STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080014	A. BUILDING: 01 B. WING _____	01/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SALISBURY	2201 STATESVILLE BOULEVARD SALISBURY, NC 28147

(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 1-25-2018. Records indicate this facility was first licensed as a Home for the Aged serving 88 residents on 10-30-1996. Therefore the facility must meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1996 North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I).	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, some of the Delayed Egress exit doors failed to comply with Section 1008.1.9.7.5 of the 1996 NC State Building Code.	C 101		

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C 101	Continued From page 1 Section 1008.1.9.7.5 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. Front door, b. The sign on the Bistro door was damaged and part was missing.	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 review. This Rule is not met as evidenced by: 1. Based on a review of documents, the most recent Fire Marshal building safety inspection report, dated 3-16-2017, listed 14 deficiencies. There was no subsequent documentation available to indicate the deficiencies had been corrected. 2. Based on a review of documents, the most recent Sprinkler inspection report, dated 1-14-2018, listed 3 deficiencies. There was no subsequent documentation available to indicate the deficiencies had been corrected.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

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C 164	Continued From page 2 (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, the ceiling finish was falling off in the beauty salon.	C 164		
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: An unapproved beverage crate was found in room 7 that has been used for oxygen storage. 2. Based on observation, there was no documentation of monthly inspections since October provided on the inspection tag at the range hood fire suppression system. Range	C 166		

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C 166	Continued From page 3 hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 3. Based on observation, there was no documentation of the required monthly inspections since May for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher. 4. Based on observation, a lamp cord type extension cord was being used in place of permanent wiring in room 47. Extension cords are intended for temporary use only and 2 wire lamp type extension cords must never be used. 5. Based on observation, an electrical outlet expander was in use in room 11. Electrical outlet expanders are not approved for use in Institutional Occupancies. 6. Based on observation, the system pull for the range hood fire suppression system was hidden under a paper attached to a bulletin board. Hiding safety equipment, such as a system pull could delay activation in a range fire. Note; This deficiency was corrected during the survey.	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 185		

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C 185	Continued From page 4 (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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of last year, there was no rehearsal done during the 3rd shift. b. In the 2nd quarter of last year, there was no rehearsal done during the 1st shift. c. In the 3rd quarter of last year, there was no rehearsal done during the 3rd shift. d. In the 4th quarter of last year, there were no rehearsals done during the 1st or 3rd shifts. 2. 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	C 189		

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C 189	Continued From page 5 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, 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. Both of the 3 hour fire doors failed to latch when activated by the fire alarm system. b. The astragal was loose on the smoke barrier doors near room 17 preventing the doors from resisting the passage of smoke. c. The door to the clean linen room does not fit the opening properly to be resistant to the passage of smoke. d. The door to the clean linen room does not latch when closed. e. The door to the dining room will not close and latch. f. The door to room 55 will not close and latch. g. The door to room 53 will not latch when closed. h. The door to the Activity room was wedged open. i. The door to the beauty salon was wedged open. 2. Based on observation, a sprinkler system head was missing in the corridor near the women's bathroom. Sprinkler systems must be kept fully intact and functioning. 3. Based on observation, the central battery system for the emergency lights in the front lobby	C 189		

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C 189	Continued From page 6 area 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. 4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in 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 in the ceiling of the corridor near the women's bathroom where a sprinkler head was missing, b. Hole by a conduit in the ceiling of the "Electrical Room" near room 48, c. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the corridor near the men's bathroom, in room 1 and in clean linen. 5. Based on observation, there was a pattern of dirty ceiling radiation dampers in exhaust and return ducts throughout the facility. Radiation dampers that are not periodically inspected and cleaned may not close properly in the event of a fire. 6. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding includes: The exit sign in physical therapy did not work on battery when tested.	C 189		

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C 191	Continued From page 7	C 191		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Findings include: There was a portable electric heater found connected in the Administrator's office.	C 191		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).	C 195		

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C 195	Continued From page 8 (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 hot water temperature was checked and found to be only 95 degrees F. in the women's bathroom in the lobby area. Hot water temperatures must be maintained between 100 and 116 degrees F.	C 195		
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. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include;	C 199		

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C 199	Continued From page 9 a. The exhaust system did not work in the housekeeping closet near room 9. b. The exhaust system did not work in the mop closet off the kitchen.	C 199		

The following is a summary of the Plan of Correction for Brookdale Salisbury. This Plan of Correction is in regards to the Corrective Action Report dated February 14, 2018. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0301Application 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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;

- Identified Delayed Egress signage will be replaced.

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.

- Will have available follow up documentation available for the following; Fire Inspection and Sprinkler System.

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.

- Identified ceiling finish will be repaired.

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.

- Identified oxygen tanks will be properly stored.
- Monthly inspections of the range hood suppression system will be completed with documentation available.
- Monthly fire extinguisher inspections will be completed with documentation present.
- Identified extension cord will be removed.
- Identified electrical outlet expansion will be removed.
- Safety equipment will be visible for use if needed.

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.

- Fire drills will be performed rotating shifts on a quarterly basis.
- Proper documentation to include; a short description how the evacuation And/or Relocation, area involved, type of fire event, etc will be present for conducted fire drills.

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.

- Indicated corridor doors will be repaired/replaced assuring proper closure and latching.
- Indicated astragal will be repaired/replaced.
- Indicated doors will be repaired/replaced to approve they are properly fitting the space.
- Indicated doors will be repaired/replaced to assure proper latching.
- Indicated door wedges will be removed.
- Indicated sprinkler head will be repaired/replaced.
- Will have properly working battery system for emergency lighting.
- Indicated holes/penetrations will be repaired.
- Indicated sprinkler escutcheons will be repaired.
- Indicated ceiling radiation dampers for exhaust and return ducts will be cleaned.

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.

- Indicated Exit sign will be repaired/replaced.

10A NCAC 13F .0311 Other Requirements

(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.

(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

- Indicated portable electric heater will be removed.

10A NCAC 13F .0311 Other Requirements

(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

- Hot water temperatures will be checked by Community Maintenance Technician/Designee and maintained in a log for review on a scheduled basis.
- If hot water temperatures are found to be outside of the appropriate range between 110* and 116* F, the hot water heater will be adjusted to bring the temperature back within range.

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.

- Identified exhaust systems will be repaired/replaced.

The Executive Director/Maintenance Technician will review items noted for necessary completion and/or repair, on or before 4/1/18.

The Executive Director/Maintenance Technician will do bimonthly building surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.

Emily [illegible], 3-1-18
Executive Director