

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/09/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE FALLING CREEK

**910 29TH AVENUE NE
HICKORY, NC 28601**

(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
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C 000

Initial Comments

C 000

Report of a Construction Section Biennial Survey
by Suzanna Fay conducted on May 9, 2024.

Records indicate this facility was first licensed as
a Home for the Aged on June 11, 1997. The
facility is currently licensed for a total of 60 beds.
Therefore, we are requiring the facility to meet the
1996 Homes for the Aged and Disabled -
Minimum Standards and Regulations, the
applicable portions of the 2005 Rules for Adult
Care Homes of Seven or More Beds, and the
1996 Edition of the North Carolina State Building
Code, Section 409.1, Institutional Occupancy
Group-I.

Deficiencies were cited that require a Plan of
Correction.

C 101

Existing Licensed Fac- No less than '71 Rules

C 101

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;

*See attached
plan of correction.*

Division of Health Service Regulation

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

TITLE

(X6) DATE

Amber E. Clinton

Executive Director

6/12/24

Division of Health Service Regulation

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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 3 seconds 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 May 9, 2024: a. The front entry door did not release in 15 seconds when a force of 15 pounds was applied to the door for 3 seconds. b. Exit #3 - the door did not release in 15 seconds when a force of 15 pounds was applied to the door for 3 seconds.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current building safety inspection reports maintained in the home and available for review.	C 111		

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C 111	Continued From page 2 Findings on May 9, 2024: a. There was not a copy of the current Fire Sprinkler System Inspection Report available for review.	C 111		
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. Findings on May 9, 2024: a. 300 Hall, Exit 6 - there is a wheelchair in the corridor outside the exit door diminishing the corridor width to less than 6' and obstructing the path of egress. The chair was moved at the time of survey.	C 150		
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	C 160		

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C 160	Continued From page 3 grounds of the facility were not maintained in a clean and safe condition. Findings on May 9, 2024: a. Porch outside of the Service Hall Mechanical Room - the escutcheon ring on the sprinkler head nearest the door is missing.	C 160		
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 and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on May 9, 2024: a. The Fire Alarm Control Panel is showing trouble on the system and a supervisory issue due to the dry pipe sprinkler system being turned off for repairs. b. Riser Room - the heat detector is missing the end cap and the detector is dangling from its wires.	C 189		

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C 189	Continued From page 4 2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not operate during a fire. Findings on May 9, 2024: a. The Dry Pipe Sprinkler System has been turned off to conduct repairs. Note: the Wet Pipe System is operational. 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 through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on May 9, 2024: a. There is a 4" gash with a brown circular water stain in the ceiling of the Living Room outside of the Executive Director's Office. b. Utility Room off of Laundry - there is a 24" x 24" hole in the ceiling where a worker stepped through. The area has not been patched and cleaned as they are waiting on insurance. c. Maintenance Office - there is an unsealed cable penetration above the door. d. Storage across from Health & Wellness Office - the sprinkler head is missing its escutcheon ring leaving a gap in the fire resistant rated ceiling. e. Spa Toilet Room - there is an unsealed cable penetration above the sink. f. Break Room - there are two 1/2" diameter holes in the ceiling where a light was replaced. g. Dining Room - the escutcheon rings on multiple sprinkler heads in the front area of the room have dropped leaving gaps in the fire resistant rated ceiling.	C 189		

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C 189	Continued From page 5 h. Dining Room - there is an open junction box in the ceiling near the exterior exit door. 4. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on May 9, 2024: a. 400 Hall Housekeeping - the hot water knob has broken off of the floor sink. 5. 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 May 9, 2024: a. Gallery - the double doors on each side do not close and latch. 6. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function during a fire. Findings on May 9, 2024: a. Gallery Porch - the sprinkler head on the right side of the porch is missing leaving a 2" diameter hole. 7. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.	C 189		

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C 189	Continued From page 6 Findings on May 9, 2024: a. The emergency light outside of the Spa did not illuminate on test. b. The exterior emergency light at the exit by the Beauty Shop did not illuminate on test. c. The emergency light in the Med Room did not illuminate on test. d. The exterior emergency light outside the Service Hall exit did not illuminate on test. 8. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on May 9, 2024: a. Riser Room - there is an open junction box for the air compressor connection.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)	C 199		

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C 199	Continued From page 7 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on May 9, 2024: a. Kitchen Housekeeping Closet - the exhaust fan is not working.	C 199		

Brookdale Falling Creek

1. FID #: 970652

License #: HAL-018011

DHSR Construction Survey of May 9, 2024.

Section .0300 – Physical Plant

10A NCAC 13F .0301 Application of Physical Plant Requirements

Tag # C 101

1. Johnson Controls has serviced all doors and are fully operational.

Completion Date: 5-10-24

Section .0300 – Physical Plant

10A NCAC 13F .0302 Design and Construction

Tag # C 111

1. The Fire Sprinkler Inspection Report was obtained and emailed to Ms. Fay the day of the Survey, May 9, 2024. Acknowledged receiving on May 10, 2024.

Section .0300 – Physical Plant

10A NCAC 13F .0305 Physical Environment

Tag # C 150

1. Deficiency corrected before construction surveyors departed site. Completion Date: 5-9-24

Tag # C 160

1. Escutcheon ring has been replaced on sprinkler head. Completion Date: 5-17-24

Tag # C 189

- 1a. Toma Fire Protection repaired and serviced fire panel and is now in proper working order. Completion Date: 5-28-24

- 1b. Heat detector will be repaired and remounted. Completion Date: 6-21-24

2. Repairs to Dry System completed and Fully Operational.
Completion Date: 5-14-24.

- 3a. Ceiling will be repaired and painted. Completion Date: 6-21-24
- 3b. Hole in ceiling will be repaired and painted. Completion Date: 6-21-24
- 3c. Cable penetration has been sealed. Completion Date: 5-17-24
- 3d. Escutcheon ring has been replaced. Completion Date: 5-17-24
- 3e. Cable penetration has been sealed. Completion Date: 5-17-24
- 3f. Ceiling will be repaired and painted. Completion Date: 6-21-24
- 3g. Escutcheon rings have been replaced. Completion Date: 5-17-24
- 3h. Metal plate has been installed to cover junction box. Completion Date: 5-17-24

- 4. New knob has been installed on floor sink. Completion Date: 5-20-24

- 5. Doors have been adjusted and now close and latch. Completion Date: 5-20-24

- 6. Toma Fire Protection has sprinkler head ordered. See attached documentation.

- 7a. Emergency light has been repaired and is operational. Completion Date: 5-20-24
- 7b. Emergency light has been repaired and is operational. Completion Date: 5-20-24
- 7c. Emergency light has been repaired and is operational. Completion Date: 5-20-24
- 7d. Emergency light has been repaired and is operational. Completion Date: 5-20-24

- 8. Metal plate has been installed to cover junction box. Completion Date: 5-17-24

Section .0300-Physical Plant

10A NCAC 13F .0311 Other Requirements

Tag # C 199

- 1. Exhaust Fan will be replaced. Completion Date: 6-21-24

The latest completion date for the above listed violations will be June 21, 2024.

Amber Minton
Amber Minton, Executive Director

6/12/24
Date



TOMA

FIRE PROTECTION EQUIPMENT

June 12, 2024

To: Brookdale Falling Creek
910 29th Ave NE,
Hickory, NC 28601

Attn: Amber Minton Aminton@brookdale.com

Re: Sprinkler Head Replacement

To whom it may concern,

Toma Fire Protection has replaced the entire sprinkler system in the above-mentioned address. During the installation one of the dry drop sprinkler heads was damaged. Toma has the replacement head ordered and will install it once it has been delivered. The normal procedure with these heads typically takes 7-10 days as the heads are made to order. If there are any further questions or concerns, please contact me.

Respectfully,

Robert Burke
Toma Fire Protection Equipment, Inc.
Phone (828) 748-7018
Robertburke@tomafireprotection.com www.tomafireprotection.com

