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
	HAL036012	A. BUILDING: 01 B. WING _____	R 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNION	1717 UNION ROAD GASTONIA, NC 28054

(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 1-11-2018. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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: 1. Observations revealed that the facility was not free of chronic unpleasant odors. Findings on 10-18-2017 and 1-11-2018: a. Spa by Room 10 - had a strong, unpleasant odor as if a plumbing vent were clogged. b. A Hall, Room 14 - the bathroom had a strong, unpleasant odor. 5. Observations revealed that the mechanical equipment was not maintained clean in good repair. Findings on October 18, 2017: a. There was a pattern of mechanical vents throughout the facility with a heavy accumulation of dust on the grilles, radiation dampers and hardware. b. There was a pattern of exhaust fans with a	{C 164}	Spa Room repaired And completed 2-6-18. Room 14 - using a different cleaning product for urine odors (Zoolab) odors are no longer there. Completed 2-14-18 Regular maintenance schedule going forward. A+B	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2-14-18

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{C 164}	Continued From page 1 heavy accumulation of dust on the grilles and fan equipment.	{C 164}		
{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 building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on 11-18-2017 and 1-11-2017: b. The attic access hatch by Room 15 did not close tightly. e. Room 41 - the escutcheon plate on the sprinkler head at the back of the room had slipped down leaving a gap in the ceiling. g. Exit by Room 28 - the escutcheon plate has dropped at the sprinkler head leaving a gap in the ceiling and the head is partially obstructed by an accumulation of spider webs. New findings on 1-11-2018; aa. Hole, approximately 8 inches by 36 inches to repair a frozen pipe , in the wall of the mechanical	{C 189}	b. Completed 2-13-18 e. Completed 1-30-18 g. Completed 1-30-18 Completed 1-22-2018	

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{C 189}	Continued From page 2 room across from the PT room. bb. Porch at exit from Magnolia room - the escutcheon plate on the sprinkler head had slipped down leaving a gap in the ceiling. cc. Magnolia room - the escutcheon plate on the sprinkler head had slipped down leaving a gap in the ceiling. 5. 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 doors do not completely close to help limit the spread of smoke or fire to the area of origin. Findings on 11-18-2017 and 1-11-2017: a. Kitchen - the door separating the kitchen from the dining area did not have a closer and did not close when the magnet was released during the fire alarm test. 6. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. This could effect all occupants of the facility if the domestic water supply became contaminated. Findings on 11-18-2017 and 1-11-2017: a. Kitchen icemaker - the condensate drain line was not a minimum 2" above the drain. 7. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment did not operate when needed. Findings on 11-18-2017 and 1-11-2017: a. Monthly in house service checks were not being conducted and logged on the tag for the	{C 189}	bb. Completed 1-30-2018 cc. Completed 1-30-2018 A. Completed 2-14-2018 closer was added Completed 1-18-2018 maintenance to monitor + complete monthly.	

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{C 189}	Continued From page 3 kitchen range hood suppression system.	{C 189}		