STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096014	A. BUILDING: **01** B. WING _____	**07/18/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BERKLEY BOULEVARD	**1800 N BERKLEY BLVD GOLDSBORO, NC 27534**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on July 18, 2019. Records indicate this facility was first licensed on June 11, 1997. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1996 (1997 Revision) 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 did not meet the NCSBC in effect at the time of	C 101		

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C 101	Continued From page 1 construction or alteration. For delayed egress doors, signs shall be provided on the door adjacent to the release device which read: PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND. Sign letters shall be at least 1 inch high. Findings on July 18, 2019: a. Exit from Service Corridor - the exit door was a delayed egress door and there was no signage provided on the door.	C 101		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not kept in a clean and safe condition. Holes and gaps in the exterior ceilings or soffits will allow pests to enter the facility. Findings on July 18, 2019: a. Courtyard - the aluminum soffit has dropped down in two places outside of Room 100. b. Exit by Room 303 - the light has shifted in the porch ceiling leaving a large gap in the ceiling.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

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C 164	Continued From page 2 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 floors and walls were not kept in good repair. Findings on July 18, 2019: a. Biohazard Room by housekeeping - the wall base in the interior room has fallen off.	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. Observations revealed that the facility was not maintained free of hazards. Findings on July 18, 2019: a. Room 107 - a barrel type latch was installed at the top of the closet door. The closet is a large walk-in closet and could trap a resident if the	C 166		

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C 166	Continued From page 3 latch were engaged while they were in 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 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 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on July 18, 2019: a. One of the cross corridor door near the Nurse Station did not latch when the fire alarm was activated. b. The door hardware is damaged and is pulling the veneer off at the top of the right hand door of the cross corridor doors near 101. This prevents the door from closing and latching as needed. 2. 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.	C 189		

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C 189	Continued From page 4 Findings on July 18, 2019: a. Med Supply Room - the emergency light did not illuminate on test. b. The emergency light by Room 303 did not illuminate on test. c. Kitchen - the emergency light by the pantry did not illuminate on test. 3. 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 July 18, 2019: a. Resident Restroom by Spa - the escutcheon plate on the sprinkler head has dropped leaving a hole in the rated ceiling assembly. b. The escutcheon plate on the sprinkler head outside Room 705 has dropped leaving a gap in the rated ceiling assembly. Note: there was a pattern of dropped escutcheon plates which were corrected during the survey. c. There is a small hole at smoke detector ZN4 outside of Room 801. d. Kitchen - a new freezer has just been installed and the conduit penetrating the ceiling has not been caulked yet. e. Service Hall Mechanical Room - on the wall at the emergency light, two cable sleeves were filled with rock wool which is not an approved fire caulk. A third sleeve by the emergency light had some data cable added and there are gaps in the fire caulk around the new cable. 4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.	C 189		

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C 189	Continued From page 5 Findings on July 18, 2019: a. Service Hall Mechanical Room - there is an open junction box near the data wall. 5. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on July 18, 2019: a. Kitchen Janitor Closet - the mechanical exhaust grille has a thick coating of dirt and debris. 6. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" of clearance below the sprinkler heads obstructs the ability of the sprinkler system to suppress a fire. Findings on July 18, 2019: a. Executive Director's Office - items were stored to the ceiling in the closet. 7. 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 July 18, 2019: a. Room 603 - the door does not latch when closed.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 6 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 working exhaust ventilation in required areas. Findings on July 18, 2019: a. Biohazard/Housekeeping by Laundry - the exhaust fan was not working and the grille was falling out of the ceiling.	C 199		