

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE MONROE SQUARE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 919 FITZGERALD STREET MONROE, NC 28112		
(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 March 11, 2025. This facility was licensed on November 2, 2000, and is currently licensed as a 65 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure, the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 (1999 Rev) Edition of the North Carolina State Building Code(s)-Institutional Occupancy. Deficiencies were cited and a Plan of Correction 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. Based on an interview with the Executive 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 March 11, 2025: a. A copy of the current fire alarm system inspection report was not available for review.	C 111	We will ensure copies are made of all current sanitation, fire, and building safety inspection reports are available, updated, and ready for review per Section .0300 10A NCAC 13F .0302.	Correction completed 04/08/2025
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT	C 155		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Bobby E. Dillard II

Executive Director

4/8/25

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C 155	Continued From page 1 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors smooth and in good repair. Findings on March 11, 2025: a. Pink Laundry Room- The flooring has become separated from the slab and has become an obstacle to cleaning, as well as a tripping hazard	C 155	We will repair the floor damage with use of smooth, non-skid material and to be easily cleanable, ensuring no throw rugs are to be used and all floors shall be kept in good repair. We will visually inspect all community showers for any further issues monthly and will address accordingly to meet .0300 10A NCAC 13F .0306(a)(1) requirements	Correction Completed Date 04/08/2025
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 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.	C 189	We will repair the fire doors to ensure complete closure and latching to limit spread of smoke/fire in community from origin. We will visually inspect all fire doors to ensure proper seal monthly and document and address accordingly to meet .0300 10A NCAC 13F .0311(a) requirements.	Correction completed 04/08/2025

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C 189	Continued From page 2 Findings on March 11, 2025: a. Pink Laundry Room - The door does not fit into its jamb.	C 189	We have ordered fire rated door gasket to fill in the gaps between the door and door frame in Pink Hall Laundry and will visually inspect all fire rated doors in the community and address accordingly to meet .0300 10A NCAC 13F.0311(a) requirements.	Correction completed 04/08/2025