Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				A. BUILDING: <b>01</b>		PLETED
		B. WING		02/	05/2015	
NAME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
BROCKF	ORD INN		HLAND AVEN E FALLS, NC 2			
			· ·			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of Biennial ( Harrell and Bob Ge	Construction Survey by Dennis tchell on 2-5-2015.				
	licensed on 10-1-19 Special Care Unit w 6-7-2008. Based o requiring the older p the 1967 NC State Minimum and Desir for Homes for the A applicable portions Care Homes of Sev Special Care Unit w NC State Building C	is facility was first submitted of 977. The documents for the vere first submitted on in this information, we are portion of the facility to meet Building Code, the 1977 red Standards and Regulations ged and Infirm and the of the current Rules for Adult ven or More Beds. The vas surveyed using the 2006 Code and the current Rules for of Seven or More Beds.	8			
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND	C 166			
	padlock on the door the laundry. Latchin operated from one hasps and padlocks someone could be	vation there was a hasp and r to the small storage room off ng hardware that can only be side of the door, such as s, present the possibility that trapped in the room.				
		vation there are barrel bolt the top on the inside of the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014014			(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		B. WING		02/	05/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
BROCKF	FORD INN		BHLAND AVENU E FALLS, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 166	Continued From pa	ge 1	C 166			
	because the norma Latching hardware motions to operate feet from the floor of evacuation in an en 3. Based on obser latch installed on th Hall 3. Latching ha operated from one barrel bolt latches, someone could be 4. Based on observ the steps was difficu	vation there was a barrel bolt e door to the linen room on rdware that can only be side of the door, such as present the possibility that trapped in the room. vation the Special Care gate a ult to open. A gate in an exit to open could delay or preven	t			
C 185	quarterly on each si requirement of the l Enforcement Officia (c) Records of rehe and copies furnishe social services anni include the date and shift, staff members description of what (f) This Rule shall a facilities.	PHYSICAL PLANT 09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code al. earsals shall be maintained ed to the county department of ually. The records shall d time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing	C 185			

Division	of Health Service Re	aulation			FORM	APPROVED	
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		HAL014014	B. WING		02/	05/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
BROCKE	ORD INN		HLAND AVEN				
Bitterita		GRANITE	FALLS, NC 2	28630			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 185	Continued From pa	ge 2	C 185				
	located emergency magnetically locked trained as to the loc						
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	fire rated walls and/ in several locations are not sealed with one-hour fire rated missing ceiling radia possibility that a fire quickly spread to ot Findings include: a. Some of the new penetrations in the are not protected w dampers. b. Some of the rad duct returns and ba	et as evidenced by: vation the required one-hour for ceilings were compromised . Holes and penetrations that materials approved for use in construction and inoperable or ation dampers present the that begins in one space can her areas of the facility. why installed HVAC duct extension of the main office ith listed ceiling radiation the dampers in the HVAC throom exhaust fans are so not close in the event of a fire.					

Division	of Health Service Re	egulation			FORM	APPROVED
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		HAL014014	B. WING		02//	05/2015
	PROVIDER OR SUPPLIER			STATE, ZIP CODE	02/(	JJ/2013
BROCKE	FORD INN	GRANITE	FALLS, NC	28630		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 3	C 189			
	<ul> <li>the laundry.</li> <li>d. Holes in walls of room.</li> <li>e. Unsealed penet pantry.</li> <li>f. Hole in the ceilin bath,</li> <li>g. Holes in the fire</li> <li>h. Holes in the ceil</li> <li>on Hall 3.</li> <li>i. Holes by sprinkle fire wall above Spe</li> <li>j. Hole in wall behink.</li> <li>Holes in ceiling of 3.</li> <li>m. Hole in ceiling to 3.</li> <li>m. Hole in ceiling to 3.</li> <li>m. Hole in ceiling to 3.</li> <li>and fire in the fire of fire/smoke barrier of order to contain small residents and sta and fire in the fire of Findings include: The cross-corridor equipped with latch latch closed when r system.</li> <li>3. Based on obsermaintained in a saff cut in required draft</li> </ul>	nd door in Hall 3 New bath. of janitor's closet on Hall 3. of diaper storage room on Hall peside exit sign at 100 Hall. vation, the facility was not e manner because of doors not latching properly in toke and fire. This could affect aff by not containing smoke compartment of origin. fire doors on the 200 Hall are ing hardware but failed to released by the fire alarm vation, the facility was not e condition because of holes t stop walls in the attic. Holes cause a fire to grow and				
	exception of the 20	kler protected with the 0 Hall and a portion of the 100 draft stop walls above the 200				
Division of H	ealth Service Regulation		6899 Г		lf continu	ation sheet 4 of

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
BROCKE	FORD INN		HLAND AVEN	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 4	C 189			
	<ul> <li>Hall have large holes cut through negating their ability to slow the spread of fire.</li> <li>Based on observation, the facility was not maintained in a safe condition because of an exit sign not working on battery back-up. Improperly working exit signs could delay an evacuation in an emergency.</li> <li>Findings include;</li> <li>The exit sign above the front door would not work on battery when tested.</li> <li>Based on observation, the facility was not</li> </ul>					
	maintained in a safe improper storage to head. Storage that below the sprinkler of the fire sprinkler Findings include;	e condition because of bo close to a fire sprinkler is not kept at least 18 inches head could negate the ability system to extinguish a fire.				
	maintained in a safe corridor door are no the passage of fire that do not fit the op possibility that a fire quickly spread to th of the facility. Findings include; The door to the me	vation, the facility was not e condition because of a bt closing well enough to resist and smoke. Corridor doors bening properly present the e that begins in one space can be corridor and the remainder d room in the Special Care e door opening at the top.				
	7. Based on observing wand in Hall 3 "old reach the shower b breaker provided. I are long enough to	vation, the hose on the shower bath" was long enough to asin and there was no vacuum Hoses on water fixtures that reach the flood rim of the possibility of siphoning				

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			A. BUILDING: <b>01</b>			
		HAL014014	B. WING		02/	05/2015
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
BROCKF	ORD INN		ILAND AVENU FALLS, NC 2			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
C 189	Continued From pa	ge 5	C 189			
	contaminated water a vacuum breaker i	r into the water system unless s installed.				
	ealth Service Regulation					