STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: **01** B. WING _____	**08/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	**201 WEST HARTLEY DRIVE HIGH POINT, NC 27265**

(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 Biennial Construction Section Survey report by Frank Strickland and Suzanna Fay on 08/15/2018: This facility was licensed on 05/13/1994 for 82 beds. Based on this information we are requiring that this facility meet the 1991 "Homes for the Aged and Disabled - Minimum Standards and Regulations," the 1991 Edition of the North Carolina State Building Code : Section 409 Institutional Occupancy - Group I, and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 110	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.	C 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: **01** B. WING _____	**08/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	**201 WEST HARTLEY DRIVE HIGH POINT, NC 27265**

(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 110	Continued From page 1 This Rule is not met as evidenced by: 1-Based on interview and observation, this facility did not meet the "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", specifically 15A NCAC 18A .1317(a) which requires the facility to have an effective policy in place to prevent bed bugs from entering and how to mitigate future bed bug infestations. Findings on 08/15/2018: Based on interview with facility Executive Director [ED], bed bugs were first observed in April of 2018. Record review of Pest Management Company inspection and service records show that bed bugs were observed (and treated) in Room 58 on 07/10/2018. Interview with facility ED, room 58 was currently unoccupied. Direct observation at the time of survey revealed the door to Room 58 had been sealed shut with tape. Direct observation of room 58 revealed several live bed bugs were crawling on the wall.	C 110		
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;	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: **01** B. WING _____	**08/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	**201 WEST HARTLEY DRIVE HIGH POINT, NC 27265**

(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 164	Continued From page 2 (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-Based on observation, this facility has failed the keep floor coverings and walls clean. This causes visual inspections to be indeterminate as to whether treatments to eradicate bed bugs are effective. Findings on 08/15/2018: The perimeter of all the following rooms have not been vacuumed to remove dead bed bug casings and the walls are dirty. (a) Room 58	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, this facility has failed to be maintained to prevent obstructions and hazards. Findings on 08/15/2018: The following locations have doors that drag on the floor and fail to latch. (a) Dining Room/Kitchen Entry door	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: **01** B. WING _____	**08/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	**201 WEST HARTLEY DRIVE HIGH POINT, NC 27265**

(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 166	Continued From page 3 (b) Room 40 (c) Room 46 (d) Library Exit door/50 HALL (e) Library Room Entry door/50 HALL (f) Beauty Shop (g) Women's Bathroom/100 HALL (h) Room 107 (i) Room 112 Closet (j) Room 113 (k) Room 116 (l) Room 39 2-Based on observation, this facility has failed to be maintained to prevent obstructions and hazards. Findings on 08/15/2018: There is a file cabinet that is preventing the Pantry door from closing.	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 resistance construction in a safe and in good condition.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: **01** B. WING _____	**08/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	**201 WEST HARTLEY DRIVE HIGH POINT, NC 27265**

(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 189	Continued From page 4 Findings on 08/15/2018: The sheetrock is damaged and not secured to the roof structure that provides fire-resistance around the flue pipe that is located in the Hot Water/Mechanical Room and Chemical Closet 30 HALL. 2-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 08/15/2018: The air compressor was cycling on/off while the inspecting the sprinkler riser w/pressures being maintained but obviously an air leak in the system. 3-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 08/15/2018: The emergency light that is located adjacent to the Resident Program Coordinator's Office did not operate. 4-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 08/15/2018: The magnetic holder device is not secured in the wall that holds opent the left-hand side Dining Room entry door. 5-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 08/15/2018:	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: **01** B. WING _____	**08/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	**201 WEST HARTLEY DRIVE HIGH POINT, NC 27265**

(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 189	Continued From page 5 The following locations have sprinkler escutcheons that are not secured in place against the ceilings: (a) Business Office Coordinator's office (b) Dining Services's Office 6-Based on observation, this facility has failed to maintain and provide fire safety components in a safe and operating condition. Findings on 08/15/2018: Directional exit signs with chevrons are not provided at the following locations to prevent dead-end egress conditions: (a) Sitting Area/100 HALL (b) Side Exit/100 HALL 7-Based on observation, this facility has failed to maintain and provide fire safety components in a safe and operating condition. Findings on 08/15/2018: There are damaged attic access panels located at the following locations that are so damaged that there is not any fire resistance and replacement is in order: (a) 50 HALL (b) Library/50 HALL (c) Med Room rear Office 8-Based on observation, this facility has failed to maintain plumbing equipment in a safe and operating condition. Findings on 08/15/2018: The temperature control valve is not in place for the tub located in the 40 HALL Spa Room. 9-Based on observation, this facility has failed to maintain HVAC equipment and components in a	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: **01** B. WING _____	**08/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	**201 WEST HARTLEY DRIVE HIGH POINT, NC 27265**

(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 189	Continued From page 6 safe and operating condition. Findings on 08/15/2018: All of the return-air grilles have excessive particulate build-up. 10-Based on observation, this facility has failed to maintain the fire resistance construction in a safe and operating condition. Findings on 08/15/2018: There are holes drilled through the corridor door header for the IT/Phone Room and a grille on the corridor side that has no fire resistance. 11-Based on observation, this facility has failed to maintain and provide fire safety components in a safe and operating condition. Findings on 08/15/2018: Located at the following locations are smoke-barrier doors that failed to close all the way to resist the passage of smoke/fire: (a) Dining Room entry doors (b) Cross corridor door in the 30 HALL	C 189		
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	C 191		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: **01** B. WING _____	**08/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	**201 WEST HARTLEY DRIVE HIGH POINT, NC 27265**

(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 191	Continued From page 7 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 prevent the use of electric heaters in rooms. Findings on 08/15/2018: A portable electric heater was found in Room 48.	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). (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 water temperatures in a safe and operating condition. Findings on 08/15/2018: The water temperature was taken in Room 33 Bathroom and read 124 degrees Fahrenheit. The temperature was turned down at the water heater and the water system was flushed for 30 minutes with a temperature drop reading of 110 degrees	C 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: **01** B. WING _____	**08/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	**201 WEST HARTLEY DRIVE HIGH POINT, NC 27265**

(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 195	Continued From page 8 Fahrenheit..	C 195		