

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 R 04/12/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 Biennial Follow Up Construction Survey by Dennis Harrell on 4-12-2019. Some deficiencies were not corrected. Further action is required.	{C 000}		
C 156	Soil Utility Room SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: Based on observation, the hopper in the soiled utility room was not maintained in an operating condition. Findings on 4-12-2019: a. The water was turned off to the hopper so that it was not operable. b. The waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 156	<i>C156-A. Water turned on to make operational</i> <i>B. Hopper fixed several times and flushed to get all piping saturated so waste trap was full so as to stop odors & bacteria from entering building</i> <i>Will be monitored weekly</i>	<i>4/15/19</i> <i>4/15/19</i>
{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	{C 189}		

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

TITLE

(X6) DATE

Andrew Wheeler III

Administrator

4/25/19

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{C 189}	Continued From page 1 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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 4-12-2019: 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 to the area of origin. Finding on 4-12-2019: The cross corridor doors in the SCU by Laundry did not latch when the fire alarm was activated. They closed out of sequence and could not close completely because of the astragal. 5. Based on observation there is a failure to	{C 189}	<i>C 189 A. Replaced light B. Replaced light C. Replaced light D. Replaced light E. Replaced light Will be tested monthly 4. Door repaired to standards will check on fire drills</i>	<i>4/19/19 4/17/19</i>

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{C 189}	Continued From page 2 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 4-12-2019: a. 400 Hall Parlor - the corridor door did not fit the opening well enough to prevent the passage of smoke. b. Kitchen Pantry - the door drags on the floor and was difficult to close. The door was open at the time of survey. New finding on 4-12-2019: c. The laundry door on the 100 Hall did not fit the opening well enough at the top and the side to prevent the passage of smoke. 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 4-12-2019: 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. 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	{C 189}	5 A. Door Repaired B. door to be taken down & Repaired. Door is metal and will have to be ground down not to drag. C. Repaired 6 A. Repaired with fire rated caulking B. Repaired with fire rated caulking C. Repaired with fire rated caulking D. Escutcheon plate replaced E. Escutcheon plate replaced F. Repaired w/ Fire rated caulking	4/17/19 4/30/19 4/18/19

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{C 189}	Continued From page 3 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. New finding on 4-12-2019: h. There is a hole 8 inches by 10 inches in the wall in the soiled utility room in Special Care. 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 4-12-2019: a. Items were stored to the ceiling in the closet across from Room 104. b. Items were stored to the ceiling 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. Finding on 4-12-2019: 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 by a licensed vendor. b. There was no documentation of the required in house/owner's monthly inspections, since January of 2018, provided on the inspection tag at the range hood fire suppression system. 10. Based on observation there is a failure to maintain the facility's fire safety equipment in a	{C 189}	G. Repaired w/ Fire rated caulking. H. Sheet rock was patched, taped and mudded. 7 A. Items removed to meet standards. B. Items removed to meet standards. C. Items removed to meet standards. 8 A Vendor called to replace tag to match 2018 inspection B Monthly documentation recorded in TELS. When new tag replaced, information will be put on tag.	4/18/19 4/19/19 4/15/19 5/6/19

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{C 189}	Continued From page 4 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. 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. Soiled utility rooms must be provided with mechanical exhaust meeting the	{C 199}	10 A Corridor laundry room door repaired.	4/18/19

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{C 199}	Continued From page 5 Rule listed above. Note; When the exhaust fan or vent is installed, it must be protected with a listed ceiling radiation damper.	{C 199}	A. Exhaust fan and ceiling radiation damper was ordered 4/19/19. Waiting for arrival for installation.	5/17/19