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
	HAL074012	A. BUILDING: 01 B. WING _____	01/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE W ARLINGTON BOULEVARD	2105 W ARLINGTON BOULEVARD GREENVILLE, NC 27834

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C 000	Initial Comments Report of a Biennial Construction Survey by Suzanna Fay conducted on January 31, 2018.. Records indicate this facility was first licensed on July 28, 1997 as a HA. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1997 Revision) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Physical plant deficiencies were noted which 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		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility was not in compliance with the Building Code when constructed or last renovated. Findings on January 31, 2018: a. The delayed egress at the main entrance doors did not start the process of unlocking when pushed. b. 200 Hall exit - the delayed egress did not activate immediately when the push bar was pressed. After adjusting the position of the pressure, the door released after 15 seconds. The alarm sounded but the volume was weak.	C 101	a. Simplex repaired on 2/6/18 b. Simplex tested and delayed egress worked properly monitor delayed egress monthly.	2/6/18 2/6/18
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 ceilings were not kept clean and in good repair. Findings on January 31, 2018: a. Dining room - a water stain approximately 8" in diameter was observed along the foyer wall. There were black mildew spots radiating from the center of the stain to a radius approximately 3". b. The ceiling finish had bubbled and was peeling	C 164	a. Mildre spot cleaned and water stain repaired + painted b. Ceiling repaired + painted	3/1/18 3/1/18

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C 164	Continued From page 2 off in the corridor at the light fixture outside of Room 408. a. Laundry room - the radiation dampers in the ceiling vents had a thick accumulation of dust and lint. 2. Observations revealed that the walls and doors were not maintained in good repair. Findings on January 31, 2018: a. Dining room exit door - the wood trim was missing along the left side of the door. b. Room 101 - a section of the wood base had fallen off the wall separating the sleeping area from the living area. The base had been replaced with a shorter section that left sharp edges exposed. c. Main laundry room - there is a hole at the exterior wall behind the industrial dryer where a pipe penetrates the wall. d. Main laundry - the cover plate for the light switch by the exit door is damaged. e. Mechanical room by the Activity office - the left electrical panel had fuzzy grayish mold growing around the perimeter inside the panel and black mildew spots on the wall around the panel	C 164	a. Dampers cleaned will be monitored monthly and cleaned as needed a. trim replaced b. wood base replaced c. Hole repaired with plaster d. replaced cover plate e. Mold has been cleaned from panel - will monitor quarterly	3/9/18 3/9/18 3/9/18 2/7/18 2/7/18 2/12/18
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.	C 189		

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C 189	Continued From page 3 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 January 31, 2018: a. Corridor outside main mechanical room - there is a gap around the sprinkler head. b. Housekeeping closet in 400 hall - the sprinkler head has dropped leaving a gap around the head at the ceiling penetration. c. Room 504 - there is a small gap around the sprinkler head in the bedroom. d. Intersection of the 400 and 500 halls - the sprinkler head has dropped leaving an opening around the head at the ceiling penetration. e. Maintenance office - the flange has fallen at the sprinkler pipe penetrating the ceiling leaving a gap at the ceiling. f. Corridor outside of Room 704 - the sprinkler head has dropped leaving a gap around the head at the ceiling penetration. g. Laundry room - a flange had dropped down at one of the pipes over the industrial dryer leaving a gap in the ceiling at the penetration. h. Riser room - there are several penetrations over the water heater where the fire caulking material has fallen out or been removed to conduct repairs. The ceiling repairs have not been finished (sealed and painted) and the flange for the exhaust needs to be secured. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could	C 189	a. repaired with plaster and check monthly b. repaired with plaster and check monthly c. repaired with plaster and check monthy d. repaired with plaster and check monthly e. repaired flange f. repaired with plaster and check monthly g. repaired flange h. flange secured seal cracks with fire caulk repair to ceiling with paint	3/14/18 3/14/18 3/14/18 3/14/18 3/14/18 3/14/18 2/8/18 3/14/18

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C 189	Continued From page 4 effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on January 31, 2018: a. The emergency light outside of the front office did not illuminate when tested. b. The emergency light (#20) by the Life Enrichment Coordinator's office did not illuminate when tested. c. The emergency light by Room 408 did not illuminate when tested. d. The emergency light (#9) by room 704 did not illuminate when tested. 3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on January 31, 2018: a. The door to the Beauty Salon was propped open with a rubber wedge impeding the ability to quickly close the door. 4. Based on observation electrical equipment has not been maintained in a safe manner. Failure to maintain electrical equipment is a safe manner could effect the safety of person exposed to the unsafe condition. Findings on January 31, 2018: a. Nurses' station - the cover box had fallen off one of the magnetic override switches leaving a hole in the wall around the switch with exposed wires.	C 189	a. replaced emergency light fixtre Perform tests One time a month b. " " c. " " d. " "	2/9/18 " " "
			a. Magnetic door Stop installed Will monitor to ensure door stops (rubber wedges) are not used	2/7/18
			a. replaced cover for override switch	2/9/18

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C 189	Continued From page 5 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on January 31, 2018: a. The right leaf on the cross corridor doors by the guest bathroom did not latch when released at the fire alarm activation. The magnet on that leaf was not secure to the wall.	C 189	a. Adjustment made to right leaf so door will latch - replaced electrical box in wall - will monitor monthly during fire drills.	2/2/18
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: 1. Observations revealed that the facility failed to provide exhaust ventilation at the rate of two cubic feet per minute per square foot in required spaces.	C 199		

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C 199	Continued From page 6 Findings on January 31, 2018: a. The exhaust fans in the main laundry areas were not working at the time of survey.	C 199	a. Exhaust fans functioning properly when tested on 2/5/18 in laundry areas 3 vents in laundry area for Exhaust and 2 vents are AC Return	2/5/18