

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 Ed Miller on 2-7-2018. Records indicate this facility was first licensed on 8-20-1997, for 72 beds. Based on that information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 North Carolina Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group I. Deficiencies were cited which will 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;	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: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 This Rule is not met as evidenced by: 1. Based on observation, the Building did not meet the NC State Building Code at the time of construction or alteration. The Building Code requires doors in smoke barrier walls to have a minimum 20 minute fire rating. This could affect all residents, staff and visitors during a fire emergency if the doors provided fail to resist the movement of smoke to the adjacent smoke compartment. Findings include: Based on a review of original construction documents, there is a smoke barrier wall dividing Clarebridge the (Special Care Unit) into two compartments. Direct observation revealed one pair of doors in the smoke barrier wall in Special Care, adjacent to the Activity room, to be of 15 pane French type doors that appear to not have a fire rating. 2. Based on observation, the exit doors will fail to comply with the NC State Building Code. The NC State Building Code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Finding include the following Delayed Egress exits missing signs; a. Exit near room 403, b. Exit near Activity Parlor.	C 101		
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	C 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 111	Continued From page 2 review. This Rule is not met as evidenced by: Based on review of documents, The most recent Sprinkler inspection report, dated 01-22-2018 listed 4 deficiencies. There was no subsequent documentation to indicate the deficiencies had been corrected. Deficiencies include (in original wording): a. Guages are over 5 years old. 5 year internal is due. b. There is no head wrench for spare heads. c. 1/2" Rasco 155 QR pend painted in hallway by dining by library. d. Five year internal investigatiuon needs to be performed.	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, there was no hand grip provided at the tub in Clarebridge. 2. Based on observation, there was no hand grip provided at the shower in the Spa.	C 133		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 150		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 150	Continued From page 3 ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings include: a. There was a med cart stored in the corridor on the AL side reducing the clear width to less than 5 feet. b. There was a med cart and chairs stored in the corridor on the SPC side reducing the clear width to about 5.5 feet. c. There was a game table in the corridor near room 309 reducing the clear width to less than 5 feet.	C 150		
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: Based on observation, elements of the ceiling HVAC penetrations were not kept clean. Finding includes; The ceiling radiation damper in the Clarebridge laundry exhaust was very dirty.	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 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, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several (7) portable medical oxygen cylinders were stored in an unapproved beverage crate in room 207. 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler 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 to within 4 inches of the ceiling in the pantry. 3. Based on observation, there was no documentation of a January monthly inspection provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 166	Continued From page 5 system pull. 4. Based on observation, the globe is missing on an outdoor light fixture near room 409.	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 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.	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)	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 6 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 at a wire in the ceiling of the Training Room, b. Unrated foam used to seal holes at 3 inch PVC flues in the Control Room, c. Two of the 3 inch PVC flues in the Control Room are not protected with a listed fire collar where they extend up through the ceiling. d. Three of the 3 inch PVC flues in the Control Room have a listed fire collar that has fallen down from ceiling. f. A large hole in the ceiling of the Control Room, g. Holes where the wall meets the ceiling in the Control Room, h. Other holes in the ceiling in the Control Room, 2. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheons were found in: a. Small closet in Clarebridge Activity Parlor, b. Linen near room 213, c. Salt room, d. Health and Wellness Director's office, e. 300 Hall laundry,	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 7 f. Closet off 300 Hall laundry, g. Corridor at Clarebridge laundry. 3. 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. The one hour rated laundry door was held open with a permanent magnet. This fire rated door must be self-closing and must automatically latch when closed. Note; This deficiency was corrected during the survey. b. One pair of doors to the Dining room does not latch when closed. c. Hole at the lockset through the door to the Beauty Parlor, d. Hole at the lockset through the door to the Resident Program Co-ordinator's office, e. Hole at the lockset through the door to the CB Program Co-ordinator's office, 5. Based on observation, many corridor doors do not fit the opening properly to be resistant to the passage of smoke. Corridor doors that do not fit properly 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 the following improperly fitting doors; a. Room 102, b. Room 105, c. Room 109, d. Room 111, e. Room 210, f. Room 211, g. Room 213,	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 8 h. Room 401, i. Room 404, j. Room 405, k. Room 407, l. Room 409, m. CB Program Co-ordinator's office. 6. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. Corridor at room 207, b. Corridor at Clarebridge laundry. 7. Based on observation, a switch plate was broken and a junction box cover missing in the control room. Missing covers and broken plates expose energized wires and parts. 8. Based on observation, a GFCI type electrical outlet in the 300 Hall Parlor would not trip out when tested. Malfunctioning GFCI receptacles expose residents and staff to a possible electrocution hazard. 9. Based on observation, the fire alarm silence feature was not working. Findings; During the survey, the fire alarm system was to be activated in order to observe that the control functions of closing smoke doors and unlocking the exits were working. To minimize the disturbance to residents, the system was to be put in 'silence' mode to deactivate the horns and strobes. When the system was silenced, the 100 hall and 200 hall horns and strobes continued to sound.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MOREHEAD CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BRYAN STREET MOREHEAD CITY, NC 28557		
(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 199	Continued From page 9	C 199		
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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings include; a. The exhaust provided was not working in the janitor closet by the kitchen. b. The exhaust provided was not working in the laundry in Clarebridge.	C 199		