

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/17/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE W ARLINGTON BOULEVARD		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 W ARLINGTON BOULEVARD GREENVILLE, NC 27834		
(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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 17, 2023. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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. Based on observations revealed that the exterior of the building was not maintained in a clean and safe condition. Findings on May 17, 2023: a. The front porch wooden railing is falling apart and not attached to the columns at numerous spots. This has not been repaired.	{C 160}		
{C 162}	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.	{C 162}	- Installed longer deck screws to secure	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Denise Allen

TITLE

Executive Director

(X6) DATE

7/5/23

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{C 162}	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation the facilities outdoor lighting is not being maintained in a safe and operating condition. This could cause to harm to the staff Findings on May 17, 2023: a. Many of the exterior walkway lights are damaged and have exposed wiring. The existing lights have not been repaired. Interview with staff revealed the work needs to be completed by a licensed electrician and they are working on getting one. Temporary lights were installed to provide lighting at the front walk. 2. Based on observation the facility is not maintaining the egress path lighting around the building. Being able to see during an emergency evacuation is critical to everyone's safety while having to egress the facility. Findings on May 17, 2023: a. The egress paths around the facility are not lit at all. There are no lights to illuminate the egress path's. No lights have been added. Interview with staff revealed that they were purchasing solar lights to install.	{C 162}	Remove and disconnected wiring to spot lights Install solar lights along pathways	
{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)	{C 189}		

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{C 189}	Continued From page 2 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the fire safety systems corridor doors. This could cause a fire to spread faster causing unnecessary damage and possibly harm to residents and staff. Finding on May 17, 2023: b.. The fire doors that lead into the 100 hall are dragging on both sides not allowing to close and latch as necessary. This has not been corrected. 3. Based on observation, this facility has failed to maintain life-safety components in a safe and operating condition this could hamper the evacuation during an emergency. Findings on May 17, 2023: a. The emergency corridor light # 35 does not illuminate when tested. At the follow up survey, the emergency lights were not numbered; so all of the lights were tested and the following locations failed to illuminate on test: 1.) the emergency light at the Med Room 2.) the emergency light outside of Room 108 3.) the emergency light across from the 400 Hall Mechanical Room 4.) the emergency light in the 400 Hall Mechanical Room 5.) the emergency light by Room 503 6.) the emergency light by Comfy Corner 7.) the emergency/exit light over the main entrance 4. Based on observation, the facility failed to be maintained the plumbing system a safe manner. All hot water should be maintained between 100	{C 189}	- Removed and planed down bottoms to stop dragging. } Replaced batteries	

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{C 189}	Continued From page 3 F - 116 F. Being hot the 116 F could result in a severe damaged to a resident as well as staff. Finding on May 17, 2023: a. The hand sink the in the residents laundry is being supplied with 140-degree water. To provide temperatures for cleaning during a viral outbreak, staff stated that the temperature had to be elevated. At the time of the follow up, the water to the sink had been turned off and a sign was posted that it was off. The temperature was tested by turning on the water and it was still 140 degrees F. Interview with staff revealed that they were aware of the issue and were to install a mixing valve at the sink. It was also observed that two of the legs on the sink were broken off.	{C 189}	Installed TMV valve to hot side of sink to temper Hot water	