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
	HAL023011	A. BUILDING: 01 B. WING ______	09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 Dennis Harrell on 9-19-2019. Records indicate this facility was first licensed on 6-11-1997, for a capacity of 60. Therefore the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies.	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. Based on observation, a Delayed Egress door would not release and open as required by the NC State Building Code. The Code requires Delayed Egress exits to initiate the process to	C 101	JB Ellis company came to community and replaced wiring and battery in front door. Delayed egress functioning properly at this time	09/25/19

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Edie H. McCurry-RN DC (signature) TITLE: Executive Director (X6) DATE: 9/30/19

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C 101	Continued From page 1 release and open when a force of not more than 15 pounds is applied to the door. Findings on 9-19-2019; The Delayed Egress exit at the front door is a required exit and would not initiate and open after a force in excess of 100 pounds was applied. 2. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors with Delayed Egress Locking. An audible signal is required to assure the Delayed Egress is working properly. Finding on 9-9-2019; The signal was just barely audible at the Delayed Egress exit from the Dining room.	C 101	JB Ellis company changed battery and increased volume on door alarm. Door alarm audible throughout dining room.	9/25/2019
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: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 9-19-2019: a. Two portable medical oxygen cylinders were	C 166	a. Portable O2 tanks placed in approved rack.	9/19/19

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C 166	Continued From page 2 stored in no container or rack in room 505. b. Two portable medical oxygen cylinders were stored in a cardboard box in the oxygen storage room. c. An unapproved beverage crate was found in the oxygen storage room.	C 166	b. Tanks in oxygen storage room removed from cardboard carrier and placed in approved rack. c. Unapproved crate removed and thrown away.	9/19/19 9/19/19
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 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, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 9-19-2019; a. One of the smoke barrier doors near the Administrator's office dragged the floor and would not close when activated by the fire alarm system. b. One of the smoke barrier doors near room 404 dragged the floor and would not close when activated by the fire alarm system. c. The door from the kitchen to the service/exit corridor was tied open. This deficiency was	C 189	a. Door removed and shaved down. Now opening easily when fire alarm activated. b. Door removed and shaved down, opens without dragging when fire alarm activated C Tie removed from door. Dietary associates re educated regarding protocol (no propping doors open)	9/24/2019 9/24/2019 9/20/2019

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C 189	Continued From page 3 corrected during the survey. 2. Based on observation, the delayed egress exit door near the kitchen would not relock after being tested. Any delayed egress door that does not work properly could allow residents to elope. 3. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding on 9-19-2019; Items had been stacked to within 6 inches of the ceiling in the sales closet. 4. Based on observation, one of the bathrooms near the dining room was marked with a sign stating "Out of Order." Upon entering the room it was discovered that the toilet had leaked a puddle on the floor.	C 189	2. Delayed egress magnet was dislodged during testing of door. Maintenance Manager corrected immediately after survey. 3, Moved taller items from sales closet. Maintenance Manager placed tape 18 inches from ceiling to give a visual and prevent further issues. 4. Maintenance manager replaced wax ring on toilet in question. Toilet working properly at this time, no leaks.	9/19/2019 9/20/2019 9/20/2019