Forward to

Dennis Harrell

From Dewey Byrd At

Brookstone Retirement Home

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

July 31, 2019
Ashley Alverson (via e-mail only)
2968 Old Salisbury Road
Lexington, NC 27295

RE: Brookstone Retirement Center - HA Biennial Survey
2968 Old Salisbury Road
Lexington Davidson County
FID #940136 Hal029001

Dear Ms. Alverson:

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 July 18, 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029001	A. BUILDING: 01 B. WING	07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE RETIREMENT CENTER	2968 OLD SALISBURY ROAD LEXINGTON, NC 27295

(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 and Ed Miller on 7-18-2019. Records indicate this facility was first licensed on 6-1-1987, for 115 Beds including a 42 Bed Special Care Unit. Based on this information, we are requiring that this facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Section 409.1(c) 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: Based on observation, the facility failed to meet the requirements of the NC State Building Code	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Maint. — (X6) DATE: Aug. 19, 2019

Dewey Byrd

STATE FORM 4X3421 If continuation sheet 1 of 9

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C 101	Continued From page 1 In effect at time of alteration. The Building Code permits the installation of Special (magnetic) Locking on exit doors of buildings that are protected throughout, by an approved supervised automatic fire detection system or an automatic sprinkler system. In buildings that are not protected throughout, there could be a dangerous delay in detecting the start of a fire. Findings on 7-18-2019: a. There are no sprinkler heads or fire detection devices in the Resident Bedroom closets throughout most of the building. a. There is no sprinkler head or fire detection device in the newly built closet in the Personal Care Coordinator's office.	C 101	Meet with sprinkler guys and Heat detector guys on 8/19/	
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: 1. Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated in 12-22-2017. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 2. Based on a review of documents, the required annual sprinkler system inspection report could not be located. Sprinkler systems that are not inspected and approved as required could result in the system not operating properly in the event	C 111	Fire Marshall Inspection Sprikler system. Done on July 24, 2019	Jan. 22, 2019

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C 111	Continued From page 2 of an actual fire.	C 111		
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 facility failed to be maintained free of hazards because of exits signs directing exiting in the wrong directions. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Findings on 7-18-2019: a. The exit sign near the sun room has the exit arrows pointing in the wrong directions for exiting. b. The exit sign in the kitchen has the exit arrows pointing in the wrong directions for exiting. 2. 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. Findings on 7-18-2019: a. A portable medical oxygen cylinder was stored in no rack or container in clean linen on B Wing. b. A portable medical oxygen cylinder was stored in no rack or container in bedroom 2. c. A portable medical oxygen cylinder was stored	C 166	a Painted 7-23-19 B Painted 7-23-19 Fixed and told med-tech and Aids to keep them up 7-22-19 A, B, C, D.	

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C 166	Continued From page 3 in no rack or container in the Personal Care Coordinator's office, d. Several (4) portable medical oxygen cylinders were stored in no rack or container in the oxygen storage room in Memory Care. 3. Based on observation, hoses on fixtures were long enough to reach the basin flood rim and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. Findings on 7-18-2019: a. The hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. b. The hose on the shower wand at the tub in the Spa was long enough to reach the sink basin and there was no vacuum breaker provided. 4. Based on observation, a lamp cord type extension cord was being used in place of permanent wiring in the Administrator's office. Extension cords are intended for temporary use only and 2 wire lamp type extension cords must never be used. 5. Based on observation, an extension cord was being used in place of permanent wiring in the Admissions office. Extension cords are intended for temporary use only. 6. Based on observation, an exterior exit path not maintained uncluttered and free of hazards. Finding on 7-18-2019: There was a hose laying on the sidewalk from A Wing creating a trip and fall hazard.	C 166	7-22-19 Fixed & told med-Tech & aids they had to Be stored in Racks 7-22-19 Vacuum Breaker installed on 8-7-19 A. Was already there from past Inspection. B. Installed on tub 8-7-19 ④ Removed Put surge protector in 7-23-19 Fix with 3 prong surge Protector on 7-23-19 moved on 7-22-19	

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C 185	Continued From page 4	C 185		
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 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. Finding on 7-18-2019: In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	Took this up with Administrator on 8-6-19 Same as above	
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	C 189		

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C 189	Continued From page 5 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, battery powered emergency lights 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. Mal-functioning lights include the following areas: a. Dining room, b. Kitchen, c. A Wing Dining room, d. A Wing Activity office. 2. 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. Findingson 7-18-2019: a. The exit sign in the Dining room did not work on battery when tested. b. The exit sign in the A Wing Dining room did not work on battery when tested. 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 7-18-2019: a. One of the double doors to the Sun room was wedged open.	C 189	a Replaced Batt. on 7-15-19 b Replaced Batt. on 7-15-19 c Replaced Batt. on 7-15-19 d Replaced Batt. on 7-15-19 Check monthly a Replaced Batt 7-22-19 B. Replaced Batt 7-22-19 Check monthly a Fixed on 7-18-2019	

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C 189	Continued From page 6	C 189		
	b. The other double door to the Sun room was propped open with a chair.	B	Fixed on 7-18-19	
	c. The door to bedroom 9 will not close completely and latch.	C	Fixed on 8-6-19	
	d. The door to bedroom 59 will not close completely and latch.	d	Fixed on 7-22 Carpet strip had come up	
	e. The door to bedroom 12 would not latch when closed.	e	Fixed on 7-22-19	
	f. The door to bedroom 32 would not latch when closed.	F.	Fixed on 7-22-19	
	g. The door to bedroom 54 would not latch when closed.	g.	Fixed on 7-22-19	
	h. The fire rated door to the pantry, which was about 252 sq. feet, was propped open.	h&i	Put Door Knob on 7-23 Told them not to prop it open	
	i. The fire rated door to the pantry, which was about 252 sq. feet, was equipped with only a deadbolt latch. Fire rated doors must automatically latch when closed.			
	j. Both of the doors to the A wing Living room were blocked open with large upholstered chairs. Note; this deficiency was corrected during the survey.			
	k. One of the doors to the A wing Living room would not latch when closed.	K	Fixed on 7-23-19	
	4. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in locations. 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 areas of the facility. Findings on 7-18-2019:			
	a. Unsealed wire penetration in the ceiling of the Owner's office,	a.	Fire Chaulked on 7-22-19	
	b. Unsealed penetrations at A/C pipes in the ceiling in the C Wing mechanical room,	b	Fire Chaulked on 7-22-19	
	c. Sprinkler escutcheon missing in the A Wing break room.	c	Replaced on 7-23-19	

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C 189	Continued From page 7 5. 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. Findings on 7-18-2019: a. Items had been stacked all the way to the ceiling in the oxygen storage room in Memory Care. b. Items had been stacked to within 1 inch of the ceiling in the Activity storage closet.	C 189 a b	Fixed on 7-19-19 By Martha West Fixed on 7-19-19 By Jenny Brinkley	
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Finding on 7-18-2019: There was a portable electric heater found in the Director of Nursing office.	C 191	Fixed By DON on 7-23-19	

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C 199	Continued From page 8	C 199		
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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 7-18-2019 a. The exhaust provided was not working in the chemical room off the kitchen. b. The exhaust provided was not working in the Women's public bathroom.	C 199 a b	Cleaned on 7-23-19 Running Good Cleaned on 7-18-19 Running Good	