

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2023
NAME OF PROVIDER OR SUPPLIER THE KEMPTON AT BRIGHTMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2298 S 41ST STREET WILMINGTON, NC 28403		
(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 Construction Survey by Ryan Meyer conducted on August 23, 2023. Records indicate this facility was first licensed as a Home for the Aged on 6-4-1997. The facility is currently licensed for 84. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1996 North Carolina State Building Code, Section 409.1 Institutional Unrestrained Occupancy. Deficiencies were cited that will require a plan of corrections.	C 000		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on observation, the facility is not maintaining the electrical components located near a water source in a safe manner. Findings on August 23, 2023: a. Each of the laundry room outlets throughout the facility are not GFCI protected. b. The receptacle serving the drink station in the dining room is not GFCI protected. c. The outlet behind the generator is missing the in-use outlet cover.	C 188		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2023
NAME OF PROVIDER OR SUPPLIER THE KEMPTON AT BRIGHTMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2298 S 41ST STREET WILMINGTON, NC 28403		
(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 189	Continued From page 1	C 189		
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 is not maintaining its plumbing system as necessary. Findings on August 23, 2023: a. The toilet in room 314 is loose. 2. Based on observation the facility is maintaining its main electrical room in a safe manner. The North Carolina Sate Fire Code Section 315.3.3 states that combustible materials shall not be stored in electrical equipment room. Findings on August 23, 2023: a. The main electrical room is being used to store combustibles and other items. 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations shall be sealed with proper material capable of preventing fire and smoke from spreading beyond the area of origin. Findings on August 23, 2023 a. There are multiple conduits in the 1st floor mechanical room (in the low 100s) that are not	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2023
NAME OF PROVIDER OR SUPPLIER THE KEMPTON AT BRIGHTMORE			STREET ADDRESS, CITY, STATE, ZIP CODE 2298 S 41ST STREET WILMINGTON, NC 28403		
(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 189	Continued From page 2 sealed with the proper fire rated material.	C 189			