STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041029	A. BUILDING: 01 B. WING _____	05/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SKEET CLUB	1560 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 Construction Section Biennial Survey by Suzanna Fay and Frank Strickland on May 2, 2019. Records indicate this facility was first licensed on March 4, 1997 as a Home for the Aged. The facility is currently licensed for 70 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Unrestrained Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited that require a Plan of Correction.	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: 1. Observations revealed that the facility failed to keep walls and ceilings clean and in good repair. Findings on May 2, 2019:	C 164		

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C 164	Continued From page 1 a. There was a pattern of radiation dampers having excessive accumulation of dust and lint. b. Mechanical Room by Room 10 - the top section of door trim has fallen off inside the room. c. Med Room - the door is damaged at the latch. d. Porch outside of dining - the ceiling finish is flaking and peeling.	C 164	a. Dampers in each area of the community will be cleaned for dust and lint with a completion date of 06/03/09. These dampers will be put on a quarterly cleaning cycle going forward. b. Top section of the door has been removed and will be replaced by 05/24/19. c. Med room door has been fixed as of Friday 05/10/19. d. Ceiling finish on porch has been fixed as of Monday, 05/06/19	
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 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 May 2, 2019: a. Room 45 - there was one unsecured oxygen bottle on the floor of the closet.	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	C 189		

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C 189	Continued From page 2 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 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. Findings on May 2, 2019: a. The fire doors by Room 39 did not latch when the fire alarm was activated. The doors were adjusted at the time of survey. 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. Findings on May 2, 2019: a. Activity Room - the doors did not latch when the fire alarm was activated. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Findings on May 2, 2019: a. Spa across from Laundry - the radiation damper for the exhaust fan has been activated so	C 189	1a. Fire doors have been adjusted and fixed and we will monitor during our fire drill to assure that all doors close effectively going forward. 2a. Activity room doors have been fixed and will be monitored at each monthly fire drill going forward. 3a Radiation Damper in Spa room will be fixed by Friday 05/24.	

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C 189	Continued From page 3 that the room no longer has working mechanical ventilation. b. Kitchen - the nozzles for the hood suppression system were not directed at the cooking surfaces. The stove was moved at the time of survey. 4. 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 May 2, 2019: a. Med Room - the sheet rock ceiling is separating at the seam creating a hole in the rated ceiling assembly. b. The escutcheon plate is missing on the sprinkler head in the corridor just outside of the Med Room. c. Kitchen Pantry - one of the escutcheon plates has dropped leaving a gap in the rated ceiling assembly. d. Kitchen - the sprinkler head by the exit door is missing an escutcheon plate. e. Boiler Room - one of the pipes is missing the escutcheon ring at the HVAC unit. 5. Observations revealed that the life safety equipment was not maintained in a safe and operating conditions. Exits that are not maintained are a danger for the residents, staff and visitors if they cannot exit during a fire or other emergency. Findings on May 2, 2019: a. Exit door across from Room 34 - the door is rotting out at the bottom and damaging the hinge. The door only opens about 12" without using excessive force.	C 189	3a cont. Maintenance will be cleaning vents quarterly and insuring that vents are drawing air appropriately. 4a. Med Room sheet rock has been fixed as of Monday, 05/06/19 4b. Escutcheon plate has been fixed. 4c. Escutcheon plate has been fixed. 4d. Escutcheon plate has been fixed. 4e. Boiler room plate has been fixed. 5a. Company has ordered parts and will be coming to fix when parts arrive.	

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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 the facility did not provide exhaust ventilation in required areas. Findings on May 2, 2019: a. Laundry - there was not a working exhaust system found in the room. b. Kitchen Janitorial Closet - the exhaust fan is not working.	C 199	5a. cont- Repairs will be completed by 06/14/19. a. The exhaust in the laundry room has been fixed. b. The exhaust fan in the kitchen closet will be fixed by 05/24/19.	