

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 09/24/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE MACARTHUR PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513
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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Billy Bryant on 9-24-2015. Records indicate this facility was first licensed on 10-22-1996, for 80 beds. Based on this information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code Section 409.1- Group I.	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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility was not in compliance with the NC State Building Code as relates to Delayed Egress which requires the process to be irreversible once begun.	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	Continued From page 1 Finding includes: The process to open the Delayed Egress exit to the main corridor ended when pressure was removed from the door. 2. Based on observation, the facility was not in compliance with the NC State Building Code as relates to Delayed Egress which requires signs on doors equipped with Delayed Egress that read, "PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND." Failure to provide signs could cause confusion and delay an evacuation in an emergency. Finding includes: There was no sign provided at the Delayed Egress exit to the main corridor.	C 101		
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. This Rule is not met as evidenced by: Based on observation, the facility failed to be maintained in good repair in room 209. Findings include: a. The cabinets were damaged, b. The bathroom door was severely damaged, c. The door casings were damaged, d. The bathroom vanity supporting the sink had been removed because of severe damage.	C 164		

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C 164	Continued From page 2 e. As a result of the vanity being removed, the bathroom sink was poorly supported.	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: Based on observation, drain traps had been allowed to become dry. Drains that are allowed to become dry can allow noxious and combustible gases to enter the facility. Findings include: a. The drain trap for the hopper in the soiled linen room near 114 was dry. b. One or more floor drains had become dry in the main mechanical room.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the	C 185		

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C 185	<p>Continued From page 3</p> <p>shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the facility failed to conduct required fire plan rehearsals and to properly maintain records of the fire plan rehearsals. Findings include: a. There were not enough fire drills done on all shifts. b. There was no description of what the rehearsal involved. c. Most records were kept in a computer and were not available for review.</p>	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, an exterior exit path was not maintained free of obstruction. Obstructed paths of exit could prevent an evacuation in an emergency. Finding includes; The exterior exit path from the rear of Special</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>Care and from the exit stairs at the left end of the facility was obstructed with 2 "temporary" above ground 4 inch PVC Chiller pipes extending entirely across the exit path to a public way.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> a. Walls damaged in room 209, b. Walls severely damaged in bathroom off room 209, c. Holes in wall in the housekeeping closet beside the laundry on the 2nd floor. d. Hole in wall in the housekeeping closet beside the laundry on the 1st floor. e. Hole in ceiling around many conduits in the main mechanical room. f. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the activities storage room on the 2nd floor. <p>3. Based on observation, 1 leaf of the pair of 1 hour rated cross-corridor doors at the left side of the central stairs on the 2nd floor would not close completely and latch when activated by the fire alarm system. Failure of either set of doors to close completely and latch could allow fire and smoke to travel quickly between floors.</p> <p>4. Based on observation, the facility failed to maintain one pair of 3 hour fire rated cross-corridor doors to the main dining room. Cross-corridor doors that do not close completely</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include:</p> <p>a. The astragal was loose on the doors and could not resist the passage of fire or smoke. b. One of the doors would not latch when closed by activation of the fire alarm system.</p> <p>5. Based on observation, there are 2 separate opposite swinging 1.5 hour fire rated doors separating the kitchen from the main dining room. Both doors were found wedged open. Fire rated doors that are prevented from closing completely and latching present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>6. Based on observation, many corridor doors are not closing and/or fitting well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <p>a. The door to room 101 had sagged and did not fit the opening well enough at the top to be smoke resisting. b. The door to room 108 had sagged and would not close. c. The door to room 129 would not latch when closed. d. The door to room 132 would not latch when closed.</p> <p>7. Based on observation, there was no working light provided in the clean linen room. Failure to provide proper lighting is hazardous to those who must enter the room.</p>	C 189		

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C 189	Continued From page 6 8. Based on observation, the exit light near room 237 was broken and was hanging by the wires. Broken electrical fixtures expose energized wires. 9. Based on observation the toilet was loosely mounted to the floor in the bathroom off room 209. Loose toilets can cause leaking and/or fall hazards.	C 189		
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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: Based on observation, there is a lock-out feature provided for the range in the Cafe. However, the range was energized and there was no staff present to supervise. Energized, unsupervised ranges could allow residents to be burned.	C 193		

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C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include;</p> <ul style="list-style-type: none"> 1. The central exhaust system was not working for all of the 2nd floor. 2. The housekeeping closet near room 124 stored many chemicals and no exhaust fan was provided. 	C 199		