		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	VI	F	,
		HAL032065	B. WING	· · · · · · · · · · · · · · · · · · ·		8/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	ALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 000}	Initial Comments		{C 000}			
	This is a Report of a Follow-up Survey done by Bob Getchell on February 18, 2016.					
	Most of the previously cited deficiencies have been corrected however some deficiencies remain uncorrected and will require further action.					
C 150	Corridors-Free of equipment and Obstructions		C 150			
	This Rule is not me a) All back right sta stored in them.	et as evidenced by: air tower rooms had items				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND				
		et as evidenced by: Id lint on the return HVAC grill radiation damper in the				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
					F	2
		HAL032065	B. WING	· · · · · · · · · · · · · · · · · · ·		8/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
				BOULEVARD		
BROOKE	ALE DURHAM		NC 27704			
(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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 1	C 166			
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on observaintained free of h of oxygen cylinders residents by potenti from a ruptured cylin Followup Findings f include:	es shall: In an uncluttered, clean and It is of all obstructions and It apply to new and existing It as evidenced by: It vation, the building was not nazards by improper storage It is would affect all ally exposing them to hazards				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

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XOLE23 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	, COV		SURVEY LETED
		A. BOILDING. VI		R		
		HAL032065	B. WING			8/2016
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
BROOKD	ALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(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 SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 2	C 189			
	This Rule is not med. Based on observe maintained in a safethe fire-resistance of the fire-resistance of the fire-resistance of the fire-resistance of a. A ceiling penetral has become damagintegrity of the ceiling by There are unprotothe Ansul hood supplication. There is an unprotothe and in the social of the wall in the hold maged from a least compromised. There are unprotothe 2nd floor Nursing of The sprinkler escumissing revealing and the social of the sprinkler escumissing revealing and the sprinkler escumished the sprinkle	et as evidenced by: ation, the building was not e manner by not maintaining ating of building components. on February 18, 2016 include: tion in the sprinkler riser room ged from a leak and the ng is compromised. tected ceiling penetrations at pression system piping in the rotected ceiling penetration by vorkers closet. hopper room has become ak and the integrity of the wall tected ceiling penetrations in ng Office bathroom cutcheon in the dining room revealing an opening to the tcheon in the kitchen is n opening to the attic. vation, the facility components d operable by having doors ompletely and latch. on February 18, 2016 include: a have issues:	C 189			
	a) Bedroom 100 do close and latch b) Service corridor o will not close and la c) Kitchen side doo latching device d) Right leaf of cros	oor scrubs the frame and won't door has a broken closer and				

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STATE FORM 6899 XOLE23 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(Y2) MI II TIDI	E CONSTRUCTION	(X3) DATE	SLIBVEA	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			7. BOILBING. VI		R	
		HAL032065	B. WING			8/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BBOOKE	NALE DUDUAM	4434 BEN	FRANKLIN	BOULEVARD		
BROOKL	DALE DURHAM	DURHAM,	NC 27704			
(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 APPROF DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	 3. Based on observation, the building electrical system was not maintained to keep the facility safe. Followup Findings on February 18, 2016 include: (A) Blocked electrical panels were observed in the following locations: a) Exterior High Voltage Room. b) Housekeeping near bedroom 117, c) Electrical Room next to Maintenance Directors Room (B) A light fixture escutcheon is falling out of the corridor ceiling at room 204 					
{C 199}	Exhaust Ventilation		{C 199}			
	provided with exhautwo cubic feet per na requirement does no before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not apping to the cubic feet of the cubic feet	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; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities.				
	provide an environn	et as evidenced by: ervation, the facility failed to nent in accordance with this ventilation in areas where				

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M XOLE23 If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		F 02/1	8/2016
				STATE, ZIP CODE	02/1	0/2010
BROOKE	OALE DURHAM	4434 BEN	FRANKLIN	BOULEVARD		
(X4) ID		TEMENT OF DEFICIENCIES	NC 27704	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
{C 199}	Continued From pa	ge 4	{C 199}			
	odors are generate	d.				
	Followup Findings of There was no vention to include but not ling. Maintenance Diswhere chemical are	on February 18, 2016 include: lation to the following locations mited to: rectors Office/Work Room				

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