STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064008	A. BUILDING: **01** B. WING _____	**10/02/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ROCKY MOUNT	**650 GOLDROCK ROAD ROCKY MOUNT, NC 27804**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay as conducted on October 2, 2019. This facility was first licensed on July 31, 1997 for Sixty (60) residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Domiciliary Homes and the 1996 North Carolina State Building Code, Section 419- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	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:	C 101		

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C 101	Continued From page 1 1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, renovation 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 October 2, 2019: a. Service Hall exit - the door was not labeled for a delayed egress. The door did not release when pushed as a delayed egress system would. If the door is not delayed egress and is intended to be 'apecial locking', then the door is required to have an emergency manual on/off switch withion 3 feet of the door. An empty junction box to the right of the door makes one infer that the manual override switch had been removed. b. The front entrance is identified by a sign indicatin it iss a locked door with a 15 second delay. The door did not unlock on a 15 second delay as indicated 2. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, renovation or alteration. Exit signs shall be marked by an approved sign readily visible from any direction of exit access. Findings on October 2, 2019: a. There was not an exit sign readily visible indicating the direction of exit access in the corridor between the sun room and the double doors leading toward the salon and the 100 Hall. It appears that this is one of the required exits.	C 101		
C 160	Outside Premises-Clean, Safe	C 160		

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C 160	Continued From page 2 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 grounds were not maintained in a clean and safe condition. Findings on October 2, 2019: a. Service Hall Porch - a section of the aluminum ceiling is loose and hanging below the trim along the side facing the front. This will allow pests to enter the facility.	C 160		
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 ceilings were not kept clean and in good repair. Findings on October 2, 2019:	C 164		

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C 164	Continued From page 3 a. Main Laundry - the exhaust fan grill has a heavy accumulation of lint. b. Mechanical Room 406 - the ceiling between the two PVC lines has suffered water damage. The ceiling finish is bubbled and cracked and the ceiling around the pipes is stained black. 2. Observations revealed that the floors were not kept in good repair. Findings on October 2, 2019: a. Nurses' Station - the transition strip at the door is missing and the carpet edge is beginning to unravel.	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 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 October 2, 2019: a. Room 706 - five oxygen bottles were improperly stored in a cardboard carrying case.	C 166		

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C 189	Continued From page 4	C 189		
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 the facility's life safety equipment is not maintained in operating condition. Failure to maintain life safety equipment in operating condition could effect occupants of the facility if the equipment did not function in the event of a fire or other emergency. Findings on October 2, 2019: a. Observations revealed that the fire alarm panel was indicating trouble on the system. Interview with staff revealed that the trouble was on a second phone line. A fire alarm test was conducted and the system appears operational. 2. 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 October 2, 2019: a. Riser Room - there is a 1/2" round hole in the ceiling at the sprinkler head.	C 189		

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C 189	Continued From page 5 b. Spa - the escutcheon plate on the sprinkler head nearest the door has dropped leaving a gap at the ceiling. c. Office Supply Room - the caulking around the pipe in the back corner of the room has dried and shrunk leaving gaps in the ceiling around the penetration. 3. 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 smoke or fire doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on October 2, 2019: a. Back Galley - the right leaf on the cross corridor fire doors did not latch when released with the fire alarm. The door was adjusted at the time of survey. b. Activity Storage - the door is splitting along the hinges causing the door not to fit properly in the frame and requiring excess force to close. 4. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on October 2, 2019: a. Room 305 - the corridor door was held open using a wedge. b. Health and Wellness Office - the door was held open using a wedge. c. Room 705 - the door to the corridor was	C 189		

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C 189	Continued From page 6 propped open using a decorative block. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a 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 October 2, 2019: a. Back Galley - the left pair of double doors for the activity room have warped along the bottom astragal leaving a 3/4" gap between the doors. 6. Observations revealed that the exit doors were not maintained easily operable. Findings on October 2, 2019: a. Dining Room - the exterior exit door sticks along the frame and requires excessive force to open. Staff also had to close the door from the outside for it to properly shut and lock. b. Sunroom - the door from the sunroom to the courtyard drags on the carpet so that it only opens 45 degrees without using excessive force.	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;	C 199		

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C 199	Continued From page 7 (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 working exhaust ventilation is not provided in required areas. Findings on October 2, 2019: a. Service Hall Toilet Room - the exhaust fan is not working. b. Guest Bathroom - the exhaust fan is not pulling enough to hold a thin sheet of plastic. c. Restroom beside the Spa - the restroom does not have working exhaust. d. Spa - there is not a working exhaust fan in the spa.	C 199		