and latch.	C 189 a b	adjusted doors (check monthly) adjusted doors (check monthly)	9/15/2017 9/15/2017
	6. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be accomplished without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on August 16, 2017: a. 1st Floor Kitchen - the walk-in refrigerator/freezer is equipped with hasp hardware with a padlock on the door and the unit does not have an override device for this lock.	a	removed hasp lock	9/11/2017
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.	C 199		

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C 199	Continued From page 9. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on August 16, 2017: a. 3rd Floor Soiled Linen - the exhaust ventilation system did not work, and there was an odor. b. 3rd Floor Bedroom 314 - the exhaust ventilation system did not work, and there was a little odor. c. 2nd Floor Soiled Linen across from Bedroom 218 - the exhaust ventilation system did not work; and there was an odor. d. 1st Floor Memory Care Spa - the exhaust ventilation system did not work, and there was an odor. e. 1st Floor Memory Care Housekeeping - the exhaust ventilation system is not drawing enough air to diminish the odor.	C 199			
		a	- installed/reattached motor (check monthly)	10-1-2017	
		b	- installed/reattached motor (check monthly)	10/1/2017	
		c	- installed/reattached motor (check monthly)	10/1/2017	
		d	- installed/reattached motor (check monthly)	10/1/2017	
		e	- installed/reattached motor (check monthly)	10/1/2017	



7711 Welborn Street, Suite 103, Raleigh, NC 27615 • (919) 872-3250 • (877) 395-5638 • Fax (919) 877-5775 • www.flssamerica.com

5 YEAR INTERNAL INSPECTION AND HYDROSTATIC TESTING

FILL OUT FORM FOR EACH SYSTEM INSPECTED

PROPERTY NAME: Brooksdale Manufacturing

PHONE: _____

ADDRESS: 100 Lenoir Rd CITY: Chapel Hill

STATE: NC ZIPCODE: _____

SYSTEM TYPE: WET DRY PREACTION STANDPIPE

LOCATION

SIZE

CONDITION

MAIN INTERNAL:

3rd Floor Attic Access

4

(Good)

BRANCHLINE INTERNAL:

CHECK VALVES/STRAINERS INTERNAL

SIZE	LOCATION	CONDITION	NOTES
<u>4</u>	<u>Dray Valve</u>	<u>Rusty</u>	<u>Reliable Model D</u>
<u>4</u>	<u>FDc</u>	<u>Good</u>	<u>Globe model CV-1-3</u>
<u>1 1/4</u>	<u>Spill Cup Drain</u>	<u>Good</u>	
<u>1/2</u>	<u>Alarm Line</u>	<u>Good</u>	
<u>3/4</u>	<u>Air Line</u>	<u>Good</u>	

HYDROSTATIC TESTING

START TIME : AM / PM

END TIME : AM / PM

STARTING TEST PRESSURE PSI

ENDING TEST PRESSURE PSI

NOTES: * Cleaned old valves and Rusty from valves

TECHNICIAN NAME: Ryan Clark
DATE: 10-18-17

WITNESSED BY: Christian Pini
DATE: 10-18-17

Tino Whitley

Description of Work:

Description of Work:
Replaced the Air Gauge on the Compressor pressure switch. Rechecked the Head Box with the 4 missing uprigths. Replaced the Painted Heads that were noted in the Inspection Report. Performed 5 year Internal Inspection on the System. Could not find the 100 gpm. Due to not having the Cape measured 4 Dry pounds to be replaced and so it will have 10 year testing.

Return Trip Required: Yes ☐ No ☐

Date Completed: 1/1/1

Office Use Only - Cost Summary

					Grand Total	
Limitation of Liability; FLSEA's liability to Customer shall extend only to personal injury, death, or property damage arising from performance under this Agreement and shall be limited to the payments made to FLSEA under this Agreement. Customer shall hold FLSEA harmless from any and all third party claims for personal injury, death or property damage arising from Customer's failure to maintain its premises, including but not limited to damages to the fire protection system or Customer's property caused by water leakage, freezing pipes, loss of power, acts of God or other similar causes beyond the control of FLSEA. In no event shall FLSEA be liable for any special, indirect, incidental, consequential or any other damages of any character, including but not limited to the loss of use of the Customer's property, lost profits or lost production, whether claimed by Customer or by any third party, irrespective of whether claims or actions for such damages are based upon contract, warranty, negligence, tort, strict liability or otherwise.						

DISCLAIMER OF WARRANTIES: FLSA HEREBY DISCLAIMS ANY AND ALL WARRANTIES NOT EXPRESSLY STATED HEREIN, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. UNDER NO CIRCUMSTANCES AND IN NO EVENT SHALL FLSA BE LIABLE FOR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES OR LOSSES, INCLUDING ATTORNEY'S FEES, ARISING OUT OF THE USE OF THE SOFTWARE, EVEN IF IT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. NOTWITHSTANDING THE FOREGOING, ANY LIMITATION ON THE REMEDY OR REMEDIES AVAILABLE AT LAW OR IN EQUITY SHALL BE LIMITED TO THE AMOUNT OF GOODS AND SERVICES PURCHASED BY CUSTOMER AND CONTAINED WITHIN THIS AGREEMENT.

LIABILITY INCURRED BY FLSA SHALL BE LIMITED TO THE AMOUNT OF \$10,000.00.

TERMS AND CONDITIONS ON THE REVERSE SIDE ARE AN INTEGRAL PART OF THIS WORK ORDER. CLIENT ACKNOWLEDGES RECEIPT OF A COPY OF THIS WORK ORDER AND HAS READ THE FRONT AND REVERSE SIDE OF THIS WORK ORDER.

I hereby certify that the information provided above and/or attached to this Agreement is true, accurate, and complete.

By signing below, the Customer hereby authorizes FLSA to perform the Work described above and certifies that: (i) the information provided above and/or attached to this Agreement is true, accurate, and complete to the best of Customer's knowledge; (ii) the signor has the authority to authorize the Work requested pursuant to this Agreement; and (iii) the Customer has read this entire Agreement and agrees to comply with and be bound by the terms and conditions contained herein.

Customer: Mrs. L. L. L.
Signature: [Signature]
Print Name: [Blank]
Title: Mrs. L. L. L.
Date: 10/18/17