Brookdale:

- Leading U.S. senior living provider
- Capacity to serve 111,000 residents in 47 states
- Systems and support for community associates that help us enrich the lives of those we serve

Community Features:

Assisted Living
Dementia Care

Facsimile

Date: NOV 21, 2018

From: Jeanne Eisenhauer

To: DHSR Construction

FAX #: 919.733.6592

Subject: POC for Brookdale EC

Number of Pages (including Cover): 13

Message:

Please accept our plan of Corrections.

Jeanne

BROOKDALE
—SENIOR LIVING SOLUTIONS—

Brookdale of Elizabeth City 18210
401 Hastings Lane
Elizabeth City, NC 27909 FAX (252)331-0334
(252) 333-1171

brookdale.com

BROOKDALE
ELIZABETH CITY
SENIOR LIVING SOLUTIONS

- The following is the Plan of Correction for **Brookdale Elizabeth City** regarding the Statement of Deficiencies dated 10/10/2018. 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 a 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. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to make changes and improvement to satisfy that objective.

Please see attached POC. I am also requesting a 60 day extension on Tag # C116 to allow us to get the proper permit and quotes to redesign our spa room. I am also waiting on a quote for the service hall door to be replaced.

Please let me know if you need anything else.

Jeanne Eisenhaure, ED

Jeanne Eisenhaure
Brookdale Elizabeth City

401 Hastings Lane
Elizabeth City, NC 27909
Phone (252) 333-1171
brookdale.com
Facility No. 18210

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	HAL070005	A. BUILDING: 01 B. WING _____	10/10/2018

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on October 10, 2018. Records indicate this facility was first licensed as a Home for the Aged on August 20, 1997. The facility is currently licensed for a total capacity of seventy-six, beds, which includes a twenty-two 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 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited that require a Plan of Correction.	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. Review of records revealed that the facility did not have current sanitation and fire safety inspection reports available for review. Findings on October 10, 2018: a. The current building sanitation report could not be located.	C 111	completed on wall outside ED's office	10/10/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Jeanne Eisenhauer, ED — 11/21/18

STATE FORM 6899 WOYF21 If continuation sheet 1 of 11

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C 111	Continued From page 1 b. The current fire alarm system inspection report could not be located.	C 111	was completed on 11/27/18 coming back in 11/2018	
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall	C 116		

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C 116	Continued From page 2 submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Observations revealed that the facility remodeled and did not submit plans to DHSR/Construction for review and approval. Findings on October 10, 2018: a. The Community Bath in the 300 Hall has been remodeled and converted into a maintenance office and storage room.	C 116	See next page	
C 134	Bathrooms-Roll-in Shower SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (7) Each home shall have at least one bathroom opening off the corridor with: (A) a door of three feet minimum width; (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet; (C) a bathtub accessible on at least two sides; (D) a lavatory; and (E) a toilet. (8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet;	C 134		

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C 134	Continued From page 3 This Rule is not met as evidenced by: 1. Observations revealed that the facility does not provide at least one bathroom opening off the corridor with a roll-in shower, an accessible bathtub, a lavatory and a toilet for 54 of the 76 residents. Findings on October 10, 2018: a. The Community Bath that opens off the corridor in the 300 Hall has been converted to use as a maintenance office and storage area. The only other Community Bath is in the SCU which is not accessible to the AL residents.	C 134	waiting on quotes to be put back to a community Bath Seeing if permits are required for putting it back to a spa room.	
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Observations revealed that the facility is using a bathroom for purposes other than those indicated in the licensure rules. Findings on October 10, 2018: a. 300 Hall Spa - the spa has been converted to use as a maintenance office.	C 135		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 150		

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C 150	Continued From page 4 (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of equipment and other obstructions. Corridors must maintain a 6' minimum clearance for egress. Findings on October 10, 2018: a. Three med carts were parked outside of dining restricting the corridor to less than 6' of clearance. Interview with staff revealed that the carts were typically stored in the hallways when not in use.	C 150	carts have been moved so there is 6' of clearance in Hallways.	10/12/18
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; (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 furnishings were not kept in good repair. Findings on October 10, 2018: a. Room 106 - the closet bifold door was completely off of its track and was found propped up against the wall.	C 164	completed on	11/15/18

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C 164	Continued From page 5 b. Room 207 - the hinge on the bathroom door is loose and the door drags on the frame. 2. Observations revealed that the ceilings were not kept clean. Findings on October 10, 2018: a. Room 108 - the closet ceiling is spotted with mildew. b. 400 Hall Laundry - the ceiling around the diffuser has a large brown water stain and there are patches of mold around the diffuser.	C 164	completed completed completed	10/11/18 10/14/18 11/9/18
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. Observations revealed that the facility was not maintained free of all obstructions and hazards. Findings: a. 400 Hall exit by Room 409 - the vinyl floor at the threshold was cut back due to curling. The repairs have left an indentation along the threshold that could cause a person to trip.	C 166	completed	11/14/18
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	Continued From page 6 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. Observations revealed that the life safety equipment was not maintained in a safe and operation condition. Exit doors that are blocked or are difficult to open are a danger to the residents, staff and visitors by obstructing egress in a fire or other emergency. Findings on October 10, 2018: a. Exit door by Room 212 - the exterior door has rotted making the hinge loose and the door was very difficult to open. The bottom of the door is rusting out as well as the hinges and the the sweep is falling out of the door creating an additional drag when opening. b. Service Hall - the exterior door is heavily rusted on the exterior face and the door is difficult to open. 2. Observations revealed that the fire safety equipment is not maintained in a safe and operating condition. Findings on October 10, 2018: a. Riser Room - the accelerator has been turned off which could delay the sprinkler system ability to suppress a fire. 3. Based on observation there is a failure to	C 189	Being ordered Being ordered completed	12/31/18 12/31/18 10/12/18

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C 189	Continued From page 7 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 October 10, 2018: a. Front entry - the smoke detector outside of dining has dropped leaving a hole at the ceiling. b. Storage by Room 101 - the supply vent is falling out of the ceiling. c. 100 Hall Laundry - the access panel is pulling out of the wall. d. Room 111 - the escutcheon plate is missing from the closet sprinkler head leaving a gap at the ceiling. e. There is a small hole in the ceiling near the 200 Hall Parlor and the area around the hole is damp and stained. f. 300 Hall Parlor - there are gaps around the sprinkler pipe and cable penetrations behind the boxed out enclosure. g. Chemical Storage in service hall - the supply grille is not secure to the ceiling leaving a gap in the rated ceiling assembly. h. Chemical Storage in service hall - there is a gap at the sprinkler head where the escutcheon plate has dropped. i. Riser Room - there is a small hole at the data cable penetration. j. Service Hall - there is a small hole at the sprinkler head where the escutcheon plate has dropped. 4. Observations revealed that the building equipment was not maintained in a safe condition. Non-rated access panels in fire rated ceilings would fail to resist fire in the event of an emergency.	C 189	completed completed completed completed completed	10/12/18 10/11/18 10/12/18 10/12/18 10/12/18

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C 189	Continued From page 8 Findings on October 10, 2018: a. Library - the access panel appears to be of a plastic material and is not secure to the ceiling leaving gaps in the rated assembly. b. 300 Hall Parlor - the access panel is a plastic material not suitable for rated ceiling construction and the panel is sagging leaving a gap in the ceiling assembly.	C 189	Being ordered by Granger	12/15/18
	5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.			
	Findings on October 10, 2018: a. 100 Hall Laundry - the latch does not fully release so that the door does not latch.		completed	10/12/18
	b. Room 102 - the jamb is loose and the door is hard to close.		completed	10/12/18
	c. Parlor - the door between the Parlor and the Sunroom is catching on the frame and does not close completely.		completed	10/10/18
	d. 400 Hall Dining - the door hinge is loose and the door no longer closes and latches.		completed	10/11/18
	e. 400 Hall Parlor - the door does not close and latch. f. Program Coordinator's Office - the door hinge is loose and the door drags on the frame.			
	6. Observations revealed that the mechanical equipment was not maintained in a safe and operating manner.			
	Findings on October 10, 2018: a. 100 Hall Laundry - one of the dryer ducts has become disconnected at the back of the dryer.		completed	10/12/18

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C 189	Continued From page 9 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Stored items that are within 18" of the sprinkler head may hinder or disrupt the flow of water needed to suppress a fire. Findings on October 10, 2018: a. Storage Room by 106 - items were stored within 18" of the sprinkler head. b. Storage across from Room 109 - items were stored within 18" of the sprinkler head. 8. Observations revealed that the electrical equipment is not maintained in a safe and operating condition. Findings on October 10, 2018: a. Parlor - the cable box cover plate is broken along the side. b. Service Hall - one of the electrical boxes outside of the kitchen is loose and pushing out of the wall. 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 exits were not illuminated during a power outage. Findings on October 10, 2018: a. The emergency light outside of the Health and Wellness Director's Office did not illuminate on battery test. 10. Based on observation, the facility's life safety equipment is not maintained in a safe and operating condition. Rated corridor doors in incidental use areas require closers to insure the door shuts automatically.	C 189	completed completed completed completed	11/2/18 11/8/18 10/12/18 11/6/18

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C 189	Continued From page 10 Findings on October 10, 2018: a. Laundry Room - the door closer has been removed.	C 189		
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: 1. Observations revealed that exhaust ventilation was not maintained in required areas. Findings on October 10, 2018: a. Room 206 Bath - the exhaust fan is not working. b. Chemical Storage in the service corridor - the exhaust fan is not working and there is a chemical odor. c. Room 410 Bath - the fan is not working. d. Room 403 Bath - the exhaust fan is not working and there is an unpleasant odor.	C 199	completed	10/12/18