Division of Health Service Regulation

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 _____	R 10/12/2018

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 Report of a Biennial Follow Up Construction Survey by Ed, conducted on October 13, 2018. Deficiencies were cited that will require a new Plan of Correction..	{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. 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	{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 _____	R 10/12/2018

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 infestations. Findings on 10/12/2018: Record review of Pest Management Company inspection and service records show that bed bugs were observed (and treated) in Room 58 on 10/11/2018. Interview with facility ED and observation, room 58 is currently unoccupied and the carpet has been removed. 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 no observed bed bugs or casings.	{C 110}	On October 16, 2018 Terminex Inspected room 58 and determined that There was no bed bug activity and stated room Has been cleared. Inspection report is attached.	
{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 10/12/2018: The following locations have doors that drag on the floor and fail to latch. (a) Dining Room/Kitchen Entry door (b) Room 40	{C 166}	Community has examined all affected doors and will have repaired to ensure they do not drag and prevent obstructions or hazards. To be completed by December 10, 2018	

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 _____	R 10/12/2018

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 2 (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	{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: 2-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 10/12/2018: 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.	{C 189}	Air compressor was not cycling on and off this was from previous inspection in August and was repaired on August 17, 2018.	

Division of Health Service Regulation

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 _____	R 10/12/2018

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 3 Findings on 10/12/2018: The emergency light that is located adjacent to the Resident Program Coordinator's Office did not operate. 5-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 10/12/2018: 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 10/12/2018: 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 10/12/2018: 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	{C 189}	Maintenance Tech ordered battery to be installed in emergency exit light. To be completed by December 10, 2018. Maintenance Tech will make sure that escutcheons are secured against ceilings. To be completed by December 10, 2018. Advanced Fire and Communication will install two additional directional exit signs. To be completed by December 10, 2018. Community has ordered attic access panels to replace damaged ones throughout the community. To be completed by December 10, 2018.	

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	R 10/12/2018

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 8-Based on observation, this facility has failed to maintain plumbing equipment in a safe and operating condition. Findings on 10/12/2018: 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 safe and operating condition. Findings on 10/12/2018: All of the return-air grilles have excessive particulate build-up. 11-Based on observation, this facility has failed to maintain and provide fire safety components in a safe and operating condition. Findings on 10/12/2018: Located at the following locations are smoke-barrier doors that failed to close all the way to resist the passage of smoke/fire: (b) Cross corridor door in the 30 HALL	{C 189}	Maintenance tech will ensure that tub in spa room is repaired and in good working condition. To be completed by December 10, 2018. Maintenance Tech will ensure that return air grilles are cleaned and free u=of dust and build up. To be completed by December 10, 2018. Maintenance Tech will ensure that the smoke barrier doors close all the way. To be completed by December 10, 2018.	
{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	{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 _____	R 10/12/2018

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 5 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 10/12/2018: The water temperature was taken in Room 33 Bathroom and read 84 degrees Fahrenheit.	{C 195}	Roto Rooter came back to community and replaced mixing valve to ensure that temperatures are within range. To be completed by December 10, 2018.	

ADDITIONAL SERVICE CALLS
OR NEW STARTS, PLEASE CALL
1-800-238-6169

TERMINIX®

TERMITE and PEST CONTROL

MEMPHIS COPY

NATIONAL ACCOUNT SERVICE AND INSPECTION REPORT

TICKET NO.	CHAIN NO.	STORE NO.	BRANCH	SRID	FT.	ACCOUNT PHONE NO.	S. DAY	FREQ.	TYP
10/16/18									

SERVICE PROPERTY AT: BROOKDALE 201 W. PARKWAY HIGH POINT

SPECIAL INSTRUCTIONS: INSPECTION ROOM 58

TIME IN:

TIME OUT:

SERVICE FOR

1. ☐ RATS
2. ☐ ANTS
3. ☐ MICE
4. ☐ ROACHES
5. ☐
6. ☐ INSIDERS

☒ NO EVIDENCE FOUND ☐ PREVENTIVE TREATMENT RENDERED

☐ EVIDENCE FOUND ☐ TREATMENT RENDERED

LOCATION OF EVIDENCE

ROACHES	
ANTS	
RATS	
MICE	
OTHER (SPECIFY)	

MATERIALS USED

		EPA #	AMOUNT
☐ 295	Advance Dual Choice Ant Bait (Abamectin B1) 0.011%	432-1456	
☐ 293	Advance Granular Ant Bait (Abamectin B1) 0.01 %	432-1478	
☐ 915	Ascend Fire Ant Bait (Abamectin B1) 0.011 %	432-1478	
☐ 14	Demand CS (Lambda-cyhalothrin) 0.015% 0.06% 0.06%	100-1066	
☐ 540	Generation Mini Blocks Bait (Difethialone) 0.0025%	7173-215	
☐ 41	Gentrol SC (Hydroprene) 0.06%	2724-351	
☐ 351	Maxforce FC Ant Bait Stations (Fipronil) 0.01 %	432-1256	
☐ 358	Maxforce FG Insect Bait (Hydramethylnon) 1.0%	432-1352	
☐ 353	Mother Earth Scatter Bait (Boric Acid) 5%	499-515	
☐ 556	Maxforce Magnum Roach Gel Bait (Fipronil) 0.05%	432-1464	
☐ 542	First Strike Soft Bait (Difethialone) 0.0025%	7173-256	
☐ 151	PT Cy-Kick Aerosol (Cyfluthrin) 0.1 %	499-472	
☐ 70	PT Cy-Kick (Cyfluthrin) 0.025% 0.05% 0.1 %	499-304	
☐ 76	PT $$$-Plus XLO Aerosol (Pyrethrins) 0.5%	499-250	
☐ 156	TriDie Bulk Dust (Silica Gel) 40% (Pyrethrins) 1.0%	499-429	
☐ 19	Phantom SC (Chlorfenapyr) 0.5%	241-392	

EQUIPMENT / RODENT SUPPLIES

		NUMBER	AMOUNT
☐ 450	Insiders		
☐ 600	Rodent Glue Trap		
☐ 620	Wind-up Mouse Trap/Tin Cat		
☐ 650	Snap Trap		

TOTALS

SURVEY REPORT

A WALLS AND EXTERIOR DOORS	YES	NO
1 ARE WALLS FREE OF INSECT OR RODENT HARBORAGE		
2 ARE PIPE OPENINGS OR HOLES SEALED FROM RODENT ACCESS		
3 ARE DOORS RODENT PROOF		
4 ARE DOORS KEPT CLOSED		
5 GENERAL SANITATION GOOD		

B STORAGE AREAS	YES	NO
1 ARE FLOORS CLEAN		
2 ARE ALL AREAS ACCESSIBLE FOR CLEANING		
3 FOOD STORED IN SEALED CONTAINERS		
4 ARE FLOOR DRAINS HARBORAGE FREE		
5 IS WALL SPACE ACCESSIBLE		
6 IS FLOOR FREE OF SPILLAGE		

C FOOD PREPARATION	YES	NO
1 IS EQUIPMENT CLEAN		
2 ARE FLOORS CLEAN		
3 SPILLAGE		
4 GENERAL SANITATION GOOD		
5		

D DISPLAY AREAS	YES	NO
1 ARE GONDOLAS CLEAN		
2 IS PRODUCE AREA CLEAN		
3 IS CANDY AND NUT AREA FREE OF SPILLAGE		
4 IS PET FOOD AREA FREE OF SPILLAGE		
5 IS FLOUR AND CEREAL AREA FREE OF SPILLAGE		
6		

E COMMON AREAS	YES	NO
1 ARE REST ROOMS CLEAN		
2 ARE LOCKER ROOMS CLEAN		
3 ARE EMPLOYEE LOUNGES CLEAN		
4 OFFICE AREA CLEAN		

F EXTERIOR	YES	NO
1 IS DUMPSTER AREA CLEAN		
2 IS LOT FREE OF RODENT HARBORAGE		
3 IS LOT FREE OF TRASH AND WEEDS		
4 IS LOADING DOCK CLEAN		
5 OTHER (SPECIFY)		
6		
7		

EXPLAIN: SERVICE INSPECTION FOR ROOM 58 - NO ACTIVITY FOUND - ROOM IS CLEARED.

ARE YOU SATISFIED WITH OUR SERVICE? ☐ YES ☐ NO EXPLAIN

SERVICE TECHNICIAN'S SIGNATURE: ROBERT L. MOCK

TERMINIX MANAGER'S SIGNATURE

DATE: 10/16/18

X CUSTOMER'S SIGNATURE

Form #31500 OLD Rev. 3/12 HP 3/12

52016