NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 11, 2019
Mandi Purvis (via e-mail only)
Po Box 814
Randleman, NC 27317

RE: Brookstone Haven Of Star Assisted Living - HA Biennial Survey
327 Freeman Street
Star Montgomery County
FID #940857 Hal062014

Dear Ms. Purvis :

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 2, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by October 26, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by October 26, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by October 26, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Dennis Harrell

Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Montgomery County DSS - with attachment-(via e-mail only)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062014	A. BUILDING: 01 B. WING _____	10/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE HAVEN OF STAR ASSISTED LI\	327 FREEMAN STREET STAR, NC 27356

(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 10-2-2019. Records indicate this facility was first licensed on 9-1-1981. The facility is currently licensed for 54 Beds including a 32 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 1977 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1978 (Revision 3) Edition of the North Carolina Building Code, Institutional Occupancy.	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 and interview, at least 2	C 101		

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C 101	Continued From page 1 staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking on the exit doors in Special Care. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment. 2. Based on observation and interview, at least one staff was not aware of the location or the use of the required emergency release switch for the Special (magnetic) Locking at each exit door in Special Care. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.	C 101 1-2	Had a In-service training on when and how to use the emergency release switch and the location of central and at each door switch's (See Attachment of in-service signed by staff that attended)	10/17/19
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: Based on a review of documents, the most recent annual fire alarm system inspection report was dated 2-24-2017. Fire alarm systems must be inspected and approved annually as required to ensure the system can operate properly in an actual fire.	C 111	Fire Alarm system inspection (attached a copy to end of POC report)	10/18/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		

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C 166	Continued From page 2 (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. Finding on 10-2-2019: Several (7) portable medical oxygen cylinders were stored in an unapproved plastic crate in the Oxygen Storage room.	C 166	Plastic crate was removed and approved crate was supplied by oxygen company	10/19/19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on review of documents, fire drill	C 185		

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C 185	Continued From page 3 rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 10-2-2019: a. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 3rd quarter of this year, there was no rehearsal done during the 3rd shift. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185 A-B	Administrative staff will make sure that fire rehearsal are done on 3rd shift and that more description is done (Attached is rehearsal done on 3rd shift)	10/14/19
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, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings on 10-2-2019: a. The exit sign at the entrance from Special Care into the AL side did not work on battery when tested. b. The combination exit sign and emergency light	C 189 A B	Replaced exit sign Replaced battery	10/23/19 10/22/19

Division of Health Service Regulation

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C 189	Continued From page 4	C 189		
	near room 201 was not illuminated. c. The combination exit sign and emergency light in the Administrator's office was not illuminated.	C	Replaced exit sign	10/23/19
	2. Based on observation, the battery powered emergency light in the kitchen would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.		Kitchen emergency light was replaced	10/23/19
	3. Based on observation, many 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 10-2-2019; a. The door to housekeeping in Special Care had sagged 1/2 inch away from the hinges making it very hard to close and causing it to delaminate each time it is opened.	A	Door hinges was adjusted to fix door to open with out rubbing and delaminate door	10/16/18
	b. The latchbolt is loose on the door to the med room in Special Care. c. The latchbolt is loose on the door to housekeepimg in Special Care.	B-C	Latch bolt was tightened and cover put on door to secure latch	10/16/18
	d. There was a hole at the latchset through the door to the shower room near room 211.	D	Cover put on door to seal around latchset	10/16/18
	e. There was a gap of 1/4 to 3/8 inch between the double doors to the Living room.	E	Nylon brush seal was put on door to seal gap	10/31/19
	f. The latch strike for the door to room 214was disabled with tape. Note; This deficiency was corrected during the survey.	F	Fixed during survey	10/2/19
	4. Based on observation, the required one-hour fire rated ceiling was compromised in a location. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other			

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C 189	Continued From page 5 areas of the facility. Finding on 10-2-2019: Unsealed penetration in the ceiling of the laundry at a 2 inch conduit.	C 189	Fire sealant was put around 2 inch conduit	10/22/19

Mag Lock Emergency Shut off Inservice

Heather East
Amanda Clay
Monica Ryan
Renea McGehee
Darlene Dimery
[illegible]
S. [illegible]
Kabuta Craig
[illegible]
Rachael Green
Swantina Baldwin
Latoya Lindle
Diamond Wall
Breshauna Marshall
Sherry Jacobs
Jessica Callicutt
Maria Urquiza
Brenda Odom
Dorothy Craven
Julie Hall
Mandi Purvis

10/17/19

INSPECTION AND TESTING FORM

DATE: 10-15-19
TIME: 10:05A

SERVICE ORGANIZATION
Name: Patriot Systems, LLC
Address: 7339 F W. Friendly Ave, Greensboro, NC 27410
Representative: Alex Williamson
License No.:
Telephone: 336.297.2171

PROPERTY NAME (USER)
Name: Montgomery Village Assisted Living
Address: 327 Freeman st. Star NC 27356
Owner Contact:
Telephone:

MONITORING ENTITY
Contact: Security Central
Telephone: 800-286-6699
Monitoring Account Ref. No.: #1671 2289

APPROVING AGENCY
Contact:
Telephone:

TYPE TRANSMISSION
- ☐ McCulloh
- ☐ Multiplex
- ☒ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify)

SERVICE
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☒ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Silent Knight
Model No.: SK-5208
Circuit Styles: 4
Number of Circuits: 11
Software Rev.:
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
7	4	7	Manual Fire Alarm Boxes
60	4	60	Ion Detectors
			Photo Detectors
10	4	10	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify):

Alarm verification feature is disabled ✓ enabled ____.

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
5	Y	5	Horns
			Chimes
5	Y	5	Strobes
			Speakers
			Other (Specify):

No. of alarm notification appliance circuits: 2
Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:
Quantity 1 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 20
Overcurrent Protection: Type Breaker Amps 20
Location (of Primary Supply Panelboard):
Disconnecting Means Location:
(b) Secondary (Standby): 12V
Storage Battery: Amp-Hr Rating 7
Calculated capacity in 1 Amp-Hrs to operate system for 24 hours
Engine-driven generator dedicated to fire alarm system:
Location of fuel storage:

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid
☐ Nickel-Cadmium ☐ Other (Specify):
☒ Sealed Lead-Acid

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
___ Emergency system described in NFPA 70, Article 700
___ Legally required standby described in NFPA 70, Article 701
___ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

FIGURE 10.6.2.5 *Continued*

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☒	☐	SEC control	1500
Building Occupants	☒	☐		
Building Management	☒	☐		
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☒	☐	
Interface Equipment	☒	☒	
Lamps/LEDs	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☐	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☒	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
Audible	☒	☒	
Visible	☒	☐	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify) _____	☐	☐	☐

INTERFACE EQUIPMENT			
(Specify) Door Holders	☑	☐	☐
(Specify) Mag locks	☑	☐	☐
(Specify) _____	☐	☐	☐

SPECIAL HAZARD SYSTEMS			
(Specify) HOOD	☑	☑	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☑	☐	11:15A	
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Trouble Signal Restoration	☑	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐	M/S	11:15A
Monitoring Agency	☑	☐		
Building Occupants	☑	☐		
Other (Specify)	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 10-18-19 Time: 11:15A

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Alex Williamson Date: 10/18/19 Time: 11:15

Signature: _____

Name of Owner or Representative: Emilia White Date: 10/18/19 Time: 11:20

Signature: _____

NFPA 72 (p. 4 of 4)

FIGURE 10.6.2.3 *Continued*

FIRE DRILL SCHEDULE

(Drills must be conducted once a quarter on each shift)

Name of Adult Care Home Montgomery Village

Addres: 327 Freeman St Shat NC 27356

Date of rehearsal: 10/16/19 Time of rehearsal: 11:00pm Shift 1st-2nd-(3rd) (Circle any that apply)

Person-in charge: Cody - (Maintenance)

Other staff members present: Renee Britt, Brenda Odom

Diamond Wall, Swantina Baldwin

Time for evacuation: 1min 30 seconds

Areas covered: (check any that apply) Location: AIF Right Hall pull station WAS Pulled

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: evacuation routes, Fire extinguisher use, Calling 911, Fire and exit scenario, fire doors, emergency mag lock release were all discussed.

****

Date of rehearsal: _____ Time of rehearsal: _____ Shift 1st-2nd-3rd (Circle any that apply)

Person in charge: _____

Other staff members present: _____

_____

Time for evacuation: _____

Areas covered: (check any that apply)

Fire extinguishers instructions _____ Fire alarm operation _____

Fire evacuation maps _____ Discuss fire hazards to look for _____

Other: _____