STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: **01** B. WING _____	**06/12/2025**

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BROOKDALE DURHAM	**4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704**

(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 Construction Survey by Suzanna Fay conducted on June 12, 2025. Records indicate this facility was first licensed on May 28, 1997. The facility is currently licensed for 119 Beds including a 19 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited and a Plan of Corrections is required.	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		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For delayed egress locks, the initiation of an irreversible process which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Findings on June 12, 2025: a. SCU - the exit door into the stair well began the alarm process when force was applied to the release but the door did not release. b. The door between the SCU and Dining did not release when a force of more than 15 pounds was applied to the door for 3 seconds. 2. Observations revealed that the facility does not meet the code requirements in effect a the time of construction, change in service or bed count, addition, renovation or alteration. Stairs are not to be used for any purpose other than means of egress. Findings on June 12, 2025: a. SCU Stairwell - the stair was being used as storage. There was furniture, cleaning materials, toiletries, a microwave, a refrigerator, bags, boxes and miscellaneous other items in the passage from the interior door to the exterior door.	C 101		

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C 101	Continued From page 2 3. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Facilities equipped with special locking are required to be fully protected which includes closets and bathrooms. Findings on June 12, 2025: a. First Floor, Rear Bathroom - a closet has been constructed in this bathroom and there is not a sprinkler head in the closet. 4. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Storage rooms over 100 square feet are required to be one hour rated. Findings on June 12, 2025: a. Old Break Room/Maintenance Room - the door was removed from this room. The room is currently being used as storage and the frame is labeled as 1 1/2 hours.	C 101		
C 140	Linen Storage-Separate Clean & Soiled SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room;	C 140		

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C 140	Continued From page 3 This Rule is not met as evidenced by: 1. Observations revealed that the facility does not have adequate separate storage of clean and soiled linens. Findings on June 12, 2025: a. Service Hall, Soiled Linen - the room has been converted to kitchen storage and the hand washing sink has been removed. b. Service Hall, Clean Linen - the room has been converted to kitchen storage.	C 140		
C 156	Soil Utility Room SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have an operational Soil Utility Room. Findings on June 12, 2025: a. Second Floor Soiled Utility - the hopper sink was broken and no longer flushed. The bowl was full of brown stagnant water. The sink had a thick grayish residue in the bowl and the pipes below the sink were corroded. There was an unpleasant odor in the room. b. First Floor Soiled Utility on Service Hall - the hopper did not flush and there was a sewer gas	C 156		

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C 156	Continued From page 4 smell in the room.	C 156		
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. Tall grass invites pests. Findings on June 12, 2025: a. Courtyard by Room 109 - the grass is overgrown and full of weeds. There is a refrigerator and a broken grille on the grounds. There is a worn bench that is covered in trash and base materials.	C 160		
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.	C 164		

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C 164	Continued From page 5 This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on June 12, 2025: a. There is a general pattern of exhaust fans with heavy accumulations of dust. Third Floor: b. The ceiling around the supply vent near Room 304 is cracked and flaking. c. There is a leak at the cross corridor doors by Room 309. There is a triangular brown water stain on the ceiling and the wall paint below the stain is bubbled. d. Spa - there is an orange soap scum stain at the sink soap dispenser running down the wall and staining the floor. The floors are dirty in the back around the shower and tub. A piece of the cove base is pulling off at the end tub wall. The floor around the toilet is stained. The ceiling outside the shower is damaged and flaking. There is a 2" diameter hole in the wall where the old toilet paper dispenser was removed. There was a toilet fixture wrapped in plastic sitting in the shower area. The tub was dirty. e. Roof Top Access off of Residential Laundry - the ceilings and walls had a heavy presence of mildew. Second Floor: f. Residential Laundry - the vinyl floor in front of the Storage Room is torn and splitting. First Floor: g. SCU - there are black mildew spots on the ceiling outside of Room 123. h. Main Laundry - the finish around the light is cracked and peeling off and the paint around the HVAC grille is bubbled. i. Clean Linen - there is a leak over the door and	C 164		

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C 164	Continued From page 6 the ceiling is soft and flaking. j. Old Break Room/Maintenance Room - there is a leak in the back corner causing the ceiling and wall finish to bubble. There are water stains running down the wall and there is a black mold like substance along the top of the wall. k. AL Residential Laundry - the floor is torn at the drain.	C 164		
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. Observations revealed that the facility was not maintained free of all hazards. Sharp metal edges left exposed can injure the occupants of the facility if they lean or brush up against the metal. Findings on June 12, 2025: Third Floor: a. Spa - the mounting brackets for the old toilet paper dispenser were left on the wall leaving sharp metal edges exposed. 2. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical	C 166		

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C 166	Continued From page 7 breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on June 12, 2025: a. Second Floor Electrical by front elevator - there is furniture, boxes and decorative items stored in the room in front of the electrical panels. b. Outside Electrical Room - there are two mattresses and some bags of linen stored directly in front of electrical panels. c. First Floor Electrical Room near 101 - a chair has been placed in the closet blocking the electrical panels. 3. Observations revealed that the facility was not free of all hazards. Loose toilet seats could cause an injury from a slip or fall if the seat shifted during use. Findings on June 12, 2025: a. SCU Spa - the toilet seat is loose. 4. Based on observation there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on June 12, 2025: a. Exit by Room 109 - there was a metal chair outside of the door that hindered the surveyor's ability to exit from the facility. b. First Floor Stair by the Mailboxes - there is a wheelchair at the bottom of the steps in front of the exterior door. The chair was moved at the time of survey.	C 166		

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C 189	Continued From page 8	C 189		
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 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 June 12, 2025: General: a. There is a pattern of unsealed cable penetrations at all of the WiFi installations. Third Floor: b. Suite 300 - there is a gap around the smoke detector in the bedroom. c. Office across from Room 301 - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. d. Residential Laundry - there is a yellow water stain around the smoke detector and small gaps in the ceiling at the detector base. Second Floor: e. Wellness Center - the front sprinkler head near the door is missing its escutcheon ring.	C 189		

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C 189	Continued From page 9 f. Room 206 Bath - there was a leak on the domestic water line. A 24" square hole has been cut into the ceiling to conduct repairs. g. Employee Lounge - the front sprinkler head is missing its escutcheon ring. First Floor: h. Nursing - there is a 4' long by 6" wide hole cut into the ceiling to repair a leak. i. Boiler Room - the fire caulk around one of the boiler pipes has fallen down leaving an opening in the fire resistant rated ceiling. 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 June 12, 2025: Third Floor: a. Room 301 - the latching device has been removed and a keyed deadbolt has been installed. The only way the door latches is either from the inside of the room or by using a key. The door also rubs hard on the frame making it difficult to close. Second Floor: b. Room 209 - the top hinge is loose and the door rubs on the frame making it difficult to close and latch. First Floor: c. Room 114 - the latch was removed from the door and the door no longer closes and latches. d. Room 101 - the top hinge is loose and the door requires excessive force to close. e. Room 100 - the top hinge is loose and the door requires excessive force to close.	C 189		

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C 189	Continued From page 10 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps through the surface of the corridor doors allows fire and smoke to spread beyond the area of origin. Findings on June 12, 2025: Third Floor: a. Room 302 - there is a crescent shaped gap in the face of the door at the door hardware. b. Room 319 - the door peep hole has been removed leaving a hole through the face of the door. Second Floor: c. Main Housekeeping - the door hardware was replaced and left a 1/4" diameter hole through the door at the door hardware. First Floor: d. Boiler Room - there is a 1/4" diameter hole through the door at the door hardware. 4. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on June 12, 2025: Third Floor: a. Spa - the shower head was removed from the shower rendering the shower inoperable. b. Spa - the shower head was removed from the tub rendering the tub shower inoperable. Exterior: c. The hose bib outside of the Electrical Room is broken and water is running constantly out of the opening. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect	C 189		

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C 189	Continued From page 11 occupants of the facility if the equipment did not function during a fire. Findings on June 12, 2025: Third Floor: a. Room 319 - the smoke detector has been removed from its base. Second Floor: b. Electrical Room by Residential Laundry - there was a piece of blue painters tape over the smoke detector. This was removed at the time of survey. First Floor: c. Lobby - the cap on the smoke detector in front of the entry doors is loose. 6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on June 12, 2025: Third Floor: a. The exit sign over the cross corridor doors by Room 321 did not illuminate on test. First Floor: b. SCU - the exit sign over the doors by Room 109 did not illuminate on test. c. SCU - the exit sign over the stair door did not illuminate on test. 7. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors with inoperable automatic self closing hardware. Occupants of the facility could be affected if rooms required to have self closing hardware did not close to limit smoke or the spread of fire to	C 189		

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C 189	Continued From page 12 the area of origin. Findings on June 12, 2025: a. Physical Therapy - the door closer on the left door has been disabled so that it no longer automatically closes and latches. 8. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on June 12, 2025: a. Room 208 - a kickdown device has been installed on the door. 9. Observations revealed that the mechanical equipment was not maintained in operating condition. Findings on June 12, 2025: Second Floor: a. Room 224 - the room is currently being used by maintenance staff. The right PTAC unit has been removed and the opening is covered with cardboard. The left PTAC unit is not working sufficiently to condition the space and there is a musty odor in the suite.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to	C 195		

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C 195	Continued From page 13 provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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, it was revealed that the hot water temperature at all fixtures used by residents was not maintained between 100 degrees Fahrenheit and 116 degrees Fahrenheit. Findings on June 12, 2025: a. The water temperature in the facility ranged from 110 degrees Fahrenheit to 125 degrees Fahrenheit. The following temperatures were found at these locations: 1.) Suite 300 Bath - 110 degrees F 2.) Room 322 Kitchen sink - 124 degrees F 3.) Beauty Salon - 125 degrees F 4.) Room 205 - 120 degrees F 5.) SCU Bath - 124 degrees F	C 195		
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	C 199		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DURHAM	**4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704**

(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 199	Continued From page 14 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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up of humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on June 12, 2025: Third Floor: a. Restroom across from 332 - the exhaust fan is not working. b. Room 312 Bath - the exhaust fan is not working. c. Spa - the exhaust fan is not working. d. There is a pattern of exhaust fans not working on the third floor. Second Floor: c. Bath across from 231 - the exhaust fan is not working. First Floor: d. SCU Laundry - the exhaust fan is not working. e. SCU Housekeeping - the exhaust fan is not working. f. There was a pattern of exhaust fans in the utility and shared bathrooms not working on the first floor.	C 199		