


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704		
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Billy Bryant on March 20, 2015. This facility was first licensed or submitted for licensure as a Home for the Aged serving 119 residents, including 19 residents in the Special Care Unit on May 28, 1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code, Section 409- Institutional Physical plant deficiencies were noted which require a plan of correction.	C 000	CONSTRUCTION SECTION APR 20 2015 RECEIVED	
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having locked areas to contain substances which may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who may accidentally use or come in contact with one of these hazardous substances. Findings on March 20, 2015: a. The 2nd Floor Bio Hazardous Room was unlocked.	C 143	Put a self locking door handle on locks after key is removed	4/9/15 G

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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE *Renata Mantos* (X6) DATE *4/14/15*

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C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the resident rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on March 20, 2015: a. All Back Right Stair Tower rooms had items stored in.</p>	C 150	<p><i>Dispose of not used items, create new storage area for other items</i></p>	5/1/15
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation grilles and their associated damper might not function properly. This could affect all residents, staff and visitors if in the event of a fire the</p>	C 164		

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C 164	Continued From page 2 dampers does not close completely to contain the fire within the room of origin. Findings on March 20, 2015: a. The return HVAC/ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint at the following locations to include but not limited to: i. Dishwashing Room 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair. Findings: on March 20, 2015: a. In the Private Dining and parts of the Dining there was a strong odor that did not dissipate while Construction Surveys were on site. b. 3rd Floor Housekeeping sink smells.	C 164	To Remove grill and pressure wash and Repaint Hood smoke test down Found Pipe not capped off capped off	4/23/15 4/9/15
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. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have required properly working parts. This could affect all residents, staff and visitors by not protecting them from unexpected broken or missing parts.	C 166		

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C 166	Continued From page 3 Findings on March 20, 2015: a. The shower hose was missing its hand held shower wand spray head, b. Floor drain in the bulk Laundry had an unsecured cover plate, creating a tripping hazard.	C 166	<i>replaced shower wand - order 4/16/15 re attach cover plate</i>	<i>4/23/15</i>
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on March 20, 2015: a. Through-out the building, there was no documentation of the portable fire extinguisher monthly inspections on the maintenance tag.	C 183	<i>To train more associates on this procedure</i>	<i>4/21/15</i>
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to	C 188		

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C 188 Continued From page 4

maintain in a safe manner, the electrical power receptacles near wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices.
Findings on March 20, 2015:

- a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester at the following locations to include but not limited to:
 - i. Bulk Laundry Room,
- b. The electrical power receptacles that are within six feet of wet areas did not provide ground fault protection at the following locations to include but not limited to:
 - i. Social Cub,
- c. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground faults at the following locations to include but not limited to:
 - i. 3rd Floor Residents Laundry,

C 188

To replace defective GFI's and INSTANT ones without GFI's

6/1/15

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, the Building was not

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C 189	<p>Continued From page 5</p> <p>maintained in a safe and operating condition, by not having a properly working delayed egress locking system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on March 20, 2015:</p> <p>a. The delayed egress door did not unlock after the exit hardware was engaged. This is not in conformance with the Code Requirement that the process release in 15 seconds after initiation at the following locations to include but not limited to:</p> <p>i. 3rd Floor Front left Stair tower.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during and emergency.</p> <p>Findings March 20, 2015:</p> <p>a. The exit sign did not work on backup power when the test button was pushed at the following locations to include but not limited to:</p> <p>i. SCU side of cross-corridor doors near front Elevator.</p> <p>b. There is no exit sign above the AL side of the cross-corridor doors near the front Elevator.</p> <p>c. The wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed at the following locations to include but not limited to:</p> <p>i. Physical Therapy</p> <p>3. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its</p>	C 189	<p><i>order new key pad 4/16/15</i></p> <p><i>to install new Exit signs order new Batteries</i></p>	<p><i>5/1/15</i></p> <p><i>4/24/15</i></p>

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C 189

Continued From page 6

integrty. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.

Findings on March 20, 2015:

- There were gaps around metal pipes through ceiling assembly in the Sprinkler Riser Room,
- Unprotected ceiling penetration around hood suppression system in Kitchen.
- The ceiling had a cable running through a 1/2 inch hole in the Social Workers Closet.
- In the Hopper Room the wall below and for about a foot above the clinical sink rim's, the wall assembly had deteriorated, (tape and joint compound coming apart/off),
- In the Boiler Room a sleeve containing many pink cables do not have enough firestopping sealant inside it.
- The ceiling had gypsum wallboard patches not fire taped and mudded at the following locations to include but not limited to:
 - 2nd Floor Nursing Office Bathroom.

4. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire resistance of door the 1996 NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin.

Findings on March 20, 2015:

- The Kitchen Pantry Room door closure arm had its door closure arm disengaged,
- Storage Room near Bedroom 317,

5. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings in the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the

C 189

*All of these
 Items will be
 Completed By
 To In-PAY
 Closure arms*

5/1/15

6/1/15

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C 189	Continued From page 7 fire suppression system does not operate in a timely manner and cannot contained fire in the Room or compartment of origin. Findings on March 20, 2015: a. The fire sprinkler escutcheon plate had dropped down from the ceiling at the following locations to include but not limited to: i. Kitchen two head, ii. Dining one head, b. The fire sprinkler escutcheon plate was missing at the following locations to include but not limited to: i. Kitchen one head, ii. Wellness Office. 6. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler heads have obstructed. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin. Findings on March 20, 2015: a. In the Freezer, there were item stored against the fire sprinkler head, disrupting the water discharge from it. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on March 20, 2015: a. Bedroom 100 corridor door rubs against its frame and will not close, b. Bedroom 227 corridor door rubs against its frame and will not close,	C 189	<i>replace all missing Escutcheon's.</i> <i>Items removed Instruction signs to not use that shelf.</i> <i>replace hinges that are worn out, Square doors</i>	<i>5/1/15</i> <i>4/6/15</i> <i>6/1/15</i>

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C 189	Continued From page 8 c. Service Corridor door was being held open when the commercial kitchen hood was running. d. Corridor door to Nursing did not latch to its frame. 8. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on March 20, 2015: a. There were two 1/4 inch diameter holes through the door beside the door latching device in the following room: i. Kitchen side door. 9. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on March 20, 2015: a. Many items are being stored directly in front of the electric panels, encroaching upon the required clear working space at the following locations to include but not limited to: i. Boiler Room, ii. Exterior High Voltage Room, iii. Housekeeping near Bedroom 117 iv. Electrical room near Maintenance Director Room. b. Plugged into an electrical power receptacle was a six-outlet adapter not protect with its own fuse/circuit breaker at the following locations to include but not limited to: i. 3rd Floor Wellness Office c. Light fixture near bedroom 204 was falling down from the ceiling.	C 189	Fill in Holes 6/1/15 Items to be disposed of or placed into a new storage room removed power strip with GFCI not installed re install fixtures 6/1/15	

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C 189	<p>Continued From page 9</p> <p>10. Based on observation, the Building was not maintained in a safe and orderly condition, because access to the eye wash station was not being kept clear. This would affect all staff, by not allowing quick access during an eye injury. Findings on March 20, 2015:</p> <p>a. Many items are being stored directly in front of the eye wash station and its approach, at the following locations to include but not limited to:</p> <p>i. Bulk Laundry.</p> <p>11. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on March 20, 2015:</p> <p>a. Several portable medical oxygen cylinders were stored standing up not secured to the structure at the following locations to include but not limited to:</p> <p>i. 3rd Floor Residents Laundry (2),</p> <p>ii. Bedroom 329 (10), (5) in beverage crates,</p> <p>iii. Bedroom 327 (1), (8) in beverage crates,</p> <p>iv. 3rd Floor Wellness Office (2) on shelf,</p> <p>v. Bedroom 222, (11) in beverage crates,</p> <p>vi. Bedroom 204 (4),</p> <p>vii. 2nd Floor Wellness Office (1) behind the door.</p> <p>12. Based on observation, the Building was not maintained in a safe and operating condillon, because the fire rated doors in a smoke barrier wall that did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin.</p>	C 189	<p><i>disposed of or moved to storage room</i></p> <p><i>Spoke with under s and Nursing staff on appropriate storage</i></p>	<p><i>4/12/15</i></p> <p><i>4/13/15</i></p>
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C 189	<p>Continued From page 10</p> <p>Findings on March 20, 2015:</p> <p>a. The right leaf of the cross-corridor doors near Bedroom 108 did not close completely when the fire alarm system released the doors and the commercial kitchen hood was running.</p> <p>13. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin.</p> <p>Findings on March 20, 2015:</p> <p>d. Corridor doors were wedged open at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> i. Welcome Center, ii. Bedroom 101, iii. Bedroom 105, iv. Bedroom 106, v. Utility Room, vi. Bedroom 320, vii. Bedroom 319, viii. Activity Room, ix. Bedroom 207, x. Barber/Beauty Shop. <p>b. Corridor door to Bedroom 304 was blocked open with a brick,</p> <p>c. Corridor door to Bedroom 216 was blocked open with a jug of water,</p> <p>d. Corridor door to Bedroom 216 was blocked open with a chair,</p> <p>e. Corridor door to Physical Therapy was blocked a dump bell weigh,</p> <p>f. Corridor door to Occupational Therapy was blocked a dump bell weigh,</p>	C 189	<p><i>replaced Retts on Freshair return balanced w/ air pressure in kitchen</i></p> <p><i>Purchased magnetic stops installed</i></p>	<p><i>4/10/15</i></p> <p><i>6-10-15</i></p>

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C 195	Continued From page 11	C 195		
C 185	<p>Hot Water System</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(d) The hot water system shall be of such size to 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).</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to water temperature outside of the limits set in the Rule. Findings on March 20, 2015: a. Bedroom 227 Bathroom sink hot water was 92 degrees Fahrenheit.</p>	C 195	<p><i>microgram</i> <i>Baiter control</i> <i>Panel</i></p>	<p><i>5-1-15</i></p>
C 197	<p>General Lighting</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)</p>	C 197		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704
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(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 197	Continued From page 12 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain in a properly operating manner the general illumination of the building. This would affect all residents, staff and visitors if light levels were lower than required, as traversing the space become more difficult and tripping/fall could increase. Findings on March 20, 2015: a. Clean Linen in Bulk Laundry, the light fixture was not working and there were no windows.	C 197	<i>replaced BULBS</i>	<i>4-17-15</i>
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 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. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704
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(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	<p>Continued From page 13</p> <p>residents, staff and visitors by subjecting them to odors.</p> <p>Findings on March 20, 2015:</p> <p>a. There was no ventilation to the following locations to include but not limited to:</p> <p>i. Maintenance Directors Office/Work Room where chemical are stored.</p> <p>b. The spot exhaust fan was not running, at the following locations to include but not limited to:</p> <p>i. Bedroom 104 Bathroom,</p> <p>ii. Right Front Elevator Room,</p> <p>iii. 2nd Floor Nursing Office Bathroom.</p>	C 199	<p>Quotes for units</p> <p>6/4 Fan ordered adjust air flow</p>	<p>6-15-15</p> <p>6-1-15</p>