STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092023	A. BUILDING: **01** B. WING _____	R **03/12/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CARY	**7870 CHAPEL HILL ROAD** **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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on March 12, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}	The following is the Plan of Correction for Brookdale Cary regarding the Statement of Deficiencies dated 3/12/25. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction 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.	
{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 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	{C 116}	7/1/2025 The Executive Director or designee will verify Construction Documents are submmitted to The Divison for review and approval. The Executive Director or designee will monitoror the process. To assist with ongoing compliance ED or designee will review the Construction Documents submission process with Maintenace Technitian monthly for 6 months.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Iwona Hughes | TITLE: Executive Dierctor | (X6) DATE: 4/11/2025

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{C 116}	Continued From page 1 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 observations and interview, the facility failed to submit plans to DHSR/Construction for review and approval when performing construction or remodeling. Findings on March 12, 2025: b. The FACP is scheduled to be replaced and there is not a record of plans being submitted to DHSR/Construction Section for review and approval. The facility is still getting quotes to replace fire alarm panel.	{C 116}		
{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 2 This Rule is not met as evidenced by: 1. 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 March 12, 2025: a. Observations revealed that the fire alarm control panel is in trouble mode. Interview with staff revealed that they are getting quotes to replace the panel. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 12, 2025: b. The smoke barrier doors on B Hall did not close completely because the facing is separating from the door. 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 or walls could allow fire and smoke to spread beyond the area of origin. Findings on March 12, 2025: a. There is a cable penetration over the front door in Town Square that was sealed with an orange foam product that does not meet the required fire resistant rating.	{C 189}	Maintenance Technician and or designee will verify the smoke barrier doors on B Hall close completely. He will replace an orange foam with fire resistant foam over the front door in Town Square, and replace the ceiling finishing tape in the raiser room. Maintenance Technician or designee will repair cover for the heater in C7 bathroom and repair the holes in B8 door. To assist with ongoing compliance ED or designee will audit the repair process weekly for six (6) months and quarterly thereafter for 2 quarters.	6/1/2025

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{C 189}	Continued From page 3 b. B-8 - there are two 1/4" diameter holes through the door above and below the door hardware. d. Riser Room - the ceiling finishing tape is peeling off at one of the hangers leaving a hole in the fire resistant rated ceiling. e. FACP Room - there is a data sleeve penetrating the corridor wall that was sealed with an orange foam product that does not meet the required fire resistant rating. 7. Based on observation electrical equipment has not been maintained in a safe manner. Findings on March 12, 2025: b. C-7 Bathroom - the cover for the heater control is broken off. Interview with staff revealed that they have not been able to find a replacement part.	{C 189}		