Division of Health Service Regulation

STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
			A. BUILDING. VI			
		HAL090007	B. WING		09/3	0/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE UNION PARK		ΓERSON AVI , NC 28112	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Frank Strickland an Based on information	I Construction Survey by ad Ed Miller on 09/30/2015: on obtained from the DHSR by was licensed for Licensure				
	database, this facility was licensed for Licensure on 08/16/1996. The facility is currently licensed for (87) beds. Therefore, this facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the amended 1996 NC State Building Code(s) for					
	•	nal, Unrestrained Occupancy.				
C 166	Housekeeping-Maii	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	maintained the service construction and the	ations, this facility has not vice of the exterior eir finishes. This may affect nts if there is an infestation of				
		2015: rant line penetrating the brick od stud wall construction that				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ HAL090007 09/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1316 PATTERSON AVENUE BROOKDALE UNION PARK** MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 C 166 Continued From page 1 has 1/2" airspace around the entire penetration that is unprotected from water migration or vermin that is located outside Room 18. 2-Based on observations, this facility has not maintained the service of the exterior construction and their finishes. This may affect the staff and residents if there is an infestation of bugs or vermin into the facility. Findings on 09/30/2015: There is a exterior service receptacle that does not have a cover plate that is located outside Room 18. 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, the facility was not maintained in a safe manner due to breaches of the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 09/30/2015:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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C 189	The ceiling sheet-redamaged due to mediffusers and at corn Marketing Sales Off exterior Porch outs  2-Based on observe protection equipmes afe manner. This staff by not providing activation.  Findings on 09/30/2 The following location head escutcheons: Room Women's Bathrooms and the 38.  3-Based on observe protection equipmes been maintained in effect all residents illuminatin for all paran emergency.  Findings on 09/30/2 The emergency light illuminate when test located between Recorridor and in the second to the control of the country maintained in a saft condition because the cyclinders are not be the cylinders fell on the country fell on the country fell on the cylinders fell on the country fell on the cylinders are not be country for the cylinders fell on	ock construction has been oisture around ceiling HVAC instruction joints in the fice, West Wing Spa and the ide Room 40.  ations, the facility fire int was not maintained in a could effect all residents and ing full sprinkler coverage upon 2015:  ons had dropped sprinkler Main Laundry Room, Activity athroom, Rooms 36 & 40  Exterior Porch outside Room ations, the facility fire int and safety signage has not a safe manner. This will and staff by not providing iths of egress in the event of 2015:  onting ceiling lights did not in the emergency that are sooms 19 to 23 in the egress	C 189			

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	of Fleatiff Service IN					
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AND FLAN OF CORRECTION IDENTIFICATION NOWIBER.		A. BUILDING: <b>01</b>		COMP	LLILD	
HAL090007		B. WING	· · · · · · · · · · · · · · · · · · ·	09/3	0/2015	
			ODECC CITY O	STATE ZID CODE	•	
NAIVIE OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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1710		,	.,,,	DEFICIENCY)		
C 190	Continued From no	ac 2	C 189			
C 189	Continued From pa	ge s	C 109			
	dangerous projectile	e.				
	Finding on 09/30/20					
		arious sizes were not stored in				
	• •	ated in the clothes closet in				
	Room 49.					
	5 D					
		ations, this facility has not				
		protection of resident rooms				
		ooms for excessive storage				
		I the fire load of a space that is				
		e additional fire protection.				
	This could effect all residents and staff in the event that fire and/or smoke is not contained in					
	the room.	or smoke is not contained in				
	the room.					
	Findings on 09/30/2	2015·				
		ast 10 bed mattresses and				
		le, lambs and boxes with				
	stored items. Passage from the room entry door					
	to the exterior wall v					
	6-Based on observa	ation, the facility has not				
	maintained and ser	viced the HVAC supply and				
	return air grilles. T	his will effect all residents and				
	staff.					
	Findings on 09/30/2					
		s have excessive particulate				
		Dining Hall and in the Rooms				
	37 & 39.					
	7 Pacad on abassu	ation, the facility has not				
		ation, the facility has not e and serviced electrical				
		effect all residents and staff.				
	acvices. This may	chect an residents and stall.				
	Findings on 09/30/2	2015				
		mounted electrical box that				
		ver or a device has been				

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removed that is located in the 300 Hall

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C 189	Continued From pa	ge 4	C 189				
C 199	Exhaust Ventilation		C 199				
	provided with exhautwo cubic feet per requirement does refere April 1, 1984 these specified space (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the extension of the cubic feet and the cubic feet per requirement of the cubic fe	and this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed l, with natural ventilation in inces: rage; toilet rooms;					
	provide an environr Rule by not providing generated. This con	ration, the facility failed to ment in accordance with this ng ventilation where odors are uld affect residents and staff to house-keeping odors.					
	No mechanical exprovided in the Mor located at the Kitch	xhaust ventilation has been b Sink closet that is en.					
	provide an environr Rule by not providir	vation, the facility failed to ment in accordance with this ng ventilation where odors are					

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C 199	by subjecting them Findings on 09/30/2 The mechanical e exhausting interior a Bathrooms for Room Mechanical Room a	to house-keeping odors. 2015: exhaust fans are not	C 199			

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