STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036015	A. BUILDING: **01** B. WING _____	**01/09/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ROBINWOOD	**1750 ROBINWOOD ROAD GASTONIA, NC 28054**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 1-9-2019. Records indicate this facility was first licensed as a Home for the Aged on 12-16-1996. The facility is currently licensed for 89 beds. Therefore, we are requiring this facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the North Carolina State Building Code Volume I - General Construction 1996 Edition., Section 409 Institutional Occupancy - Group I (409.1 Group I Unrestrained Occupancy).	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: Based on observation, the building mechanical systems are not kept clean and in good repair. Finding on 1-9-2019: The HVAC exhaust grill and radiation damper in the laundry had an excessive accumulation of dust/lint.	C 164		

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C 166	Continued From page 1	C 166		
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, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 1-9-2019: 1. Two portable medical oxygen cylinders were stored in no rack or container in the oxygen room. 2. Thirty portable medical oxygen cylinders were stored in unapproved beverage crates in the oxygen room. 3. Two portable medical oxygen cylinders were stored laying flat on the floor in the oxygen room. 4. One portable medical oxygen cylinder was stored in no rack container in room 15. 5. One portable medical oxygen cylinder was stored in no rack container in room 16. 2. Based on observation, the ice machine drain line extended into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 166		

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C 166	Continued From page 2 3. Based on observation, the hose on the shower wand at the tub in the Spa was long enough to reach the tub basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 166		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the evacuation plan posted in the corridor near room 31 was not oriented correctly with the facility.	C 184		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.	C 185		

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C 185	Continued From page 3 (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185		
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, the fire alarm system was showing a "Trouble" condition. Fire alarms in "Trouble" may fail to operate properly when needed. 2. Based on observation, the facility failed to be maintained in a safe condition because of deficiencies regarding the fire alarm system and the Delayed Egress locking system on the exit doors. The following deficiencies were found	C 189		

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C 189	Continued From page 4 during a test of the fire alarm system. Findings on 1-9-2019; a. When the fire alarm system was activated, it did not sound an alarm. The facility began a fire watch to continue until the system was repaired. b. When the fire alarm system was activated, the Delayed Egress doors did not release and unlock as required. Note; Interview with the Maintenance Director revealed the sprinkler technicians had disconnected wires in the fire alarm system while making repairs on the sprinkler system. 3. Based on observation, the facility failed to be maintained in a safe condition because of sprinkler system deficiencies. Findings on 1-9-2019; a. The water was turned off because of a pipe blow-out during a system flow test just before the survey began. b. There were no spare heads provided of the type used in the living areas. 4. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings on 1-9-2019: a. The exit sign in the Bistro did not work on battery when tested. b. The exit sign near room 52 did not illuminate on normal power or battery when tested. c. The exit sign in the Dining room did not work on battery when tested. d. The exit sign in the corridor near the sprinkler room had both direction chevrons punched out indicating exiting in the wrong directions. e. The exit sign in the corridor near room 51 had a direction chevron punched out indicating exiting	C 189		

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C 189	Continued From page 5 in the wrong direction. 5. 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. Findings include; a. There was a hole at the latchset through the door to the Administrator's office. b. There was a hole at the latchset through the door to the Business office. c. There was a hole at the latchset through the door to the Sales office. d. There was a hole at the latchset through the door to the HWD office. e. The door to room 53 does not fit the opening properly to be resistant to the passage of smoke. f. The double doors to the dining room are not equipped with hardware to allow them to automatically latch when closed. 6. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 1-9-2019: a. Hole in the ceiling of the maintenance office, b. Hole in the ceiling of the main electrical/riser room at a wire, c. Unsealed sleeve (1) in the ceiling of the main electrical/riser room, d. Hole in the ceiling at the gas line to the commercial dryer, e. Large access opening, about 3 feet wide by 6	C 189		

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C 189	Continued From page 6 feet high, cut in and not finished in the wall behind the commercial dryer. f. The gypsum tape and compound were falling off the ceiling of the porch outside the Bistro. g. There was a crack above the fire rated ceiling collar in the mechanical room off the HWD office. h. Unsealed penetration in the kitchen, i. Unsealed sleeve through the ceiling of the mechanical room near room 15, j. Hole in the ceiling of the mechanical room near room 15, k. A sprinkler escutcheon was not tightlty fitted to the ceiling in the Sales office. 7. Based on observation, the outside receptacle near the exit at room 61 was not GFCI protected. Outside receptacles must be GFCI protected to prevent a shock or electrocution risk. 8. Based on observation, the GFCI type receptacle in the bathroom off room 15 was broken. Broken GFCI type receptacles may not work properly to prevent a shock or electrocution risk. 9. Based on observation, there was no documentation of the required in house/owner's monthly inspections provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.	C 189		