STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL076007	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ASHEBORO	**514 VISION DRIVE ASHEBORO, NC 27203**

(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 Construction Section Biennial Survey report by Frank Strickland and Ed Miller on 04/05/2018: This facility was first licensed on 02/13/1997 as a HA. The facility is currently licensed for 76 Beds with a 24 Bed Special Care Unit. 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 Revisions) North Carolina State Building Codes, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies have been cited and a Plan of Correction is required.	C 000		
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 observations, this facility has failed to have current safety inspection reports. Findings on 04/05/2018: There is not a current Fire Alarm Testing report on site for review.	C 111		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	Continued From page 1 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, this facility has failed to provide exit passageways in an uncluttered, free of obstructions and hazards. Findings on 04/05/2018: The exit vestibule in the Memory Care Unit adjacent to Room 412 has excessive stored items such as plastic storage containers, shelving units and recreation equipment blocking the exit passageway.	C 166		
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, this facility has failed to maintain the fire safety equipment in a safe and	C 189		

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C 189	Continued From page 2 operational condition. Findings on 04/05/2018: The OS&Y temper switches are disabled at the sprinkler riser. 2-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operational condition. Findings on 04/05/2018: Per the sprinkler report the sprinkler system gauges are due for calibration or replacement. 3-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operational condition. If self closing doors are not self closing, fire and smoke could spread. Findings on 04/05/2018: The fire-rated door entry for the Laundry in the Azalea Court Wing is being held open with a coat hanger attached to a door knob from an adjacent door. 4-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operational condition. Findings on 04/05/2018: All of the return-air grilles have excessive particulate build-up at the radiation dampers. 5-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operational condition. Findings on 04/05/2018: The smoke-barrier door hold open device box in the wall is not secure located adjacent to the	C 189		

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C 189	Continued From page 3 Laundry Room in the SCU. 6-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operational condition. Findings on 04/05/2018: The exit sign located at the 100/200 HALL intersection is not secure to the ceiling. 7-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operational condition. Findings on 04/05/2018: The exit sign does not have battery back-up that is located at the double corridor doors in the 400 HALL/Spa. 8-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operational condition. Findings on 04/05/2018: There are ceiling openings adjacent to sprinkler heads located at the following locations: (a) Storage Closet adjacent to Room 210. (b) Residential Laundry Room Closet in the 300 HALL. (c) Spa/Shower Room/400 HALL. (d) Entrance into Activity Room.	C 189		
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be	C 193		

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C 193	Continued From page 4 used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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, this facility has failed to ensure stoves were operated under supervision. Findings on 04/05/2018: The stove was energized that was directly adjacent to residents at dining tables and was not supervised by staff. The stove was de-energized at the time of the inspection by removing the fuse in the disconnect under the base cabinet.	C 193		