STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041029	A. BUILDING: **01** B. WING _____	**07/09/2024**

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BROOKDALE SKEET CLUB	**1560 SKEET CLUB ROAD HIGH POINT, NC 27265**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay conducted on July 9, 2024. Records indicate this facility was first licensed on March 4, 1997 as a Home for the Aged. The facility is currently licensed for 70 Beds. 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 Revision) Edition of the North Carolina Building Code(s), Institutional Unrestrained Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited that require a Plan of Correction.	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 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 July 9, 2024: a. Dining Room - the left pair of exterior doors did not initiate the delayed egress process of releasing the door when force was applied to the door. The lock did not release upon activation of the fire alarm.	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 fire and building safety inspection reports maintained in the home and	C 111		

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C 111	Continued From page 2 available for review. Findings on July 9, 2024: a. The most current Fire Alarm Inspection report available was dated November of 2022. b. The most current Sprinkler Inspection report was dated January 10, 2023.	C 111		
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 safe condition. Findings on July 9, 2024: a. Exit by Room 14 - there is a clean out pipe near the sidewalk that is missing its cover leaving a 4" hole in the ground.	C 160		
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 3 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings are not kept clean and in good repair. Findings on July 9, 2024: a. Employee Toilet - there is a heavy accumulation of dust on the exhaust fan. b. There is a pattern of exhaust fan and R/A grilles with accumulations of dust.	C 164		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the posted fire evacuation plans were not oriented to the direction of egress. Findings on July 9, 2024: a. The evacuation plans were not oriented to show the direction of egress to the nearest exit.	C 184		

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C 185	Continued From page 4	C 185		
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 fire rehearsal logs did not include a short description of what the rehearsal involved. Findings on July 9, 2024: a. There was not a short description of what the rehearsal involved included on the fire rehearsal logs.	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)	C 189		

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C 189	Continued From page 5 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. 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 to extinguish a fire. Findings on July 9, 2024: a. The sprinkler system is currently not operational while repairs are being conducted on a recent burst pipe in Room 18. The compressor is out of service as well. Note: the facility is currently under a fire watch. b. Front entry - all of the sprinkler escutcheon rings have corrosion. 2. 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 July 9, 2024: a. The Fire Alarm Control Panel is showing trouble on the system due to the sprinkler system being down. The system was tested and everything appeared to be functioning as designed. 3. 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 July 9, 2024: a. Bistro - the emergency light did not illuminate on test. 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 could allow fire and smoke to spread beyond the area of origin. Findings on July 9, 2024: a. Bistro Porch - one of the sprinkler heads is missing its escutcheon plate. b. Maintenance Office - there is a hole the front sprinkler head where the escutcheon plate has dropped. c. There is a hole at the back of the exit sign outside of Room 36. d. Kitchen Pantry - there is an unsealed conduit in the ceiling along the back wall. 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 through the surface of the door. Findings on July 9, 2024: a. Room 32 - there are 1/4" holes through the door above and below the door hardware. 6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on July 9, 2024:	C 189		

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C 189	Continued From page 7 a. The exit sign outside of Room 38 did not illuminate on test. 7. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could affect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated. Findings on July 9, 2024: a. Beauty Salon - there does not appear to be a vacuum breaker installed on the sprayer wand at the sink to prevent the domestic water supply from becoming contaminated. 8. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could affect all occupants of the facility if the domestic water supply became contaminated. Findings on July 9, 2024: a. Kitchen - there is not a 2" air gap provided between the icemaker drain line and the floor drain. 9. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Kitchen hood suppression systems are required to be inspected every six months. Findings on July 9, 2024:	C 189		

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C 189	Continued From page 8 a. Kitchen - the last inspection for the hood suppression system was December of 2023.	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) 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 July 9, 2024: a. There is a general pattern of exhaust fans not working in the facility.	C 199		