STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: 01 B. WING _____	09/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

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C 000	Initial Comments Report of a Construction Section Biennial Survey conducted by Suzanna Fay and Frank Strickland on September 5, 2018. Records indicate that this facility was first licensed or submitted on October 27, 1997 as a Home for the Aged. The facility is currently licensed for 84 beds. 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 North Carolina State Building Code(s), Group I Occupancy and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited and a Plan of Corrections is required.	C 000		
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 ceilings were not kept clean and in good repair. Findings on September 5, 2018:	C 164		

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

Executive Director — 11/21/18

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C 164	Continued From page 1 a. The ceiling finish outside of Room 6 is cracked and pulling away from the sheetrock. b. East Wing - the ceiling finish has separated at the seam and is sagging outside of the living area. c. The ceiling is damaged around the attic hatch outside of Room 24. 2. Observations revealed that the facility was not maintained free of unpleasant odors. Findings on September 5, 2018: a. Room 5 has a strong unpleasant odor of urine. 3. Observations revealed that the walls were not kept clean and in good repair. Findings on September 5, 2018: a. East Wing - there is a section of sheetrock wall knocked out between the nurse call panels. 4. Observations revealed that the furnishing are not kept in good repair. Findings on September 5, 2018: a. Room 18 - the door drags on the frame making it difficult to open and close. b. Room 13 - the door drags on the frame making it difficult to open and close. c. Room 26 - the door drags on the frame making it difficult to open and close.	C 164	Maintenance tech will repair sheetrock outside of room 6. Ceiling will be repaired outside of living area and around attic hatch by room 24. To be completed by December 10, 2018. Maintenance tech will ensure room 5 is cleaned and has no unpleasant odors. To be completed by December 10, 2018. Maintenance tech will replace sheetrock by the nurse call station. To be completed by December 10, 2018. Doors to be repaired in rooms 13, 18 & 26. To be completed by December 10, 2018.	
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	C 189		

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C 189	Continued From page 2 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 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 September 5, 2018: a. Room 6 - the sprinkler head escutcheon plate is missing leaving a hole in the ceiling. b. East Wing long corridor - there is a pattern of holes and gaps around the sprinkler heads. c. Room 11 - the escutcheon plate in the back closet has dropped leaving a gap in the ceiling. d. Med Closet - the escutcheon plate has dropped leaving a gap in the ceiling. e. Supply Closet outside of Laundry - the is a large hole at the sprinkler head. f. Mechanical/Riser Room - there is a large hole in the ceiling where the riser pipe penetrates. g. Small Dining Mechanical Closet - the escutcheon plate has dropped leaving a gap in the ceiling. h. Women's Toilet - the escutcheon plate has dropped leaving a gap in the ceiling. i. Dining Hall - the escutcheon plate on the sprinkler head in front of the corridor windows has dropped leaving a gap in the ceiling. j. Porch outside of Room 29 - one of the sprinkler head escutcheon plates is missing. k. Room 29 - both of the bedroom escutcheon plates have dropped leaving a gap at the ceiling.	C 189	Maintenance tech will ensure that all escutcheon plates are in proper working condition along with no gaps or holes in the ceilings. To be completed by December 10, 2018.	

Division of Health Service Regulation

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C 189	Continued From page 3 l. Room 32 - the escutcheon plates have dropped leaving a gap in the ceiling in the bedroom, in the bathroom and in one of the closets. m. There are holes at the sprinkler heads on both sides of the smoke doors outside of Room 34. n. Marketing Office - the escutcheon plate has dropped leaving a gap in the ceiling. o. Main Electrical Room - there were unsealed penetrations at a one sprinkler pipe and at two cable penetrations. 2. 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 September 5, 2018: a. Life Enrichment Coordinator's Office - the door does not latch when closed. b. West Wing Living Room - one of the corridor doors has splintered at the top and prevents the door from latching. 3. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Findings on September 5, 2018: a. The R/A outside of the Laundry Room has a heavy accumulation of dust. b. Staff Bath across from Laundry - the R/A vent has a heavy accumulation of dust. c. Dining Room - the R/A vents are dirty and the dirt is blowing onto the popcorn ceiling around the vents.	C 189	Maintenance will repair all doors to ensure that they latch when closed. To be completed by December 10, 2018. Housekeeping will ensure that all R/A vents are cleaned appropriately. To be completed by December 10, 2018.	

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C 189	Continued From page 4 d. West Wing Spa - the R/A vent has a heavy accumulation of dust. 4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on September 5, 2018: a. Kitchen - the exit sign did not illuminate on battery test. 5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on September 5, 2018: a. Room 38 - the bathroom toilet is loose. 6. 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 September 5, 2018: a. East Wing - the cross corridor doors are connected to hold open devices. The doors did not release from the magnets when the fire alarm was activated.	C 189	Maintenance will ensure that emergency light battery is changed and in good working order. To be completed by December 10, 2018. Maintenance will repair toilet to ensure that it is not loose. To be completed by December 10, 2018. Maintenance will repair magnetic devices to ensure that fire doors release when alarm is activated. To be completed by December 10, 2018.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 5 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 the facility did not provide exhaust ventilation in required areas. Findings on September 5, 2018: a. The exhaust fans are not working on the East Wing right side. Interview with Staff revealed that he had already ordered the necessary parts for repair and was waiting on the delivery. b. Staff Bathroom - the exhaust fan is not working. c. Room 32 - the bathroom exhaust fan is not working. Note: this room is under repair and the fan may have been disconnected.	C 199	Maintenance will repair exhaust fans in staff bathroom, room 32 bathroom and in the right side of the East Wing. To be completed by December 10, 2018.	