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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
	HAL076034	A. BUILDING: 01 B. WING	02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE HAVEN	501 POINTE SOUTH DRIVE RANDLEMAN, NC 27317

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C 000	Initial Comments Report of Biennial Construction Survey by Suzanna Fay and Dennis Harrell on February 22, 2018. Records indicate that this facility was licensed on March 23, 1994 for 120 beds. Based on this information, this facility is required to meet the 1991 Rules for Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1991 (w/revisions) Edition of the North Carolina State Building Code for Group I - Institutional Unrestrained Occupancy. Deficiencies were cited and a Plan of Correction is required.	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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Mitchell Moran | Maintenance Director | 4/4/18

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with licensure and code requirements in effect at the time of construction, addition or alteration. Findings on February 22, 2018: a. There is not an exit sign above the door at the end of B Hall leading to C Hall. The length of the hallway is 75 feet or more. b. C Hall addition has three enclosed courtyards, one at each exit. The courtyards each have a locked gate. Two of the three gates were locked and would not release with the push button at the gates. The gates were opened and secured in an open position at the time of survey.	C 101	A adding a exit sign at the end of B hall leading to C Hall B will put non locking latches on gates	4/20/18 4/20/18
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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 walls and furnishings were not maintained in good repair. Findings on February 22, 2018: a. Mechanical room by the office - the door is dragging on the floor making it difficult to close. b. Room 2 - the gypsum board is damaged	C 164	A adjusted door so it will not drag	4/5/18

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C 164	Continued From page 2 behind the door where the hardware has hit the wall. c. Hopper room - there is a 4" x 8" hole in the wall below the sink foot pedals. d. Room 8 bathroom door - the door does not latch. e. B Hall half bath - the finish on the walls around the toilet is bubbled and flaking off. The wall base is loose and separating from the wall. f. C Hall - the exit door at the short hall was sticking and difficult to open. 2. Based on observation, the facility was not maintained free of odors. Findings on February 22, 2018: a. Upon entering the facility an unpleasant odor of stale urine was detected in the main lobby and corridor. The same odor was detected at A Hall. Interview with staff revealed that A Hall was home to a number of incontinent residents. b. Hazardous waste closet - had a strong unpleasant odor. Interview with staff revealed that they did not use the floor sink which has allowed the P-trap in the drain to become dry creating the unpleasant odor. 3. Observations revealed that the floors were not maintained in good repair. Findings on February 22, 2018: a. A Hall Shower room 1 - one of the ceramic tiles was missing from the shower floor at the drain. 4. Observations revealed that the ceilings were not maintained in good repair. Findings on February 22, 2018: a. C Hall Women's shower - the ceiling finish	C 164 B C D E F A B A A	Sheetrock has been repaired and door stop installed hole will be repaired Door has been adjusted and now latches wall will be rpaired and repainted and base reglued exit door adjusted rug at the front door has been cleaned and all automatic deodorizers have been repaired or replaced water has been run down P-trp and put on a schedule to be done weekly tile will be replaced have a painter to come in and repair and respray ceiling	3/6/18 4/26/18 2/27/18 4/20/18 4/5/18 2/23/18 3/1/18 4/20/18 4/26/18

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C 164	Continued From page 3 over the shower is flaking off. Some of the ceiling finish was removed and has not been patched. b. Basement - the basement area has a moisture problem. There are numerous large areas of black mildew stains throughout the room. One area near the door has severe damage and the gypsum has separated and begun to fall.	C 164	B dehumidifier has been put in to take care of moisture and sheetrock will be repaired and painted	4/26/18
C 165	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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 facility was not maintained free of hazards. Dryer lint is highly combustible and a build up of lint can cause a fire or provide fuel for a fire. Findings on February 22, 2018: a. There is a significant amount of lint build up around the exterior dryer exhaust. The lint has accumulated in the corner and up the masonry wall.	C 165	A all lint build-up has been cleaned up	2/27/18
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	C 185		

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C 185	Continued From page 4 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: 1. Review of records revealed that the facility did not maintain fire rehearsal records in accordance with the licensure rules. Findings on February 22, 2018: a. The fire rehearsal logs did not contain a short description of what the rehearsal involved.	C 185 A	A short description will be add to rehearsals	3/1/18
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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the	C 189		

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C 189	Continued From page 5 facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on February 22, 2018: a. The fire alarm panels indicated trouble on the system. All of the fire doors and smoke partition doors were in a closed position. A test of the system by spraying a smoke detector with canned smoke did not set off the alarm. Interview with the administrator revealed that the system had been down since February 6, 2018. A service call had been rendered and the facility was informed that the panel needed replacement parts. The facility notified the local fire official and placed the facility on a fire watch on February 6, 2018. 2. 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 February 22, 2018: a. Mechanical outside of laundry - a section of ceiling over the electrical panels has been patched with a gypsum board panel. The patch needs to be improved in order to maintain the rated ceiling assembly. b. Mechanical outside of laundry - there is a gap in the rated ceiling assembly at the gas line where the fire caulk material is coming loose and falling out. c. Mechanical outside of laundry - the facility has installed two new tankless water heaters. The 4" conduits penetrating the ceiling are not sealed with collars. d. Time clock room - the ceiling flange on the hot water vent has come loose leaving a large gap in	C 189 A A B C D	Fire Alarm panel was replaced with a new and updated alarm panel will repair sheetrock fire caulk was put around the gas line will get collars to install flange was push up and tighten to close large gap	3/7/18 4/20/18 3/20/18 4/20/18 3/16/18

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C 189	Continued From page 6 the rated ceiling assembly. e. Time clock room - an electrical sleeve containing data wire has not been sealed with fire caulk. f. Hopper room - the sprinkler head escutcheon plate has dropped leaving a gap in the fire rated ceiling assembly. g. Room 10 - the escutcheon plate on the sprinkler head nearest the door has dropped leaving a gap in the ceiling. h. Room 65 - the top ring of the sprinkler escutcheon plate is missing in the closet leaving a hole in the ceiling. i. Room 68 - the top ring of the sprinkler escutcheon plate is missing in the left closet leaving a hole in the ceiling. j. C Hall laundry - two 4" ducts penetrating the ceiling have not been sealed creating a large hole in the fire rated ceiling assembly. k. Riser Room - the riser pipe is not sealed where it penetrates the ceiling. l. Riser Room - there is an open cable penetration at the front wall of the riser room. m. Riser Room - there is a gap in the wall between the electrical panels. 3. 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 the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on February 22, 2018: a. A Hall fire doors - one leaf did not latch when released. b. B Hall fire doors - one of the doors does not latch when released. c. B Hall smoke door by Room 37 - the right leaf	C 189 E F G H-I J K-L M A-B C	wires sealed with fire caulk escutcheon was pushed back up escutcheon was pushed back up Order escutcheons will install when they come in will get collar to install fire caulk was put in to seal penetrates wall will be repaired at electrical panels Door and latches was adjusted so door would latch door was adjusted so it would close	3/1/18 2/27/18 2/27/18 4/13/18 4/20/18 3/1/18 4/13/18 2/27/18 4/5/18

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C 189	Continued From page 7	C 189		
	catches on the frame and does not close completely.			
	d. Room 30 - the corridor door does not latch.	D	door was adjusted and will latch now	4/4/18
	e. C Hall fire doors - the right leaf did not latch when released.	E	door was adjusted and will latch now	4/4/18
	4. 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 February 22, 2018: a. The following rooms were found to be propped open using a trash can: Room 2, Room 4, Room 16, Room 40 and Room 45.	A	rooms 2,4,16,40,and 45 have been adjusted so they will stay open	4/5/18
	b. Med room - the door was propped open using a wedged device.	B	will get a mag door stop to hold open	4/20/18
	5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes in the doors nor gaps between the door and the door frame stops.			
	Findings on February 22, 2018: a. Room 6 - there is a gap at the top of the door. b. Room 19 - there is a gap along the top right edge of the door. c. Room 29 - there is a gap along the top right edge of the door. d. Room 44 - the corridor door has a gap along the latch side and does not close and latch.	A-D	door and frame was adjusted to close gap	4/6/18
	e. B Hall shower door - there is a 1/4" round hole in the door above the door hardware.	E	hole was repaired above door hardware	3/28/18

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C 189	Continued From page 8 6. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Toilet fixtures that are not fixed can cause injury to a resident. Findings on February 22, 2018: a. A Hall Shower room 2 - the toilet was not secure to the floor.	C 189 A	toilet has been secured to the floor	2/28/18
	7. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on February 22, 2018: a. A Hall Shower room 2 - the GFCI outlet at the sink does not trip when tested. b. B Hall half bath - the GFCI outlet at the sink does not trip when tested.	A-B	GFCI outlet was replaced and are working	3/5/18
	8. 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 in the smoke compartment did not operate when needed to provide fire protection. Findings on February 22, 2018: a. Kitchen - the in house monthly service checks are not being conducted for the hood suppression system.	A	Maintenance has it in the schedule to do monthly checks on hood suppression system and document on tag	2/27/18
	b. Kitchen - the fire extinguisher did not have a monthly check for December 2017.	B	Maintenance has it in the schedule to do monthly checks on fire extinguisher and document on tag	2/27/18
	9. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and			

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C 189	Continued From page 9 exits were not illuminated during a power outage. Findings on February 22, 2018: a. C Hall Library - the emergency light did not illuminate when tested on battery back up. b. C Hall - the emergency light by the Med Room did not illuminate when tested on battery back up. c. C Hall - the emergency light by Room 64 did not stay illuminated when tested. 10. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating due to sprinkler heads being obstructed could effect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on February 22, 2018: a. C Hall storage room - plastic tubs were stored to within an inch or two of the sprinkler heads. The tubs were removed at the time of survey.	C 189	A-B replaced emergency light C replaced the battery A was removed at time of survey	2/28/18 3/1/18 2/22/18
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.	C 199		

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C 199	Continued From page 10 (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 did not provide exhaust ventilation in required areas. Findings on February 22, 2018: a. Women's guest bath - the exhaust fan is not working. b. Room 9 bathroom - the exhaust fan is not working. c. Room 36 bathroom - the exhaust fan is not working. d. C Hall Staff bath - the exhaust fan is not working. e. C Hall Women's shower - the exhaust fan is not working.	C 199 A-E	Fans will be replaced or repaired	4/20/18