STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064004	A. BUILDING: 01 B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREKENRIDGE RETIREMENT CENTER	2500 HUNTER HILL ROAD ROCKY MOUNT, NC 27804

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on August 21, 2024. This facility was first licensed on March 22, 1995. The facility is currently licensed for 64 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 1991 (1995 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy Group I Unrestrained Occupancy and the 1994 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
James Jr Administrator 11/20/2024

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the building does not meet the code requirements in effect at the time of initial Licensing or alteration. The 1991 Building Code requires exit signs to be visible at both sides of cross corridor doors. This could affect residents, staff, and visitors by not providing egress directions for a prompt evacuation of the building. Findings on August 21, 2024: a. West Wing, Smoke Barrier - there was no exit sign to direct you to the exit through the Smoke Barrier Doors.	C 101	(a) 9/9/24-Jernigan's Electric positioned the exit sign on the correct side of the Smoke Barrier Doors	
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised	C 116		

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C 116	Continued From page 2 Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Based on observation, interview with Executive Director, and review of records the facility failed to submit construction documents and specifications for review and approval when undertaking construction or remodeling of an Adult Care Home. Findings on August 21, 2024: a. Exterior - Direct observation revealed a generator has been installed at the facility. Interview with the Executive Director revealed the installation was within the last 18 months by the City of Rocky Mount. A review of DHSR Construction Sections Records, found no evidence that plans and specifications were submitted to DHSR/Construction Section for review and approval.	C 116	Equipment is on the utility side of the electrical services. The system will not need to be reviewed by DHSR per Chris Sluder. 11-18-24	

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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. Based on observation, porches were not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on August 21, 2024: a. Exterior, Porch near Mech Room 144 - there was a concrete smokers urn obstructing the full opening of the exit door.	C 150	@ 8/29/2024- Smoking urn removed by L. Griffin	
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 facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility was not free of chronic odors. Findings on August 21, 2024: a. South Hall, Janitor 106 - it appears that the floor drain's p-trap water seal has evaporated. Without a water seal, sewer gases from the	C 164	@ Plumber contacted - advised to pour water	

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C 164	Continued From page 4 plumbing system will travel into the building.	C 164	down monthly; he sees no issues with PTrap	
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. Based on Observation, the Facility failed to properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency. Findings on August 21, 2024: a. Admin Hall, - the mounted evacuation diagram was not oriented for where it was located.	C 184	11/12/2024 11/12/2024- mounted evacuation diagram orientation correted by F. Floyd	
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 Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system. Findings on August 21, 2024: a. Exterior, North Wing Mech Room 193 - the HVAC duct detectors for the two units had no access doors to inspect and clean the duct detectors sampling tubes. b. South Hall, Mech Room - the HVAC's duct detector sampling tubes were dirty. 2. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on August 21, 2024: a. Exterior, Front Drive-Through Canopy - there was a hole around a recessed light fixture not firestopped as it penetrated the fire-resistance-rated ceiling assembly. b. Exterior South Wing Mech Room near Bedroom 110 - there was a hole with two cables in a ceiling mounted gypsum blow-out patch (surface mounted patch) not firestopped as it penetrated the fire-resistance-rated ceiling assembly. c. Exterior East Wing Porch near Bedroom182 Porch - a joint in the one-hour fire-resistance-rated gypsum ceiling assembly has deteriorated. The joint has cracked and was open at spots. These openings compromise the ability to contain a fire for one hour as required. In addition, the joint compound and paint was detaching from the ceiling near the sprinkler	C 189	(A) Joyners HVAC will install 2 duct detectors for the 2 units by 12/5/24. (B) 9/10/24- BFPE Cleaned Duct Detector sampling tubes. (C) Recessed light fire caulked by 12/2/24 by Bland Construction (D) Fire caulked by 12/2/24 by Bland Construction (E) Repair ceiling assembly with new stripping materials. by 12/2/24 by Bland Construction	

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C 189	Continued From page 6 head. d. Exterior, North Wing Elec Room near Sprinkler Riser Room - a large sprinkler pipe was partially imbedded into the fire-resistance-rated ceiling assembly. The pipe had multiple gaps around it that were not firestopped as it penetrated the fire-resistance-rated ceiling assembly. e. Exterior, North Wing Riser Room - there was a large sprinkler pipe not firestopped as it penetrated the fire-resistance-rated wall assembly. f. Exterior, North Wing Riser Room - there was a 3/8 inch thick gypsum wallboard blowout patch (surface mounted patch) attached to the one-hour fire-resistance-rated ceiling. g. Exterior, North Wing Mech Room 157 - the gypsum taped joints were separating at the intersection of the wall and ceiling in one of the corners. 3. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin. Findings on August 21, 2024: a. Exterior, Front Drive-Through Canopy - there were two fire sprinkler escutcheon plates that did not cover the complete openings through the fire-resistance-rated ceiling. b. Exterior, Porch near Mech Room 144 - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. e. North Hall, Kitchen - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. f. North Hall, Dining Room - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling.	C 189	(d) All gaps fire caulked by 12/2/24 by Bland Construction (e) Fire caulked applied by 12/2/24 by Bland Construction (f) 9/16/24 - BFPE confirmed the patch to be 5/8" thick (g) Re do joint tape in areas needed to ensure no seperating by 12/2/24 by Bland Construction. (a) Reposition escutcheon plates to cover the openings by 12/2/24 Bland Construction. (b) 9/16/24 BFPE repositioned the escutcheon plate (e) Repositioned escutcheon plate by 12-2-24 Bland Construction (f) Repositioned escutcheon plate by 12-2-24 Bland Construction	

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C 189	Continued From page 7 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on August 21, 2024: a. Admin Hall, Large Visitation Room - the pair of doors to the corridor did not provide positive latching for the door assembly. The inactive leaf was equipped with manual surface bolts. This requires someone to operate the manual surface bolts to latch the door to the frame and floor. This circumvents the requirement for the door to be self-latching on closing. b. West Hall, Activity 1 Room - the corridor door hits its frame requiring more effort and force to close the door. c. East Hall, Chemical Room - the corridor door latches to its frame, but a very light touch of the door will cause the door latch to release. d. East Hall, Chemical Room - the corridor door has a gap between the top of the door and the bottom of the header stop. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 21, 2024: a. Exterior South Wing Mech Room near Bedroom 110 - two wires, with twist-on wire connectors, appear through a hole in a ceiling blow-out patch, and are not terminated in a Junction box with a cover. b. Nurse Station - a multiplug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. Facility Staff corrected this deficiency before the Construction Surveyor left the site. c. Nurse Station - there were two electrical power receptacles that were loosely attached to the wall.	C 189	(a) Auto matic flush bolt ordered to install on inactive leaf by 12/2/24 by Bland Construction. (b) Door adjusted to close properly on 11-20-24 by Bland Construction (c) Latch replaced to ensure door closes correctly 11-2024 Bland Constructon. (d) Door adjusted to elimate the gap by 12/2/24. by Bland Construction. (a) Wires put in junction box 11-20-24 by Bland Construction (b) Completed 8/21/24 by L. Griffin (c) Receptacles tightened with screws 11-20-24 by Bland Construction	

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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. Based on observation and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on August 21, 2024: a. West Wing. Entire Wing - the exhaust ventilation system was not functioning.	C 199	Joyner HVAC to repair exhaust fans by 12/21/2024.	