

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/11/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE MONROE SQUARE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 918 FITZGERALD STREET MONROE, NC 28112		
(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 Dennis Harrell and Suzanna Faye on 10-11-2017. Records indicated that this Facility was first licensed on 3-18-1999. The facility is currently licensed for a total of 102 beds. Therefore the facility is required to meet 1996 (w/revisions) North Carolina State Building Code for Institutional Unrestrained Occupancy, the 1996 Rules for the Licensing of Adult Care Homes, and the applicable components of the 2005 Licensing of Adult Care Homes 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", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation, the front exit door failed to comply with the NC State Building Code as	C 101		

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

Carmel James, COAL, ES

TITLE

Executive Director

(X6) DATE

11/2/17

STATE FORM

6899

RBOB21

If continuation sheet 1 of 4

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C 101	Continued From page 1 relates to Delayed Egress Locking. The Building code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Finding includes. The sign on the front door states the door can be opened in 15 seconds but the door is set for a 30 second delay.	C 101	Door reprogrammed to release in 15 seconds	10/12/17
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. Based on observation there was a hasp on the outside of the door to the basement. Latching hardware that can only be operated from one side of the door, such as hasps, present the possibility that someone could be trapped in the room. 2. Based on observation, the stove in the kitchen had been moved forward so that the range hood fire suppression nozzles were now pointed at the stove's storage shelf rather than at the cooking surface. With the stove mispositioned, the range hood fire suppression system may not be capable of suppressing a range fire as designed. 3. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler	C 166	Latch removed from outside door to the basement. moved obstruction and stove moved back into correct position under fire suppression system nozzle	10/12/17 10/26/17

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C 166	Continued From page 2 head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Boxes had been stacked all the way to the ceiling in the storage closet near room 56. Note; This deficiency was corrected during the survey.	C 166	Placed sign indicating storage kept at least 18 inches below ceiling.	10/12/17
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 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 include: a. Hole by a fire collar in the ceiling of the mechanical room unit 3, b. Gypsum compound and tape falling off the ceiling of the back porch, c. Gypsum compound and tape falling off the ceiling of the TV room, d. Gypsum compound and tape falling off the wall in the corridor left of the dining room,	C 189	A. Repair to ceiling of the mech. room unit 3 B. ceiling retaped and spackled to back porch C. ceiling retaped and spackled to TV room. D. Ceiling retaped and spackled to dining room	

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