

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL090022</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>05/23/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE MONROE SQUARE 2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>919 FITZGERALD STREET<br/>MONROE, NC 28112</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                              | Initial Comments<br><br>Report of a Biennial Follow Up Construction<br>Survey by Suzanna Fay conducted on May 23,<br>2023.<br><br>There are deficiencies cited in the Biennial<br>Construction Survey that remain to be corrected<br>and one new deficiency has been added.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | {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<br>PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult<br>care home shall be applied as follows:<br>(2) Except where otherwise specified, existing<br>licensed facilities or portions of existing licensed<br>facilities shall meet licensure and code<br>requirements in effect at the time of construction,<br>change in service or bed count, addition,<br>renovation, or alteration; however in no case shall<br>the requirements for any licensed facility where<br>no addition or renovation has been made, be less<br>than those requirements found in the 1971<br>"Minimum and Desired Standards and<br>Regulations" for "Homes for the Aged and Infirm",<br>copies of which are available at the Division of<br>Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by:<br>New Deficiency:<br><br>1. Observations revealed that the facility is not in<br>compliance with code requirements in effect at<br>the time of construction or alteration. Delayed<br>egress doors shall have a sign provided on the<br>door located above and within 12 inches of the<br>release device reading: | {C 101}                                                                                    |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE MONROE SQUARE 2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>919 FITZGERALD STREET<br/>MONROE, NC 28112</b> |                                                                                                                          |                                                                    |
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| {C 101}                                                              | Continued From page 1<br><br>PUSH UNTIL ALARM SOUNDS. DOOR CAN BE<br>OPENED IN 15 SECONDS.<br>Findings on May 23, 2023:<br>a. Yellow Hall - the exit door was not labeled with<br>the proper signage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | {C 101}                                                                                    |                                                                                                                          |                                                                    |
| {C 199}                                                              | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(g) The spaces listed in this Paragraph shall be<br>provided with exhaust ventilation at the rate of<br>two cubic feet per minute per square foot. This<br>requirement does not apply to facilities licensed<br>before April 1, 1984, with natural ventilation in<br>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<br>facilities with the exception of Paragraph (e)<br>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<br>maintain exhaust ventilation in specified spaces.<br>Lack of ventilation allows for the build up humidity<br>that can cause mildew and slick areas and<br>prevents the dissipation of odors.<br><br>Findings on May 23, 2023:<br>a. At the time of the follow up survey, the fans on<br>the Green Hall are not working. | {C 199}                                                                                    |                                                                                                                          |                                                                    |