

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on January 30, 2019. Records indicate this facility was first licensed on November 20, 1997. The facility is currently licensed for 74 Beds including a 24 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1007 Rev) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 compliance with the Building Codes in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Findings on January 30, 2019: a. 400 Hall (SCU) - the required "Push until alarm sounds. Door can be opened in 15 seconds." sign had been removed from the exit door by Room 403. b. 400 Hall (SCU) - the required "Push until alarm sounds. Door can be opened in 15 seconds." sign had been removed from the exit door by Room 412. c. 100 Hall Laundry - the door closer on the closet in the Laundry Room has been removed.	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (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 facility did not maintain corridors free of all equipment and other obstructions. Findings on January 30, 2019: a. Exit by 301 - the exit corridor by Room 301 has housekeeping equipment and a rolling cart stored in the corridor partially blocking the exit path and door.	C 150		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	C 164		

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C 164	Continued From page 2 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 walls and doors were not kept clean. Findings on January 30, 2019: a. 100 Hall - the laundry room door is heavily stained and dirty on both faces of the door. b. 100 Hall - the Med Room door and trim is heavily stained around the door hardware. c. 100 Hall Laundry - the Housekeeping Closet has a 4x6 hole cut into the back wall. d. Room 406, Bathroom - the door trim is not secure to the framework. e. SCU Activity Room - moisture has gotten into the wall behind the sink creating mildew and soft spots. Interview with staff revealed that they are getting new cabinets for this room. f. 300 Hall Spa - there is a large hole in the wall behind the tub leaving insulation, pipes and electrical exposed. 2. Observations revealed that the floors are not kept in good repair. Findings on January 30, 2019: a. 100 Laundry - the threshold is off and is stored below the cabinet in the laundry room. 3. Observations revealed that the ceilings were	C 164		

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C 164	Continued From page 3 not kept in good repair. Findings on January 30, 2019: a. SCU Activity Room - the decorative beam in the center of the room is pulling away from the ceiling at one corner. b. 400 Hall Laundry - there is a water stain over the cabinets above the dryer that has not been repaired.	C 164		
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 facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on January 30, 2019: a. Room 308 - there were four unsecured oxygen bottles on the floor by the closet. 2. Observations revealed that the facility was not maintained free of hazards. Findings on January 30, 2019:	C 166		

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C 166	Continued From page 4 a. Room 403 Bathroom - the toilet paper dispenser is broken leaving the sharp metal edges of the bracket exposed. b. Corridor outside of Room 412 - one of the shadow boxes has been removed from the wall leaving the hanging brackets exposed.	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: 1. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not perform properly during a fire or other emergency. Findings on January 30, 2019: a. Riser Room - the compressor was running at the time of survey. It kicked on at least twice during the time the surveyor was in the facility. Interview with staff revealed that they were aware that the system had leaks and due to the age of the pipes, had received a quote to replace the piping for the dry system. At this time, there was not an approval to proceed with the replacement.	C 189		

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C 189	Continued From page 5 2. Based on observation, the facility failed to maintain the life safety equipment. Special locking doors that do not release within 15 seconds when pressure is applied to the door could prevent residents from exiting during a fire or other emergency. Findings on January 30, 2019: a. 100 Hall Exit - the door required excessive pressure to initiate the 15 second delay. The special locking should activate using no more than 15 lbs. of pressure. 3. 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 January 30, 2019: a. The emergency light outside of Room 210 did not illuminate on test. b. Staff Lounge - the emergency light did not illuminate on test. c. The emergency light outside of Room 408 did not illuminate on test. d. The emergency light in the vestibule by Room 412 did not illuminate on test. The overhead light in the vestibule was also burned out rendering the small vestibule entirely in the dark. e. 300 Hall - the emergency light by the Laundry Room did not illuminate on test. 4. 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	C 189		

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C 189	Continued From page 6 to the area of origin. Findings on January 30, 2019: a. The cross corridor doors in the SCU by Laundry did not latch when the fire alarm was activated. 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 January 30, 2019: a. 400 Hall Parlor - the corridor door did not latch when closed. b. Kitchen Pantry - the door drags on the floor and was difficult to close. The door was open at the time of survey. c. SCU Activity Room - the doors on the hall side were closed and failed to reopen. The latch did not retract and the doors were stuck in a closed position. 6. 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 January 30, 2019: a. There is a small hole at the sprinkler head outside of Room 102. b. 100 Hall - there is a hole at the sprinkler head outside of the Laundry Room. c. 100 Hall Laundry - there is a large hole at the sprinkler head in the closet.	C 189		

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C 189	Continued From page 7 d. 200 Hall Porch - one of the sprinkler heads is missing the escutcheon plate leaving a hole in the porch ceiling. e. Room 209, A closet - the escutcheon plate is missing from the sprinkler head leaving a hole in the rated ceiling. f. Room 403 Closet - the escutcheon ring has dropped down leaving a hole in the rated ceiling. g. There is a small hole in the ceiling at the sprinkler head outside of Room 406. 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" of clearance below sprinkler heads could obstruct the head's ability to suppress a fire. Findings on January 30, 2019: a. Items were stored to the ceiling in the closet across from Room 104. b. Items were stored to less than 18" in the storage room by Room 109. c. 400 Hall Linen closet - items were stored to the ceiling. 8. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment did not operate when needed to provide fire protection. Findings on January 30, 2019: a. The inspection tag on the Kitchen hood suppression system was dated January 2018. The kitchen hood suppression system should be inspected every six months. 9. Observations revealed that the plumbing equipment was not maintained in a safe and	C 189		

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C 189	Continued From page 8 operating condition. Findings on January 30, 2019: a. SCU Spa - the sink is not secure to the wall and the caulking is cracked and separating from the wall. 10. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on January 30, 2019: a. 300 Hall Laundry - the corridor door is warped or worn down in the middle leaving a gap between the door and frame at the door hardware.	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.	C 199		

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C 199	Continued From page 9 This Rule is not met as evidenced by: 1. Observations revealed that exhaust ventilation was not provided in required areas. Findings on January 30, 2019: a. 400 Hall Soiled Utility - there was no exhaust ventilation in this room and there was an unpleasant odor. Further observation revealed a portion of the back wall had been patched where a through wall vent had previously been installed. There is an exhaust fan in the adjacent Housekeeping Room. Interview with staff revealed that they had been incorrectly instructed to remove the vent and seal the opening. Install a vent to provide ventilation through the laundry housekeeping or install an exhaust fan.	C 199		