Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL076007	A. BUILDING: 01 B. WING _____	08/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ASHEBORO	514 VISION DRIVE ASHEBORO, NC 27203

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on August 10, 2023. This facility was first licensed on February 13, 1997 as a Home for the Aged. The facility is currently licensed for 76 Beds with a 24 Bed Special Care Unit. 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 Revisions) North Carolina State Building Codes, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies have been cited and a Plan of Correction is required.	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 is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For delayed egress locks, the initiation of an irreversible process which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 1 second to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Findings on August 10, 2023: a. SCU - the delayed egress exit doors required two pressure applications to initiate the process of releasing the door locks. 2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Delayed egress doors shall have a sign provided on the door located above and within 12 inches of the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS. Findings on August 10, 2023: a. Service Hall - there is not a sign posted on the delayed egress exit door. 3. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in	C 101	a. Egress doors no longer require 2 pressure applications to start 15 second release. A single application of pressure will release doors. Sign has been adhered to the door to indicate to push door for 15 seconds to open door.	8/21/23 8/17/23

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C 101	Continued From page 2 service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on August 10, 2023: a. SCU - the door from the AL Dining Room to the SCU Hall is equipped with a magnetic lock. The door has an exit sign over the door indicating that this is a required exit. Based on the location, the door does not appear to be a required exit. The door is missing the following components to be in compliance with being a required exit door. The door does not have a an emergency on/off switch within 3 feet of the door. There was not an emergency on/off switch located in the Nurses' Station or another central location.	C 101	a. Fire Inspector came and he has instructed us to remove the exit sign from the ceiling as this is not a primary path of egress. Sign has been removed.	9/27/23
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of all equipment and other obstructions.	C 150		

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C 150	Continued From page 3 Findings on August 10, 2023: a. There were benches in the halls outside of the resident rooms which reduced the corridor width to less than the required 6' - 0". The benches were removed at the time of survey.	C 150	a. Benches were removed from hallways during inspection.	8/10/23
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 condition. Findings on August 10, 2023: a. 100 Hall - there is a worn and damaged black armchair on the stoop at the exit outside of Room 109.	C 160	a. Chair was removed from stoop at exit outside room 109	8/11/23
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	C 164		

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C 164	Continued From page 4 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls and ceilings were not kept clean and in good repair. Findings on August 10, 2023: a. There is a pattern of exhaust fans and vents with heavy accumulations of dust. b. There is a pattern of cobwebs on the ceilings in closets. c. 100 Hall Laundry Closet - there is a coating of lint on the sprinkler head. d. There is a pattern of open ductwork (grilles removed) with heavy accumulations of dust. e. Room 405 - there is a 12" diameter orange water stain on the ceiling over the bed. f. SCU Laundry - there was a leak in the back corner over the wall cabinets that has caused the popcorn ceiling finish to flake off and the wall paint to bubble. The water stains run from the ceiling to the floor.	C 164	a.Dust was removed from exhaust fans and vents. Put on weekly cleaning schedule b. Cobwebs cleared from closet ceilings Put on weekly cleaning schedule c. 100 Hall closet lint cleaned from sprinkler. d. Ducks cleaned of lint accumulation. e. Water stain to ceiling over bed repaired. f. SCU laundry water stains repaired.	9/22/23 9/22/23 9/22/23 9/22/23 9/25/23 9/25/23
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 was not	C 166		

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C 166	Continued From page 5 maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on August 10, 2023: a. Room 306 - There was one tall oxygen cylinder in a cardboard carrying case on the floor and there was one small cylinder loose on the floor. There was also a shallow plastic crate, which is not capable of supporting the tall oxygen cylinders without additional restraint.	C 166	a. O2 is tanks are now stored in approved storage tank holder.	8/11/23
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. Review of records revealed that the records of the fire rehearsals did not include a short description of what the rehearsal involved. Findings on August 10, 2023: a. The fire rehearsal logs did not contain a short	C 185	a. Fire Drill logs are now being completed with details of fire drill	9/22/23

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C 185	Continued From page 6 description of what the rehearsal involved.	C 185		
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 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 and walls could allow fire and smoke to spread beyond the area of origin. Findings on August 10, 2023: a. Lobby - the grille over the reception desk is not secure to the ceiling. This was corrected at the time of survey. b. There is a small hole in the wall at the emergency light outside of the Health and Wellness Office. c. 100 Hall RCC Office - there are three 1" diameter holes in the ceiling at the light fixture. d. 100 Hall - there is a hole at the base of the exit sign by Room 109. e. 300 Hall Electrical Room by Room 306 - there is an unsealed sleeve penetration. f. 300 Hall Electrical Room by Room 306 - the sprinkler head has dropped leaving a gap in the	C 189	a. Grille was secured at time of survey b. Hole in wall at emergency light outside of Health Office patched. c. Holes in ceiling filled with fire rated filling. d. Hole at base of exit sign patched and filled e. 300 hall electric room sleeve filled with fire rated seal. f. 300 hall sprinkler in electric room flush	8/10/23 8/15/23 9/01/23 8/15/23 9/01/23 9/01/23

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C 189	Continued From page 7 fire resistant rated ceiling. g. 300 Hall Laundry Closet - there is a small hole at the sprinkler head and there is an open junction box where the light was removed. h. Service Hall Mechanical Room - there is a 2' x 4' hole in the ceiling where the attic access panel was removed. i. 200 Hall, Room 207 - the sprinkler head in the front of the room is missing its escutcheon plate. j. 200 Hall, Storage across from Room 207 - the escutcheon ring has dropped on the sprinkler head leaving a gap in the fire resistant rated ceiling. k. Dogwood Activity Room - the sprinkler head by the PTAC unit is missing its escutcheon ring. l. 400 Hall, Room 404 - the sprinkler head just inside the door has dropped. m. Room 405 Bath - the sprinkler head is missing its escutcheon ring. n. SCU Laundry Closet - there is a small hole at the base of the sprinkler head. o. There is a general pattern of sprinkler heads with gaps in the ceiling where the escutcheon rings have dropped. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on August 10, 2023: a. The left leaf on the smoke barrier doors by Room 102 drags on the carpet and did not close when released by the fire alarm. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke	C 189	to ceiling. g. 300 Hall Landry closet hole at sprinkler filled. Open junction box is capped with cover. h. Service hall mechanical room hole to attic access new fire rated panel ordered and will be installed. i. 200 hall sprinkler in front of room 207 has escutcheon ring in place. j. 200 hall storage room sprinkler escutcheon plate secured closing gap. k. Dogwood Activity room escutcheon ring replaced. l. 400 hall room 404 sprinkler head inside door flush with ceiling m. Room 405 sprinkler inside bath has escutcheon ring installed. n. SCU Laundry closet hole at base of sprinkler has been repaired o. Audit of spinkler heads conducted and sprinkler heads now flush to ceiling. a. Contractor to adjust smoke doors to ensure automatic closer when door magnet releases during fire alarm.	9/20/23 10/20/23 8/15/23 8/15/23 8/15/23 9/22/23 9/22/23 9/22/23 9/20/23 10/20/23

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C 189	Continued From page 8 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 August 10, 2023: a. Health and Wellness Office - the door hinge is loose causing the door to rub on the frame making it hard to open and it is pulling the door veneer off. b. Room 301 - the door hangers are preventing the door from closing. c. Kitchen Pantry - the door hardware is broken so it no longer latches. Plates were installed over the opening which leaves no release for someone to get out if the Pantry door closes behind them. d. Room 406 - the latch plate is missing so that the door moves within the frame when closed. e. 200 Hall - the door hinge on the Storage Room door across from Room 207 is loose making it difficult to close. 4. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. The build up of lint from loose or disconnected dryer exhausts creates a fire hazard. Findings on August 10, 2023: a. 100 Hall Laundry - the dryer duct is disconnected at the wall opening and there is lint building up on the floor and walls. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes or gaps in the face of the door. Findings on August 10, 2023:	C 189	a. Door hinges for Health and Wellness office adjusted so door does not rub on frame when opening and closing. b. Door hanging on room 301 removed. c. Door knob replaced on pantry door. d. Room 406 latch plate replaced. e. Door hinges for storage room across from room 207 adjusted to ensure proper operation of the door. a. 100 hall laundry, new dryer duct installed and connected to wall.	9/22/23 8/14/23 9/20/23 9/12/23 9/12/23 9/07/23

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C 189	Continued From page 9 a. 100 Hall Med Room - there are two 1/4" holes through the door at the door hardware. b. SCU - there are two 1/4" diameter holes through the door to AL Dining. 6. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on August 10, 2023: a. 100 Hall Med Room - there is a shelf full of binders that are within 18" of the ceiling. 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Blocking radiation dampers open to prevent them from closing allows the spread of smoke or fire throughout the building. Findings on August 10, 2023: a. Business Office - a yellow foam product was sprayed around the radiation damper and the spring attached preventing the damper from closing. 8. Based on observation the facility did not 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 August 10, 2023: a. 300 Hall Activity Room - the emergency/exit sign did not illuminate on test. b. 200 Hall - the exit sign by Room 208 did not illuminate on test.	C 189	a. 100 Hall Med Room door a door knob plate has been added to the door to cover the holes. b. SCU door to AL dinning has had a plate added to door knob to cover holes. a. 100 Hall Med Room all binders have been removed. a. Foam has been removed from damper allowing for the damper to close. a. 300 Hall Activity Room emergency/exit sign batteries have been changed. b. 200 Hall exit sign by room 208 has had batteries changed out.	9/5/23 9/13/23 9/06/23 9/21/23 8/11/23 8/11/23