

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/18/2019
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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 Biennial Follow Up Construction Survey by Dennis Harrell on 10-18-2019. Some deficiencies were not corrected. Further action 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: 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 10-18-2019; The signal was still just barely audible at the Delayed Egress exit from the Dining room.	{C 101}	2. Maintenance Manager removed alarm and there was tape over the sound mechanism. Tape was removed, alarm Now audible in dining room delayed egress door	10/30/19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

WJ2122

If continuation sheet 1 of 3

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER BROOKDALE SHELBY		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 E MARION STREET SHELBY, NC 28150		
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{C 189}	Continued From page 1	{C 189}	1	
{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 10-18-2019; 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. 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 10-18-2019; Items were still stacked to within 6 inches of the	{C 189}	1. a) Smoke Barrier door at administrators office Was taken down and shaved on bottom Closes immediately when triggered, does not drag carpet. b). Smoke Barrier Door near room 404, closes immediately when triggered after shaving bottom of door 3. Sales and Clinical team cleaned whole storage closet. All items now below 18 inches. Staff re educated on proper storage (18 inches or more) Below a fire sprinkler. Sales Manager and Clinical staff to monitor weekly to ensure items remain 18 inches or more below sprinkler head.	10/31/19 10/22/19

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If continuation sheet 2 of 3

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{C 189}	Continued From page 2 ceiling in the sales closet.	{C 189}			