

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL016006                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                             | (X3) DATE SURVEY COMPLETED<br><br>R<br>06/15/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BROOKDALE MOREHEAD CITY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>107 BRYAN STREET<br>MOREHEAD CITY, NC 28557 |                                                                                                                 |                                                   |
| (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<br><br>Report of Biennial Follow Up Construction Survey by Dennis Harrell on 6-15-2018.<br><br>Some deficiencies were not corrected. Further action is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (C 000)                                                                              |                                                                                                                 |                                                   |
| (C 101)                                                     | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the Building did not meet the NC State Building Code at the time of construction or alteration. The Building Code requires doors in smoke barrier walls to have a minimum 20 minute fire rating. This could affect all residents, staff and visitors during a fire emergency if the doors provided fail to resist the movement of smoke to the adjacent smoke compartment.<br>Findings include: | (C 101)                                                                              | See below; POC on second page.                                                                                  |                                                   |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Elizabeth B. Sprung*

TITLE

*Executive Director*

(X6) DATE

*06/23/2018*

STATE FORM 6899

26W722

If continuation sheet 1 of 3

If continuation sheet 2 of 3

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL016006</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                                      |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/15/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE MOREHEAD CITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>107 BRYAN STREET<br/>MOREHEAD CITY, NC 28557</b> |                                                                                                                          |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                    |
| (C 189)                                                            | Continued From page 2<br><br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>3. 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.<br>Findings on 6-15-2018;<br>b. One pair of doors to the Dining room does not latch when closed. | (C 189)                                                                                      | C 198, 3. The doors in the dining area have been re-adjusted and now latch properly.                                     | 06/21<br>/2018           |                                                                    |