STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074012	A. BUILDING: **01** B. WING _____	**01/15/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE W ARLINGTON BOULEVARD	**2105 W ARLINGTON BOULEVARD GREENVILLE, NC 27834**

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C 000	Initial Comments Report of a Biennial Construction Survey by Suzanna Fay conducted on January 15, 2020. Records indicate this facility was first licensed on July 28, 1997 as a HA. 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 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Physical plant deficiencies were noted 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 the requirements of the NCSBC in effect at the time of construction, addition, renovation or alteration. Findings on January 15, 2020: a. The exit doors operate on a 15 second delay locking system. The delay process did not activate on the main entry door and the door did not release when pushed for 15 seconds. 2. Observations revealed that the sprinkler riser room does not meet the requirements of the NCSBC in effect at the time of construction, addition, renovation or alteration. This could potentially disable the sprinkler system if the pipes freeze and obstruct the flow of water. Findings on January 15, 2020: a. Riser Room/Mechanical Room - There did not appear to be a means of heating the room. The high and low combustion air vents were blocked off with cardboard and tape to prevent the pipes from freezing in the cold weather. 3. Observations revealed that the mechanical equipment does not meet the requirements of the NCSBC in effect at the time of construction, addition, renovation or alteration. Gas water heaters are required to have combustion air vents located both high and low in the room with the water heaters to prevent buildup of harmful gasses. Findings on January 15, 2020: a. Riser Room/Mechanical Room - The high and low combustion air vents were blocked off with cardboard and tape to prevent the pipes from	C 101		

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C 101	Continued From page 2 freezing in the cold weather.	C 101		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe manner. Findings on January 15, 2020: a. 100 Hall exit - the door knob is missing on the exterior face of the door. b. 100 Hall exit - there is a heavily damaged picnic table on the patio outside of the door. c. There is a coating of mildew on the siding on the north face of the 300 Hall and the north face of the 500 Hall.	C 160		
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.	C 164		

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C 164	Continued From page 3 This Rule is not met as evidenced by: 1. Observations revealed that the walls and furnishings were not kept clean and in good repair. Findings on January 15, 2020: a. Break Room - the door magnet had pulled loose from the wall damaging the wall. b. Health and Wellness Director's Office - the door magnet is pulling the cove base off of the wall and it is pulling the veneer off of the door at the bottom. 2. Observations revealed that the ceilings and equipment were not kept clean and in good repair. Findings on January 15, 2020: a. Guest bath - the exhaust fan vent had a heavy accumulation of dust.	C 164		
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 the facility did not	C 189		

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C 189	Continued From page 4 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 January 15, 2020: a. The exterior emergency light outside of the Kitchen exit did not illuminate on battery test. b. Service Corridor Mechanical Room - the emergency light did not illuminate on battery test. c. The emergency light across from the Spa did not illuminate on battery test. d. 800 Hall - emergency light #5 outside of the Mechanical Room did not illuminate on battery test. 2. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated. Findings on January 15, 2020: a. Kitchen - the icemaker drain line is resting directly on top of the floor drain. 3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on January 15, 2020: a. Kitchen - the back door was held open using a wedged device. b. Break Room - the door was propped open	C 189		

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C 189	Continued From page 5 using a trash can. This was removed at the time of survey. 4. 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 could allow fire and smoke to spread beyond the area of origin. Findings on January 15, 2020: a. Service Corridor - there is a gap around the sprinkler head escutcheon outside of the Mechanical Room. b. Med Tech Office - there are four 1/2" diameter holes in the ceiling. c. 400 Hall Mechanical Room - there is a gap around the escutcheon plate at the sprinkler head. d. Riser Room - the fire caulk has come loose at the pipe over the first water heater leaving a gap in the rated ceiling assembly. 6. 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 January 15, 2020: a. Gallery - the astragals on both sets of doors were warped and pulling away from the door. The top piece on the doors was separating from the door stiles. The left set of doors were warped. These conditions prevented the doors from closing and latching easily.	C 189		