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
	HAL079009	A. BUILDING: 01 B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on October 10, 2019. Records indicate that this facility was licensed on 06/25/1997. This facility is currently licensed for 82 Beds. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and 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. Deficiencies were cited that require a Plan of Correction.	C 000		
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. Based on observation, the building walls are not kept clean and in good repair. Findings on October 10, 2019: a. Bedroom 29 - there is a hole in the Bathroom Door.	C 164	a. Hole has been patched	10.28.19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sherri J. Melton — TITLE: Executive Director — (X6) DATE: 11-12-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: 01 B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 164	Continued From page 1 2. Based on Observation, the facility failed to keep plumbing system devices clean and in good repair. Findings on October 10, 2019: a. Kitchen - the ice machine drain line is in direct contact with the drainage system. Not having a minimum 2 inch air gap, allows contaminated water from the drainage system to back flow up into the ice machine.	C 164	a. Ice machine will be placed on bricks to raise it to allow correct space between drain pipe & drain.	
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 mechanical systems, the facility failed to provide an environment free of hazards. This could affect all residents, staff and visitors, if equipment in disrepair injured someone. Findings on October 10, 2019: a. Mechanical Room near Med Room - two of the gas furnaces have their combustion air inlets cut into, with the inlet sides sealed off. c. Mechanical Room near Spa - one of the HVAC units has its radiation damper tied open with a cable tie. d. Mechanical Room near Spa - one of the HVAC units with a duct mounted smoke detector	C 166	a Completed by HVAC vendor c. HVAC vendor to replace on 11.11.19 d. HVAC vendor is replacing the entire unit & will install access door 11.11.19	10.11.19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: 01 B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 166	Continued From page 2 does not have an access door to inspect and clean the duct detector's sample tubes. Dirty sampling tube may become obstructed and my not detect the existence of smoke in the air stream.	C 166		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency. Findings on October 10, 2019: a. Most of the Building - many of the mounted evacuation diagrams are upside down or sideways. The diagrams must be properly oriented on the wall, with the routes shown on the right of the diagram to your right as you read.	C 184	a. Diagrams are being replaced with correct orientation. 11.9.19	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: 01 B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 185	Continued From page 3 (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 Record review and interview with Executive Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on October 9, 2019: a. In the 2nd quarter for the last 12 months, no rehearsal occurred during 2nd shift. b. In the 3rd quarter for the last 12 months, no rehearsal occurred during 3rd shift. c. In the 4th quarter for the last 12 months, no rehearsals occurred during 1st and 2nd and 3rd shifts.	C 185	a. copy of firedrill located b. copy of fire drill located c. copy of fire drill located	11.1.19 11.1.19 11.1.19
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.	C 189		

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
	HAL079009	A. BUILDING: 01 B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 189	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on October 10, 2019: a. Entire Building - there appears to be no emergency lighting to illuminate the paths of egress. b. Sun Room - the west side ceiling mounted combination exit sign/emergency light is not secured to the ceiling. 2. Based on Observation, the Building was not kept in good repair, because some building components are broken or felled to function as original intended or are missing. Findings on October 10, 2019: a. Left & Right Front Smoke Barriers - the top and bottom rods for the panic hardware were removed. Now the doors cannot latch into their frame. The once latching top and bottom rods for the panic hardware have been removed and now the doors cannot latch into their frame. Note: Although smoke barriers are not required to have latching hardware, it is beyond the scope of this biennial survey to determine if the latching can be removed or if there is another Code requirement driving the reason that these doors were originally installed with latching hardware. b. Left & Right Front Smoke Barriers - the panic hardware devices are missing their end covers exposing sharp edges which provides potential to cause injury.	C 189	a. Battery for emergency lights is in mechanical closet. Fire Marshall inspected. b. Repaired by maintence tech a. Parts have been ordered but have not been received. Will install as soon as they come in. Ordered 10.25.19 b. Parts have been ordered but have not been received. Will install as soon as they come in. Ordered 10.25.19	10.22.19 10.30.19

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
	HAL079009	A. BUILDING: 01 B. WING	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 189	Continued From page 5 3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on October 10, 2019: a. Kitchen - both the manual fire pull station and kitchen hood suppression system pull station have been blocked from physical use and visual recognition with a large kitchen cart. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on October 10, 2019: a. Exterior Electrical Disconnect Devices - many of the disconnect devices do not have interior covers (dead fronts) and the covers are unsecured, thus allowing access by unqualified persons to energized components that are not guarded against accidental contact. b. Dining Back Service Counter West End - the ground-fault circuit-interrupter (GFCI) electrical power receptacle does not trip when its test button is pushed or when tested with a ground fault receptacle tester & circuit analyzer. 5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on October 10, 2019: a. Residents Program Coordinator Office - there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Vending - there are two holes not sealed as they penetrate the wall assembly. c. Mechanical Room near Med Room - there are two holes covered with metal plates possibly	C 189	a. Shelves are to be moved to allow access to manual fire pull. a. exterior covers have been secured b. GFCI receptacle has been replaced a. Maintenance tech is sealing with fire caulk. 11.8.19 b. Maintenance tech is sealing with fire caulk 11.8.19 c. Maintenance tech is sealing with fire caulk 11.8.19	10.25.19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: 01 B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 189	Continued From page 6 not firestopped as they penetrate the fire-resistance-rated ceiling assembly. d. Med Room - there is a gap around a PVC conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Mech Room near Bedroom 2 - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. Sun Room - there are many holes, where exercise equipment was removed, not firestopped as they penetrate the fire-resistance-rated ceiling assembly. g. Marketing & Sales Office - there is a gap around a PVC conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. h. Mech Room in Laundry - there are several pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on October 10, 2019: a. Med Room - the corridor door has a 1/16 inch to 3/8-inch gap between the top of the door and the bottom of the header stop, on the doorframe. b. Sun Room - both corridor doors hit their frames requiring more effort and/or force to close the doors. 7. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on October 10, 2019: a. Janitor near Bedroom 4 - items are stored	C 189	d. Maintenance tech to fill gap with fire caulk 11.8.19 e. Maintenance tech to fill gap with fire caulk 11.8.19 f. Maintenance tech to fill gap with fire caulk 11.8.19 g. Maintenance tech to fill gap with fire caulk 11.8.19 h. Maintenance tech to fill gap with fire caulk 11.8.19 a. Maintenance tech to extend header stop to seal gap 11.11.19 b. Maintenance tech adjusted door hinges so that doors no longer hit the frames	11.1.19

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
	HAL079009	A. BUILDING: 01 B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 189	Continued From page 7 within the minimum 18-inch clearance area below the fire sprinkler deflector. b. Mech Room near Bedroom 7 - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 8. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin. Findings on October 10, 2019: a. Mech near Bedroom 7 - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. Bedroom 23 Window Side Closet - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. c. Marketing & Sales Office - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 9. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on October 10, 2019: a. Sun Room - the west side corridor door has a wedge holding the door open. b. Bedroom 32 - the corridor door has a trash can holding the door open.	C 189	a. items + shelf were removed to allow 18inch clearance b. items have been removed a. plate to be installed behind escutcheon plate 11.8.19 b. plate to be installed behind escutcheon plate 11.8.19 c. plate to be installed behind escutcheon plate 11.8.19 a. wedge removed + hinges adjusted so door will stay open b. trash can removed. Hinges adjusted so door will stay open	10.29.19 10.29.19 10.31.19 10.31.19