Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(3) DATE SURVEY COMPLETED	
,	o. oo		A. BUILDING:	01			
		HAL049021	B. WING		12/0	5/2014	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BROOKE	OALE PEACHTREE 2		CHTREE RO LLE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
		a Biennial Construction Survey Cates and Ed Miller on					
	facility was first lice licensure on or abo (40) Beds. Based o requiring the facility the Aged and Disab Regulations, the ap Rules for Adult Care Beds, and the 1996	on gathered from our files, this nsed or submitted for ut March 17, 1998 for Forty n this information, we are to meet the 1996 Homes for oled - Minimum Standards and plicable portions of the 2005 e Homes of Seven or More Edition of the North Carolina e, Section 409.1, Institutional					
C 148	Corridors-Handrails	3	C 148				
	(2) Handrails shall corridors at 36 inch						
	ensure that the corn handrails. This defi- residents and visito	et as evidenced by: ons, the facility failed to ridors are provided with ciency directly affects all rs who may require the use of e themselves while walking or					
	Findings on Decem	ber 5, 2014 include:					
	a- The 2nd Floor co	orridor is equipped with a e side.					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING: 01			(3) DATE SURVEY COMPLETED		
			A. BUILDING.					
		HAL049021	B. WING		12/0	5/2014		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BROOKE	OALE PEACHTREE 2		CHTREE RC					
	OLIMANA DV. OTA		ILLE, NC 28					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE		
C 189	SECTION .0300 - F		C 189					
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and						
	ensure that the fire	et as evidenced by: vations, the facility failed to safety, electrical, mechanical, ms are maintained safe and						
	Findings on Decem	ber 5, 2014 include:						
	floor drain pipe in the does not allow the rebetween the drain pub. There are no accept to clean or inspect to sampling tubes.	drain pipe extends into the ne Sprinkler Riser Room which required 2-inch air gap pipe and the floor drain. Sees ports in the return ducts the duct smoke detector						
	stored in the require of the breaker pane d- The recently inst Entry Foyer is insta	alled crown molding in the lled within four (4) inches of , which may block the						
	e- In the following re extension cords the wall, extending from secured to the wall	esident rooms, there are It have been secured to the In a receptacle on one wall, over the bathroom door It wall to a television on						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED				
		HAL049021	B. WING		12/0	5/2014		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE				
			CHTREE RC					
BROOKE	OALE PEACHTREE 2		LLE, NC 28					
(V4) ID	SI IMMARV STA	TEMENT OF DEFICIENCIES	-	PROVIDER'S PLAN OF CORRECTION)NI	(VE)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE		
C 189	Continued From pa	ge 2	C 189					
	another wall. 1- Room 22 2- Room 15 f- In the courtyard, tinstalled at the EXIT by extension cords trellis. g- The emergency I Care coordinator 's battery power. h- The emergency I Room does not illuri- The smoke door a rubbing against the completely. j- The EXIT sign loo on Peachtree Lane that has fallen below secured. 2- Based on observensure that the built the fire resistance of deficiency directly a and visitors by allow smoke beyond the officiency directly and visitors by allow smoke beyond the officiency directly and visitors by allow smoke beyond the officiency directly and visitors by allow smoke beyond the officiency directly and visitors by allow smoke beyond the officiency directly and visitors by allow smoke beyond the officiency directly and visitors by allow smoke beyond the officiency directly and visitors by allow smoke beyond the officiency directly and visitors by allow smoke beyond the officiency directly and visitors by allow smoke door against the frame we from closing completely. 3- Based on observents and the frame we from closing completely. 3- Based on observents and the frame we from closing completely. 3- Based on observents and the frame we from closing completely. 3- Based on observents and the frame we from closing completely.	here are permanent lights gate that are being powered that have been tacked to the light located at the Resident office does not illuminate on light located at the Mechanical ninate on battery power. Lat Peachtree Lane was frame and does not close lated at the Clean Linen Room is attached to a junction box with the ceiling and is not lations, the facility failed to ding is safe by not maintaining of building components. This ffect all residents, personnel, wing the possible spread of compartment of origin. The possible spread of compartment of origin.						
	a- The smoke door against the frame w from closing comple 3- Based on observensure that the one maintained. These affect all residents,	at Peachtree Lane rubs which is preventing the door etely. ations, the facility failed to -hour rating of the ceiling was deficiencies could directly personnel, and visitors to the ermitting the spread of fire or						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL049021	B. WING		12/0	5/2014		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE				
BROOKDALE PEACHTREE 2 2814 PEACHTREE ROAD STATESVILLE, NC 28625								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
C 189	Findings on Decem a- The dryer exhaus Hummingbird Lane ceiling, exposing a b- There is a hole in the Resident Care (larger than the cabl caulk. c- There is a large (Associate 's Loung corridor where the cand the drywall join d- In the Mechanica there is a hole in the much larger than th with fire caulk. 4- Based on observ ensure that the corr resisting walls and of smoke. This defir residents, personne smoke may not be EXIT corridor. Findings on Decem a- The corridor doo b- The corridor doo	st vent pipe in the Laundry on has slipped down at the crack around the pipe. In the ceiling for a data line in Coordinator's Office that is e and is not protected with fire crack in the ceiling near the let that extends the width of the drywall tape has become loose to exposed. If Room on Peachtree Lane, the ceiling for CATV which is the cable and is not protected rations, the facility failed to ridor is protected by smoke doors to prevent the passage ciency directly affects all the let, and visitors in the facility as prevented from entering the laber 5, 2014 include: In the Room 23 does not latch, the Mechanical Room on	C 189					

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