STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029013	A. BUILDING: **01** B. WING _____	**06/06/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE TERRACE OF THOMASVILLE	**915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360**

(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 Construction Section Biennial Survey by Tod Hancock conducted on June 6, 2024. Records indicate this facility was first licensed on June 19, 1991, for Sixty-Two (62) Beds with includes a 14 bed Special Care Unit. Based on this information, the facility is required to meet the 1991 Homes for the Aged- Minimum and Desired Standards and Regulations; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1-Institutional (I) Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
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 the facility did not have a record of fire rehearsals being conducted quarterly on each shift.	C 185		

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C 185	Continued From page 1 Findings on June 6, 2024: b. There were no records available to indicate that Fire Drills had been conducted.	C 185		
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 June 6, 2024: a. Laundry-200 Hall- The receptacles behind the washing machine did not trip on test indicating the lack of ground fault protection.	C 188		
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	C 189		

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C 189	Continued From page 2 maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire-resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on June 6, 2024: a. Kitchen- The door closer has been removed. 2. Observations revealed that the plumbing equipment was not maintained in a safe operating condition. Findings on June 6, 2024: a. Kitchen- The ice machine drain does not have a 2" air gap 3. Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings on June 6, 2024: a. Near Room 304-The exit sign is covered with plastic. 4. 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 or walls could allow fire and smoke to spread beyond the area of origin. Findings on June 6, 2024: a. Near Room 106- There is a gap at the fire sprinkler escutcheon. b. Near Room 105- There is a gap at the fire sprinkler escutcheon. c. Near Room 108- There is a gap at the fire	C 189		

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C 189	Continued From page 3 sprinkler escutcheon. d. Sprinkler Riser Room- There is a gap at the fire sprinkler pipe at the ceiling. 5.Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings on June 6, 2024: a. Memory Care- Near Room-403- The Emergency lights did not illuminate when tested. b. Memory Care- Near Room 406-The Emergency lights did not illuminate when tested. c. Memory Care- Kitchen- The Emergency lights did not illuminate when tested. 6. Observations revealed that the mechanical equipment was not maintained in a safe operating condition. Findings on June 6, 2024: a. Near Room 105- The fire damper is closed in the supply duct in the corridor. 7. Based on observation, the building was not maintained in a safe operating condition, because the portable fire extinguishers lacked the routine inspections documentation required to ensure proper performance. Failure to maintain fire safety equipment could affect occupants of the facility if the equipment does not function to suppress a fire. Findings on June 6, 2024: a. There was no documentation of the required monthly inspection of all the fire extinguishers.	C 189		