

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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(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 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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE -



TITLE

Executive Director

(X6) DATE

11/12/15

Brookdale MacArthur Park HA Biennial Survey

The following is a summary of the Plan of Correction for Brookdale MacArthur Park. This Plan of Correction is in regards to the Construction Section Biennial Survey conducted on September 24th 2015 and received on October 28th, 2015. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

111 MacArthur Park, Cary, NC 27513

FID #960825 Hal092027

C101 Existing Licensed Facility

1. Delayed Egress is engaged and irreversible when door is engaged for three or more seconds.
2. Will install correct signage by November 16th, 2015.

C164 Housekeeping and Furnishings- Clean, Repaired

- a. Will repair or replace cabinets as needed by November 20th, 2015.
- b. Will replace or repair bathroom door as needed by November 20th, 2015.
- c. Will replace or repair door casing as needed by November 20th, 2015.
- d. Will repair or replace support for bathroom vanity by November 20th, 2015.
- e. Will repair or replace support for bathroom vanity by November 20th, 2015.

C166 Housekeeping-Maintained Free of Hazards

- a. Water ran through drain on September 25th, 2015.
- b. Water ran through dry floor drains in mechanical room on September 25th, 2015.

C185 Fire Safety-Rehearsal on Each Shift

- a. Fire drills are now current.
- b. Descriptions of what rehearsals involve will be included in documentation as of September 24th, 2015.
- c. Will maintain hard copies of rehearsal records as of September 24th, 2015.

C189 Building Equipment Maintained Safe, Operating

1. Ramp built over PVC lines September 28th, 2015. PVC lines removed October 27th, 2015.

2.
 - a. Will repair or replace damaged walls in 209 by November 20th, 2015.
 - b. Will repair or replace damaged walls in bathroom of 209 by November 20th, 2015.
 - c. Holes repaired on September 25th, 2015.
 - d. Hole repaired on September 25th, 2015.
 - e. Will repair holes by November 20th, 2015.
 - d. Sprinkler escutcheon replaced on September 25th, 2015.
3. Will repair corridor door as noted by November 20th, 2015.
4. Will repair doors noted in items a&b by November 20th, 2015.
5. Wedges removed from doors on September 24th, 2015.
6. Repairs noted in items a-d completed on September 25th, 2015.
7. Light replaced as noted on September 25th, 2015.
8. Exit light replaced as noted on September 25th, 2015.
9. Will replace or repair toilet as needed by November 20th, 2015.

C193 Ovens, Ranges in Activity or Res. Rooms

Oven permanently disengaged as of September 24, 2015.

C199 Exhaust Ventilation

1. Replaced belts on exhaust as noted on September 25th, 2015.
2. Will remove housekeeping chemicals and/or install an exhaust in the current closet by November 20th, 2015.

To assist with compliance, the Executive Director or designee will review monthly preventative maintenance reports completed by the Maintenance Technician and will do a monthly walk through of the building with the Maintenance Technician for two months.

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