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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIENCLY			(X2) MULTIPLE CONSTRUCTION (X3) DATE		(X3) DATE S COMPL	URVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01			COWLETEN		
HAL032085		B, WING		R 02/18/2018			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GODE							
	1	4434 BEN	FRANKLIN	BOULEVARD			
BROOKE	ALE DURHAM		NC 27704	THE PROPERTY OF A CORPERTY	1	O(E)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE AFPROPRIATE DEFICIENCY)		(X6) 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 clied deficiencies have been corrected however some deficiencies		۸.				
	remain uncorrected	and will require further action.					
C 150	Corridors-Free of e	quipment and Obstructions	C 160	,			
	SECTION .0300 - 1 10A NCAC 13F .03 ENVIRONMENT (g) The requireme (4) Corridors shall other obstructions.	PHYSICAL PLANT 105 PHYSICAL Interior of all equipment and		C150 3/1/16 Complete: Cleared items from stair tower. Do a daily walkthrough to ensu towers are clear of obstructions to allow for unobstructed movement through corridor.	re all stair	3/1/16	
	This Rule is not m e) All back right st stored in them.	et as evidenced by: air tower rooms had items				-	
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	SECTION .0300 - 10A NCAC 13F .03 FURNISHINGS (a) Adult care hom (1) have walls, cel coverings kept cles (2) have no chroni (3) have furniture (e) This Rule shall facilities.	PHYSICAL PLANT 106 HOUSEKEEPING AND 11 es shall: 11 lings, and floors or floor 12 unpleasant odors; 13 clean and in good repair; 14 apply to new and existing 15 et as evidenced by: 16 and int on the return HVAC grill 17 radiation damper in the		C164 3/21/16 Complete: Cleaned HVAC retu and associated radiation damper in the dish room and cleaned thoroughly to ensure effic operation of HVAC return and proper operal radiation damper. Going forward, this will be to the monthly Computerized Maintenance Monitoring System (CMMS) preventative maintenance (PM) to-do list to inspect and conecessary.	washer clent tion of se added	3/21/16	
	Wills Conden Desiriation		<u></u>			- Would have	

Division of Health Service Regulation LABORATORY DIRECTOR SOR PROVIDER SUPPLIER REPRESENTATIVES GISNATURE

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if continuation sheet 1 of 6

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Division	n of Health Service Re	gulation			
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/C).IA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION 3: 01	(X3) DATE BURVEY COMPLETED
	1	· HAL032065	B. WING		R 02/18/2016
NAME OF				STATE, ZIP CODE	
BROOK	DALE DURHAM	4434 BEN		BOULEVARD	
(X4) ID PREFIX TAG	[(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST OF PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	ON (X6) D BE GOMPLETE PRIATE DATE
C 168	Continued From pa	ge 1 .	C 166		
C 168	Housekeeping-Mair	tained Free of Hazards	C 166		.
	SECTION .0300 - P .10A NCAC .13F .030 FURNISHINGS (a) Adult care home (5) be maintained in orderly manner, free hazards; (e) This Rule shall of facilities. This Rule is not me 1. Based on observ maintained free of h of oxygen cylinders, residents by potentia	HYSICAL PLANT B .HOUSEKEEPING AND s shall: n an uncluttered, clean and of all obstructions and apply to new and existing t as evidenced by: ation, the building was not azards by improper storage This would affect all ally exposing them to hazards		C166A/B: 3/1/16 Complete: Ensure oxygen bo Room 329 and 204 are properly stored in oxy	
C 189	Include: The oxygen bottles a following locations: a) Bedroom 329, b) Bedroom 204	om February 18, 2016 are being stored loose in the	Ç 189	storage devices so they are safe and secure. I issue will be brought up in weekly and daily with nursing and resident assistants and management. Spot checks will be done on a basis to ensure storage protocols of oxygen b and compressed gasses are being followed.	This neetings 3/1/16 periodic
	10A NCAC 13F .031: REQUIREMENTS (a) The building and mechanical, and plur care home shall be no operating condition. (k) This Rule shall a	all fire safety, electrical, all fire safety, electrical, abling equipment in an adult taintained in a safe and apply to now and existing applion of Paragraph (e)	,		

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SYAYEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA AND PLAN OF CORRECTION LIDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION 3: 01	(X3) DATE BURVRY COMPLEYED		
	. HAL032066		B. WING		R 02/18/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, OTY,	STATE, ZIP CODE		
				BOULEVARD		
BROOK	DALE DURHAM		NG 27704			
(X4) ID PREFIX TAQ	(EACH DEPICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DENICIENCY)	aralekoo lago	
C 189	maintained in a sa(e		C 189	C189: (1) A) 4/8/16 in Progress: Repair the ceili the riser room and make structurally sound fr previous water leak. Monitor this and other s situations to ensure structural integrity of wal ceilings to maintain fire resistance rating as the may occur over time.	om Imilar 4/8/16 Is and	
	a. A ceiling penetrat has become demag	n February 18, 2016 include: ion in the sprinkler riser room ed from a leak and the		B) 4/8/16 In Progress: Repair ceiling penetrations through the ceiling at the Ansul I suppression system piping in the kitchen. Mo this and other similar situations to ensure stru	nitor	
	the Ansul hood supp kitchen.	ected ceiling penetrations at ression system piping in the steated ceiling penetration by		integrity of walls and ceilings to maintain fire resistance rating as they may occur over time. C) 4/8/16 in Progress: Repair ceiling penetration in Social Worker's office closet to restore the fire resistance rating. Monitor this other similar situations to ensure structural in	4/8/16 and tegrity	
	 d) The wall in the hodamaged from a least is compromised. e) There are unprotited and floor Nursingfy The sprinkler escape. 	pper room has become k and the integrity of the wall acted ceiling penetrations in		of walks and ceilings to maintain fire resistance rating as the may occur over time. D) 4/8/16 in Progress: Repair wall in h room damaged from water to restore structur integrity and fire resistance rating. Monitor th other similar situations to ensure structural into f walks and ceilings to maintain fire resistance rating as they may occur over time. E) 3/1/16 Complete: Repaired ceiling	opper al 4/8/16 is and tegrity	
	g) A sprinkler escute missing revealing an	theon in the kilchen is opening to the attlo. Itlon, the facility components		penetration in 2 nd floor nurses office to restor resistance rating. Monitor this and other simil situations to ensure structural integrity of wall ceilings to maintain fire resistance rating as the	s and 3/1/16	
	were not maintained that did not close cor	operable by having doors npletely and latch.		may occur over time. F) 4/8/16 in Progress: Repair sprinkler escutcheon in the dining room to ensure it stapplace to maintain fire resistance rating. Monit this and other similar situations to ensure spring escutcheons are properly installed to maintain	ys in or 4/8/16 nkler	
1	 a) Bedroom 100 doo close and latch b) Service corridor do will not close and latch c) Kitchen side door latching device 	r scrubs the frame and won't lor has a broken closer and has holes in the door at the corridor doors at room 108		resistance rating as they may occur over time. G) 4/8/16 in Progress: Repair sprinkler escutcheon in the kitchen to ensure it stays in to maintain fire resistance rating. Monitor this other similar situations to ensure sprinkler escutcheons are properly installed to maintain resistance rating as they may occur over time.	place 4/8/16 and	

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Division of Health Service Regulation						
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: HAL032065		(X2) MULTIPLE CONSTRUCTION A. BUILOING: 01 B. WING		(X3) DATE SURVEY COMPLETED R' 02/18/2016	
NAME	OF PROVIDER OR SUPPLIER	STREET AC	ORESS, CITY,	STATE, ZIP GODE		
BROC	KDALE DURHAM		I FRANKLIN I, NC 27704	N BOULEVARD		
(X4) K PREFI TAG	X (EAGH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF T	N) BB PRIATE	COMPLETE DATE
C 18	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 Vollage Room. b) Housekeeping near bedroom 117, c) Electrical Room next to Maintenance Directors Room (B) A light fixture escutcheon is felling out of the condor ceiling at room 204		C 189	C189 (4) A) 3/1/16 Complete: (a,b,c) Removed obstructions blocking electrical panels in Exterior high voltage room, housekeeping closet near room 117 and electrical room near maintenance director's office. Monitor this and other situations that may obstruct access to electrical panels through periodic walkthroughs and dally use. Instruct all staff regarding obstructions to electric panels in all staff meetings and on-board training. B) Repaired light fixture escutcheon at Room 204 to ensure it is flush with the ceiling to ensure electrical and ratings are maintained. Monitor this and similar situations by daily and weekly facility walkthroughs to ensure light escutcheon integrity is maintained so electrical and fire ratings are met.		3/1/16 3/1/16
{C 19	Exhaust Ventilation SECTION .0300 - P 10A NCAC 13F .031 REQUIREMENTS	HYSICAL PLANT 1 OTHER	(C 199)	C199: A) In Progress: Repair ventilation fan that exti	. 1	. 1
	(g) The spaces listed provided with exhaustwo cubic feet per marequirement does not before April 1, 1984, these specified space (1) solled linen store (2) soil utility room; (3) bathrooms and to (4) housekeeping of (5) laundry area. (k) This Rule shall a facilities with the excumbleh shall not apply This Rule is not met 1. Based on Observerovide an environment.	oliet rooms; osets; and pply to new and existing eption of Paragraph (e) to existing facilities,		chemicals are stored. Maintain all ventilation systems through the CMMS monthly schedule ensure proper ventilation is achieved where required. B) 3/17/16 Complete: Repaired the ventilation the 2 nd floor nursing office bathroom. Maint ventilation systems through the CMMS month schedule to ensure proper ventilation is achieved where required.	n e to n fan in saln all hly	4/8/16 3/17/16
	- NE 2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

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	STATEME	TEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION (DENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION 4G: 01	(X3) DATE SURVEY COMPLETED		
		,	HAL032065	B. WING _			R 18/2016	
	NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY	Y, STATE, ZIP CODE			
	BROOK	DALE DURHAM		FRANKLIN BOULEVARD				
H				, NC 2770		***	T	
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies Must be preceded by full BC identifying information)	PREPIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REPERSINCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE	
	(C 199)	Continued From page	ge 4	(C 199)				
ı		odors are generated	j.				1	
	A) vo-	Followup Findings o There was no ventile to include but not lin	n February 18, 2016 include: ation to the following locations nited to: ectors Office/Work Room stored.					
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