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
	HAL092027	A. BUILDING: 01 B. WING ______	11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MACARTHUR PARK	111 MACARTHUR DRIVE CARY, NC 27513

(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 November 5, 2024. This facility was first licensed on October 22, 1996, for 80 beds. Based on this information, this facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code Section 409.1-Group I. Deficiencies have been cited and a Plan of Correction is required.	C 000	This plan of correction is not to be construed as an admission of our agreement with the findings and the conclusions in the Statement of Deficiencies, or any related sanctions or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
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. Based on an interview with the Executive Director and Maintenance Director, the facility failed to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings on November 5, 2024: a. There was no Fire Official (Fire Marshal) report available for review.	C 111	C111 - Fire Marshal inspection completed on 11/5/2024.	11/5/2024

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

TITLE: Executive Director

(X6) DATE: 12/4/2024

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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 smoke-tight corridor doors are not maintained in a safe and operating condition. Findings on November 5, 2024: a. AL-Dining Room-Right-side- The automatic door closer is broken. 2. Based on observation, the building's mechanical system is not maintained in a safe manner. Findings on November 5, 2024: a. 2nd. Floor-Azalea Spa-The above ceiling VAV climate control device is not operational. 3.. Based on observation and review of records there is a 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 November 5, 2024: a. The fire alarm report indicated multiple	C 189	C189 1a. Dining Room door closer is on order and will be installed by the Maintenance Manager upon arrival. 2a. Mandolin HVAC evaluated the VAV climate control device in Azalea spa on 12/3. They will submit a quote and schedule repairs. 3a. Summit Fire made repairs to fire alarm system on 12/2/2024.	12/20/24

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C 189	Continued From page 2 deficiencies with the fire alarm reporting system. Deficiencies include, several smoke detectors, initiating device and batteries that failed testing. 4. Based on review of records, the fire suppression system is not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on November 5, 2024: a. The fire suppression system test report indicated that non-critical deficiencies include dry pipe valve and (2) tamper switches failed testing. 5.. Based on observation, the facility is not maintained free from hazards that could obstruct or delay the evacuation of the building. Findings on November 5, 2024: a. AL-Stairs- Near Room 101- There are items being stored in the stairwell.	C 189	C189 Continued: 4a. Fire Suppression system repairs were completed by Summit Fire on 12/2/2024. 5a. The Assisted Living Stairs have been emptied. Retraining will be conduted by the Executive Director or designee to associates regrading importance of keeping stairwells clear.	12/20/2024