SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by November 28, 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 November 28, 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 November 28, 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,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

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

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
	HAL025012	A. BUILDING: 01 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 Report of a Construction Section Biennial Survey by Suzanna Fay conducted on November 6, 2019. 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. Deficiencies were cited which require a Plan of Correction.	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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 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. Findings on November 6, 2019: a. The front door did not alarm or release within 15 seconds when a force was applied to the releasing device. 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	Repaired by Johnson Control Sign posted, we will monitor to assure We stay in compliance	11/7/19 11/14/19
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that throw rugs were found in use in the facility. Findings on November 6, 2019:	C 155		

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C 155	Continued From page 2 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	Removed rug from inside to outside Where the rug belongs, will check on rounds By housekeeping	11/6/19
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 walls were not kept in good repair. Findings on November 6, 2019: a. Laundry Room - there is a 6" hole in the wall behind the washer.	C 164	Repaired hole in wall located in laundry Room behind washer, will put on check list To monitor weekly	11/15/19
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		

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C 189	Continued From page 3 This Rule is not met as evidenced by: 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. Findings on November 6, 2019: a. Dining Room - neither of the overhead emergency lights illuminated on test. 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. Findings on November 6, 2019: a. The right leaf on the cross corridor doors near the Activity Room did not latch on the fire alarm activation. 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. Findings on November 6, 2019: a. Staff Break Room (Service Hall) - there is a kickdown installed on the door of the Break Room. b. Room 104 - the door was being held open using a wedged device.	C 189	Replaced batteries, lights working Put on check list for weekly checks Adjusted latch on door Installed magnetic hold to replace Kickdown Removed wedged devise to install Magnetic hold	11/7/19 11/7/19 11/15/19 11/15/19

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C 189	Continued From page 4 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. Findings on November 6, 2019: a. Laundry Room - the door hits the frame at the top right corner and does not close and latch without excessive force. 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. Findings on November 6, 2019: 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. b. Spa - there is a screw missing in the fan cover and the cover is not secure leaving a gap in the ceiling. c. Storage across from the Sales Manager's Office - there are two 3/4" holes in the ceiling of the room. 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. e. 800 Hall - there is a hole at the sprinkler head near the exterior exit door. 6. Observations revealed that the electrical	C 189	Removed latch and adjusted door to Fit properly, will monitor weekly Notified Johnson control, ordered new Sprinkler head with new molding cover Will be installed upon part arriving Replaced missing screw Patched two holes in ceiling Willis Electric are fixing panels Patched hole near exit door	11/15/19 12/20/19 11/7/19 11/15/19 12/20/19 11/15/19

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C 189	Continued From page 5 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. Findings on November 6, 2019: a. Med Room - the outlet to the far right of the Med Room sink did not trip when tested.	C 189	Willis Electric replacing outlet to Meet code	12/20/19
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; (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 the facility did not provide working exhaust ventilation in specified spaces. Findings on November 6, 2019: a. Laundry - there was not an exhaust fan provided in the room with the residential washers and dryers. b. Employee Restroom - the exhaust fan was not	C 199	Exhaust fan to be added in laundry to Meet code Exhaust fan replaced in employee restroom	12/20/19 11/22/19

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C 199	Continued From page 6 working.	C 199		