| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025012 | A. BUILDING: **01**<br>B. WING _____ | **11/06/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BROOKDALE NEW BERN** | **1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562** |

| (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<br><br>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on November 6, 2019.<br><br>This facility was first licensed on July 28, 1997. The facility is currently licensed for 60 Beds. Therefore the 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.<br><br>Deficiencies were cited which require a Plan of Correction. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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; | C 101 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025012 | A. BUILDING: **01**<br>B. WING _____ | **11/06/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BROOKDALE NEW BERN** | **1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562** |

| (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 101 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility does not meet code requirements in effect at the time of construction, renovation or alteration. Special locking arrangements require the door to unlock within 15 seconds whenever a force of not more than 15 lbs is applied to the door or releasing device. Signs shall be provided on the door adjacent to the release device which reads: PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND.<br><br>Findings on November 6, 2019:<br>a. The front door did not alarm or release within 15 seconds when a force was applied to the releasing device.<br>b. Service Hall - the exit door operates on a 15 second delay and did not have the required signage regarding the operation of the door. | C 101 | | |
| C 155 | Floors-Non-skid, in Good Repair<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(i) The requirements for floors are:<br>(1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable;<br>(2) Scatter or throw rugs shall not be used; and<br>(3) All floors shall be kept in good repair.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that throw rugs were found in use in the facility.<br><br>Findings on November 6, 2019: | C 155 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025012 | A. BUILDING: **01**<br>B. WING _____ | **11/06/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BROOKDALE NEW BERN** | **1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562** |

| (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 155 | Continued From page 2<br>a. There was a throw rug at the 800 Hall exit door. Interview with staff revealed that it was normally outside the door and someone had moved it inside. | C 155 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the walls were not kept in good repair.<br><br>Findings on November 6, 2019:<br>a. Laundry Room - there is a 6" hole in the wall behind the washer. | C 164 | | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(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 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025012 | A. BUILDING: **01**<br>B. WING _____ | **11/06/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BROOKDALE NEW BERN** | **1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562** |

| (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 3<br><br>This Rule is not met as evidenced by:<br>1. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.<br><br>Findings on November 6, 2019:<br>a. Dining Room - neither of the overhead emergency lights illuminated on test.<br><br>2. 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 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.<br><br>Findings on November 6, 2019:<br>a. The right leaf on the cross corridor doors near the Activity Room did not latch on the fire alarm activation.<br><br>3. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All the occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin.<br><br>Findings on November 6, 2019:<br>a. Staff Break Room (Service Hall) - there is a kickdown installed on the door of the Break Room.<br>b. Room 104 - the door was being held open using a wedged device. | C 189 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025012 | A. BUILDING: **01**<br>B. WING _____ | **11/06/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BROOKDALE NEW BERN** | **1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562** |

| (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<br><br>4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.<br><br>Findings on November 6, 2019:<br>a. Laundry Room - the door hits the frame at the top right corner and does not close and latch without excessive force.<br><br>5. 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 or walls could allow fire and smoke to spread beyond the area of origin.<br><br>Findings on November 6, 2019:<br>a. 600 Hall - the sprinkler head at the exterior stoop is not the correct head and the pipe is too long. There is a hole in the porch ceiling to allow pests to enter.<br>b. Spa - there is a screw missing in the fan cover and the cover is not secure leaving a gap in the ceiling.<br>c. Storage across from the Sales Manager's Office - there are two 3/4" holes in the ceiling of the room.<br>d. Mechanical Room 402 - the frames for the electrical panels on the corridor wall are warped and buckling so that the caulk is no longer providing a seal between the panel and the wall.<br>e. 800 Hall - there is a hole at the sprinkler head near the exterior exit door.<br><br>6. Observations revealed that the electrical | C 189 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025012 | A. BUILDING: **01**<br>B. WING _____ | **11/06/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BROOKDALE NEW BERN** | **1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562** |

| (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<br>equipment was not maintained in a safe and operating condition. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection.<br><br>Findings on November 6, 2019:<br>a. Med Room - the outlet to the far right of the Med Room sink did not trip when tested. | C 189 | | |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility did not provide working exhaust ventilation in specified spaces.<br><br>Findings on November 6, 2019:<br>a. Laundry - there was not an exhaust fan provided in the room with the residential washers and dryers.<br>b. Employee Restroom - the exhaust fan was not | C 199 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025012 | A. BUILDING: **01**<br>B. WING _____ | **11/06/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BROOKDALE NEW BERN** | **1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562** |

| (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 199 | Continued From page 6<br>working. | C 199 | | |