Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
AND I LAW OF CONTROL			A. BUILDING:	VI	R		
HAL090007		B. WING		12/09/2015			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BROOKDALE LINION PARK			TERSON 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 SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
{C 000}	Initial Comments		{C 000}				
	Miller and Bob Geto The following defici	Up Construction Survey by Ed chell on December 9, 2015.					
	been satisfactorily onew Plan of Correc						
{C 189}	89) Building Equipment Maintained Safe, Operating		{C 189}				
	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.						
	maintained in a safe the one-hour roof/c that has invalidated all residents and sta	et as evidenced by: ation, the facility was not e manner due to breaches of eiling assembly construction its integrity. This could affect aff in the event that fire and/or ned in a room or compartment					
	damaged due to me diffusers and at cor Marketing Sales Of exterior Porch outsi	ock construction has been pisture around ceiling HVAC astruction joints in the fice, West Wing Spa and the					

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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:	A. BUILDING: 01		COMPLETED	
		HAL090007	B. WING		12/09	9/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	OALE UNION PARK		TERSON AVI	ENUE		
			NC 28112			
(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 APPROFILIENCY)	D BE	(X5) COMPLETE DATE
{C 189}	Continued From page 1		{C 189}			
	safe manner. This staff by not providin activation. Findings on 12/9/20 The following location head escutcheons: 36 Bathrooms. 4-Based on observation maintained in a safe condition because to cyclinders are not both this could effect all the cylinders fell on	ations, this facilitiy has not e manner and operating he portable medical oxygen eing properly handled/stored. residents, staff or visitors if the floor surface breaking the ne cylinders and turning into a				
	Finding on 12/9/2015: Oxygen bottles of various sizes were not stored in approved racks located in the clothes closet in Room 49.					
	maintained the fire by converting the ro that have increased not designed for the This could effect all	ations, this facility has not protection of resident rooms for excessive storage I the fire load of a space that is additional fire protection. residents and staff in the or smoke is not contained in				
	Findings on 12/9/20 Room 49 had at lea frames, boxes with	st 6 bed mattresses and				
{C 199}	Exhaust Ventilation		{C 199}			

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P3IQ22 If continuation sheet 2 of 4

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION (X3) DATE SURVEY		SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	()		(- /	COMPLETED	
			, t. DOILDING.		_	,	
HAL		HAL090007	B. WING		R 12/09/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
		1316 PAT	TERSON AV	ENUE			
BROOKI	DALE UNION PARK	MONROE	, NC 28112				
(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 199}	Continued From page 2		{C 199}				
(0 100)	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhaut two cubic feet per nature requirement does no before April 1, 1984 these specified spat (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;					
	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 providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 12/9/2015:						
		chaust ventilation has been Sink closet that is					
	provide an environr Rule by not providir generated. This cou	ration, the facility failed to nent in accordance with this ng ventilation where odors are ald affect residents and staff to house-keeping odors.					
	Findings on 12/9/20 The mechanical e exhausting interior	exhaust fans are not					

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STATE FORM P3IQ22 If continuation sheet 3 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DA		(X3) DATE COMP	DATE SURVEY COMPLETED		
				R				
		HAL090007			12/0	9/2015		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1316 PATTERSON AVENUE							
BROOKE	DALE UNION PARK		, 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE		
{C 199}	Continued From page 3		{C 199}					
{C 199}	Bathrooms for Roo Mechanical Room a	ms 35 to 46, East Wing and in the Bathroom for Room rating when switched to the on	{C 199}					

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