	of Health Service Re		(VO) MI II TIDI	E CONCEDUCTION	(V2) DATE	CLIDV(E)/
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED R 05/04/2016	
	HAL032016		B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE CHAPEL HILL A	AL (NC)	MINGTON D			
		CHAPEL	HILL, NC 27	T		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y 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}			
	Report of Follow-up Survey by Dennis Harrell on 5-4-2016.					
	Some deficiencies action is required.	were not corrected. Further				
{C 101}	Existing Licensed F	Fac- No less than '71 Rules	{C 101}			
	PHYSICAL PLANT The physical plant is care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effecting in service of renovation, or alterathe requirements for addition or renovation or renovation those requirements in effecting and the requirements for addition or renovation or renovation.	O1 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing reportions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where wation has been made, be less ments found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of				
	This Rule is not me	et as evidenced by:				

Findings include:

sprinkled building.

a- The closets in the resident room bathrooms throughout the building, ranging in size from 3' x 3' to 3' x 4', are not sprinkled.

1- Based on observations, the facility has failed to sprinkle all enclosed spaces as required of a fully

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL032016	B. WING		05/0	R 4/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
	2220 FARMINGTON DRIVE						
BROOKL	DALE CHAPEL HILL A	CHAPEL	HILL, NC 27	514			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I SHOULD BE COMPLETE		
{C 101}	Continued From page 1		{C 101}				
	b- The linen closets in the Spa Bathrooms throughout the building, are not sprinkled.						
{C 189}	Building Equipment Maintained Safe, Operating		{C 189}				
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER and all fire safety, electrical, ambing equipment in an adult amaintained in a safe and					
	ensure that the buil the fire resistance of deficiency directly a and visitors by allow	et as evidenced by: vations, the facility has failed to ding is safe by not maintaining of building components. This affect all residents, personnel, wing the possible spread of compartment of origin.					
	Findings include:						
	b- The F-Hall EXIT when closed.	corridor door does not latch					
	d- In the Club Room is a large hole in the	n HVAC Closet, there e ceiling,					
		or door on C Hall is					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
			A. BUILDING. 01		R			
HAL032016		B. WING		05/04/2016				
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BROOKE	BROOKDALE CHAPEL HILL AL (NC) 2220 FARMINGTON DRIVE CHAPEL HILL, NC 27514							
(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 SHOUL)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
	CHAPEL F SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		{C 199}					

6899

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