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
	HAL049020	A. BUILDING: 01 B. WING _____	04/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE AL	2806 PEACHTREE ROAD STATESVILLE, NC 28625

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Frank Strickland, conducted on April 18, 2019. Records indicate this facility was first licensed on 12-16-1996, Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I Unrestrained Occupancy. Facility is licensed for 87 residents. Deficiencies were cited that require a Plan of Correction.	C 000	The following is a summary of the Plan of Correction for Brookdale Peachtree-AL. This Plan of Correction is in regards to the Statement of Deficiency dated April 18, 2019. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the Building does not meet code requirements for Delayed Egress Locking System, when last modified. Findings on April 18, 2019: a. Right Front Exit - a force greater than 15 pounds applied to the delayed egress door's releasing device, for more than three seconds, did not initiate an irreversible process to release the door. The door did unlock on fire alarm system activation and use of the adjacent key pad.	C 101	•Designated door was repaired to ensure that when pressure is applied to the delayed egress locking system, the irreversible process to release the door activates, on April 18, 2019 during survey. •Executive Director or designee will inspect periodically to ensure compliance. •Annual Fire Alarm Inspection was completed on April 25, 2019 •Executive Director or designee will inspect periodically during walking rounds to ensure compliance.	4/25/19
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, Health and Wellness Director and Maintenance Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule.. Findings on April 18, 2019: a. The last annual Fire Alarm System Inspection and Testing Report, in accordance with NFPA 72, was performed on April 3, 2018.	C 111		
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. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on April 18, 2019: a. Dining near Kitchen Door- the HVAC return with its radiation damper have an excessive accumulation of dust/lint. 2. Based on observation, the building walls are not kept clean and in good repair. Findings on April 18, 2019: a. Kitchen - the tile base behind the ice machine is not secured to the wall. b. Nurse Office Bathroom - there is no wall base in this room. 3. Based on observation, the building floors are not kept clean and in good repair. Findings on April 18, 2019: a. Nurse Office Bathroom - the floor is marred up and dirty. 4. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on April 18, 2019:	C 164	•Designated HVAC return with radiation damper will be cleaned by Maintenance Director/Designee. •Tile base behind ice machine in kitchen will be repaired and secured to wall by Maintenance Director/ Designee. •Designated bathroom is scheduled to have flooring and wall base replaced on April 29, 2019. •Designated commode will have secure floor to commode connection by Maintenance Director. •Executive Director or designee will inspect periodically during walking rounds to ensure compliance.	5/31/19

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C 164	Continued From page 3 a. Bedroom 24 - the connection of the commode to the floor is loose.	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 Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on April 18, 2019: a. Bedroom 18 - a portable medical oxygen cylinder is standing up on the floor not physically secured in a rack, stand or chained to the structure. b. Bedroom 18 - seven portable medical oxygen cylinders are standing up on the floor in an unapproved beverage crate not physically secured in racks, stands or chained to the structure.	C 166	•Oxygen cylinders will be securely placed in approved racks or stands. This was corrected on April 24, 2019. •Executive Director or designee will inspect periodically during walking rounds to ensure compliance.	4/24/19
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	C 189		

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C 189	Continued From page 4 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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on April 18, 2019: a. Smoke Barrier near Bedroom 29 - the exit sign did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages. b. Corridor near Bedroom 5 - the self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on April 18, 2019: a. Housekeeping across from Bedroom 17 - there is a ¾ inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Attic - the joint compound and tape, of the one-hour fire-resistance-rated smoke barrier wall assembly, has separated from the wall and the wall can no longer resist the passage of fire and or smoke. c. West Attic - there is a sprinkler pipe not firestopped as it penetrates the fire-resistance-rated smoke barrier assembly.	C 189	•Designated exit sign and emergency light were repaired on April 19, 2019. •Designated ceiling area was repaired by Maintenance Director on April 25, 2019. •Designated Attic areas will be repaired by Maintenance Director/Designee •Designated Sprinkler Pipe will be fire caulked by Maintenance Director. •Designated rooms/offices had multi-plug adapters removed by Maintenance Director on April 22, 2019. •Designated room will be cleaned to ensure that there are no items stored in front of panels and has a clear working space by Maintenance Director/ Designee. •Monthly Inspections will be completed on kitchen hood fire suppression system and documented in TELS system by Maintenance Director/Designee. •Kitchen hood baffle filters will be cleaned by Maintenance Director/ Designee. •Designated dryer will be repaired by Maintenance Director/Designee.	5/31/19

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C 189	Continued From page 5 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 18, 2019: a. Bedroom 6 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. b. Business Development Office - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. c. Riser Room - many items are stored in front of the electrical panel, limiting the required 36-inches by 30-inches minimum clear working space 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 18, 2019: a. Kitchen -since the last semi-annual maintenance was performed on the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/owner inspections. b. Kitchen - the commercial kitchen hood's baffle filters are dirty and grease laden. 5. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct is not damaged. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire)	C 189	•Designated doors will be repaired to ensure they close and latch completely. Also ensuring the doors fit properly to be resistant to the passage of smoke by Maintenance Technician/Designee. Designated doors have been repaired to ensure they close and latch completely. •Designated escutcheon plate on fire sprinkler will be repaired by Maintenance Director. •Executive Director or designee will inspect periodically during walking rounds to ensure compliance.	

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C 189	Continued From page 6 Findings on April 18, 2019: a. Laundry - the clothes dryer transition duct has a cap removed decreasing the system ability to draw lint and dryer exhaust out of the building. 6. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on April 18, 2019: a. Nurse Office - there are two 1/4 inch diameter holes through the corridor door around the door handle. b. Bedroom 37 - the latch bolt stays retracted and did not latch into its doorframe. 7. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin. Findings on April 18, 2019: a. Housekeeping across form Bedroom 17 - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 8. Based on observation the ice machine drain line in the floor receptor. The NC Plumbing Code requires that ice machine drains must not directly contact the floor or floor receptor and a minimum of 2 inches of vertical clearance must be maintained between the ice machine drain and the floor or floor drain to prevent contamination. This could affect all residents, staff and visitors who dine here if waste water backs-up and	C 189		

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C 189	Continued From page 7 contaminates the ice.	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. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on April 18, 2019: a. Housekeeping near Bedroom 3 - the required exhaust ventilation system did not work, and there is odor. b. Bedroom 6 Bathroom - the required exhaust ventilation system did not work. c. Kitchen Housekeeping - the required exhaust ventilation system did not work, and there is odor. d. Men and Women - the required exhaust ventilation system did not work. e. Bedroom 24 Bathroom - the required exhaust	C 199	•Designated exhaust ventilation systems will be repaired by Maintenance Director /Designee. •Executive Director or designee will inspect periodically during walking rounds to ensure compliance.	5/31/19

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C 199	Continued From page 8 ventilation system did not work. f. Nursing Office Bathroom - the required exhaust ventilation system did not work. g. Bedroom 36 Bathroom - the required exhaust ventilation system did not work. h. Housekeeping near Bedroom 36 - the required exhaust ventilation system did not work, and there is odor.	C 199		