Ashley Alverson Dewey's 336-309-0422

From: Pusic, zographia H <zoe.pusic@dhhs.nc.gov>
Sent: Thursday, November 14, 2024 2:13 PM
To: Ashley Alverson
Cc: Leslie Craver; 'MTCranford@LexingtonNC.gov'; Fay, Suzanna E; Sluder, Chris; Hoppin, Glenn
Subject: DHSR - Brookstone Retirement Center
Attachments: 20241114-Brookstone Retirement Center-letter.pdf; 20241114-Brookstone Retirement Center-sod.pdf

Importance: High

Attached is the Statement of Deficiencies and letter for the **DHSR – Construction Section Biennial Survey** conducted on **October 9, 2024 by Suzanna Fay.**

Write the date that the work will be completed, and how it will be completed on the right-hand side of your Plan of Correction. The work does not have to be completed before you submit this form. You also need to sign and date the Plan of Correction at the bottom. The POC is due back by November 29, 2024.

The Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Thank you.

Zoe Pusic
Administrative Specialist I
Division of Health Service Regulation – Construction Section
NC Department of Health and Human Services

Office: 919-855-3857
Fax: 919-733-6592
Zoe.Pusic@dhhs.nc.gov

1800 Umstead Drive, Williams Building
2705 Mail Service Center
Raleigh, NC 27603

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 14, 2024
Ashley Alverson, Executive Director (via email only)
2968 Old Salisbury Road
Lexington, NC 27295

RE: Brookstone Retirement Center – ACH Biennial Construction Survey
2968 Old Salisbury Road
Lexington (Davidson County)
FID #940136

Dear Ms. Alverson:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 9, 2024. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE, AND RETURN** the Plan of Correction to DHSR – Construction by November 29, 2024. Failure to return the

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
	HAL029001	A. BUILDING: 01 B. WING _____	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE RETIREMENT CENTER	2968 OLD SALISBURY ROAD LEXINGTON, NC 27295

(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 Construction Section Biennial Survey by Suzanna Fay conducted on October 9 2024. Records indicate this facility was first licensed on June 1, 1987 for 115 Beds including a 42 Bed Special Care Unit. Based on this information, we are requiring that this facility meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Section 409.1(c) Institutional Occupancy. Deficiencies were cited and a Plan of Corrections is required.	C 000		
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 available for review. Findings on October 9, 2024: a. There was not a copy of the Fire Official's Inspection Report available for review.	C 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

X Dewey Byrd | Maint. | 12-12-24

Please Extend till 2/1/25

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C 152	Continued From page 1	C 152		
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: 1. Observations revealed that not all ramps were equipped with handrails or guardrails. Findings on October 9, 2024: a. There is a ramp at the exit door by the Activity Room that is not equipped with handrails or guardrails.	C 152 a	Try to get them made + Installed By 2-1-25	
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.	C 154		

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C 154	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation and interview, the facility did not equip each exit with a sounding device as required when there is at least one resident who is disoriented or a wanderer. Findings on October 9, 2024: a. SCU - interview with staff revealed that the facility has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer and none of the exterior doors have sounding devices on the doors that are activated when the door is opened.	C 154	a Going to Buy + Install Should Be done By Final Inspection 2-1-25	
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 grounds were not maintained in a clean and safe condition. Findings on October 9, 2024: a. Back Parking lot - the fence constructed to prevent staff from parking on the grass is falling over in several places. b. AL Interior Courtyard - the cap flashing on the fire wall is bent and pulling away from the wall.	C 160	a Fixed Day of Inspec.	
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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C 164	Continued From page 3 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 facilities. This Rule is not met as evidenced by: 1. Based on observation, the walls, ceilings and floors were not kept clean and in good repair. Findings on October 9, 2024: a. Exit by Room 33 - one of the floor tiles is buckled creating a trip hazard. b. Room 56 - there are cracks in the ceiling around the sheetrock joints. c. C Hall Community Bath - the popcorn finish is spalling over the tub area. d. C Hall Community Bath - one of the wall tiles beside the toilet is separating from the wall. e. C Hall Community Bath - there is a heavy accumulation of dust on the exhaust fan. f. Activity Room - the finishes are bubbling and peeling on the wall and ceiling behind the chimney. 2. Observations revealed that the furniture was not in good repair. Findings on October 9, 2024: a. B Hall Living Room - the zipper is broken on one of the couch cushions and the foam insert is coming out.	C 164	B 11/25/24 Repaired C Resprayed Popcorn Ceiling 11/25 d Repaired Back to wall 11/25 e Cleaned 11/25/24 f Repaired + Painted 11/25/24 Talking with furniture Company Will hopefully Be delivered By 2-1-25	

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C 166	Continued From page 4	C 166		
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 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 October 9, 2024: a. Room 28 - there are two unsecured oxygen bottles on the floor of the room. b. AL Clean Linen - there is one unsecured oxygen bottle in the corner of the room.	C 166	a Removed 11/7 By the Company B Put in Holder	
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.	C 189		

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C 189	Continued From page 5 This Rule is not met as evidenced by: 1. 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. Findings on October 9, 2024: a. The emergency light at the front door did not illuminate on test. b. The emergency light in the Vending Room did not illuminate on test. c. A Wing Med Room - the emergency light did not illuminate on test. d. SCU Dining - the emergency light did not illuminate on test. e. AL Dining, Small - the emergency light did not illuminate on test. f. The emergency light by Clean Linen did not illuminate on test. g. The emergency light by the Staff Lounge did not illuminate on test. h. B Hall Med Room - the emergency light did not illuminate on test. 2. 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 October 9, 2024: a. The Vending Room door hits the frame and does not close and latch. b. Room 32 - the door has dropped and rubs the frame when closing. It is beginning to pull the	C 189	a Replaced with New Light 11/25 B Replaced with New Light 11/25 e Replaced with New Light 11/25 D Replaced with New Light 11/7 E Replaced with New Light 11/7 F Replaced with New Light 11/7 B Replaced with New Light 11/7 h Replaced with New Light 11/7 Will Check on Monthly Basics Tighten ~~Hinge~~ Hinge 10/10 Tighten ~~Hinge~~ Hinge 10/10	

Division of Health Service Regulation

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C 189	Continued From page 6 veneer off of the door. c. Room 12 - the door hardware is loose. 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 October 9, 2024: a. Room 45 - the escutcheon ring is missing on the sprinkler head leaving a gap in the fire resistant rated ceiling. b. Room 44 - the escutcheon ring is missing on the sprinkler head leaving a gap in the fire resistant rated ceiling. c. SCU Break Room - the escutcheon ring is missing on the sprinkler head leaving a gap in the fire resistant rated ceiling. d. C Hall Mechanical Room - the fire caulk has separated from the ceiling at the cable penetration at the A/C unit. The flange on the water heater duct has dropped leaving a gap in the fire resistant rated ceiling and the fire caulk over one of the cable penetrations near the water heater has pulled loose from the ceiling. 4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on October 9, 2024: a. B Hall Laundry - there is an accumulation of lint on the sprinkler head.	C 189 c b c d a	c Replaced Door Knob 10/10 b Replaced 10/10 c Replaced 10/10 d Repaired with Fire Caulk 10/10 a Clean on 10/10	

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C 189	Continued From page 7 5. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Findings on October 9, 2024: a. A Wing Community Bath - the sink faucet is not securely mounted to the sink. 6. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Excessive build-up of lint creates a fire hazard. Findings on October 9, 2024: a. AL Interior Courtyard - the lint trap on the exterior wall is excessively full of lint and in need of cleaning. b. SCU Courtyard - there is a large amount of lint collecting on the ground around the dryer vent. 7. 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. Findings on October 9, 2024: a. C Wing Mechanical - the fire extinguisher did not get inspected during the last inspection. It was last inspected in May of 2023.	C 189	a Replaced on 12/2 a Cleaned on 11/7 b Cleaned on 11/7 Done By Extinguisher Company 11/25/24	