

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/06/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE MACARTHUR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Follow Up Survey conducted by Tod Hancock on May 6, 2025. Deficiencies remain uncorrected and a new 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 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 May 6, 2025: a. There was no Fire Official (Fire Marshal) report available for review.	{C 111}		
{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	{C 189}		

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

TITLE

(X6) DATE

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{C 189}	Continued From page 1 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 May 6, 2025: 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 May 6, 2025: 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 May 6, 2025: a. The fire alarm report indicated multiple 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.	{C 189}		

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{C 189}	Continued From page 2 Findings on May 6, 2025: a. The fire suppression system test report indicated that non-critical deficiencies include dry pipe valve and (2) tamper switches failed testing.	{C 189}		