

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL001024</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>12/13/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE BURLINGTON AL (NC)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3615 SOUTH MEBANE STREET<br/>BURLINGTON, NC 27215</b> |                                                                                                                                                                                                       |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                              | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                                 | Initial Comments<br><br>Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on December 13, 2018.<br><br>Deficiencies were cited that will require a new Plan of Correction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | {C 000}                                                                                           |                                                                                                                                                                                                       |                                                                    |
| {C 189}                                                                 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>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.<br><br>Findings on December 13, 2018:<br>h. Women's Toilet - the escutcheon plate has dropped leaving a gap in the ceiling.<br>m. There are holes at the sprinkler heads on both sides of the smoke doors outside of Room 34.<br>o. Main Electrical Room - there were unsealed penetrations at a at two cable penetrations and a gas pipe<br>r. New Citution Room 5 - the sprinkler head | {C 189}                                                                                           | Maintenance tech will ensure that all<br><br>escutcheon plates are in proper working<br><br>condition along with no gaps or holes in<br><br>the ceilings. To be completed by January<br><br>31, 2019. |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Ed Miller*

*CAHPOS Executive Director*

*01.11.19*

STATE FORM

6899

9YVQ22

If continuation sheet 1 of 3

Division of Health Service Regulation

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| {C 189}                                                                 | Continued From page 1<br><br>escutcheon plate is missing leaving a hole in the ceiling.<br><br>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.<br><br>Findings on December 13, 2018:<br>a. Life Enrichment Coordinator's Office - the door does not latch when closed.<br><br>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.<br><br>Findings on December 13, 2018:<br>c. New Finding Main Electrical Room - the emergency lighting system, is indicating a lamp failure. | {C 189}                                                                                           | Maintenance will repair door to Life Enrichment to ensure it latches when closed.<br><br>To be completed by January 31, 2019.<br><br><br><br><br><br><br><br>Maintenance tech will repair emergency Lighting in Main Electrical room.<br><br>To be completed by January 31, 2019. |                                                                 |
| {C 199}                                                                 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {C 199}                                                                                           |                                                                                                                                                                                                                                                                                   |                                                                 |

Division of Health Service Regulation

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| {C 199}                                                                 | <p>Continued From page 2</p> <p>(2) soil utility room;<br/>(3) bathrooms and toilet rooms;<br/>(4) housekeeping closets; and<br/>(5) laundry area.<br/>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>1. Observations revealed that the facility did not provide exhaust ventilation in required areas.</p> <p>Findings on December 13, 2018:</p> <p>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.<br/>b. Staff Bathroom - the exhaust fan is not working.<br/>c. Room 32 - the bathroom exhaust fan is not working. Note: this room is under repair and the fan may have been disconnected.<br/>The fans arrived on Monday, but with snow on the roof the install has been delayed.</p> | {C 199}                                                                       | <p>Maintenance will repair exhaust fans in staff bathroom, room 32 bathroom and in the right side of the East Wing. To be completed by January 31, 2019.</p> |  |                                                                    |