Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			3) DATE SURVEY COMPLETED		
			A. BUILDING: 01		R			
HAL032065		B. WING		05/09/2016				
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BROOKDALE DURHAM 4434 BEN FRANKLIN BOULEVARD 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
{C 000}	Initial Comments		{C 000}					
	Report of a Follow- MillerMay 9, 2016.	Up Construction Survey by Ed						
	Follow-Up Construc	encies cited during the ction Survey, have not been ted and will require a new						
{C 166}	Housekeeping-Maintained Free of Hazards		{C 166}					
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.							
	maintained free of hof oxygen cylinders	vation, the building was not nazards by improper storage This would affect all fally exposing them to hazards						
	The oxygen bottles following locations: b) Bedroom 204 - s cylinders were store crates not secured portable medical ox	from May 9, 2016 include: are being stored loose in the six portable medical oxygen ed standing up in beverage to the structure and one tygen cylinder was stored cured to the structure,						
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}					

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	
				F	
	HAL032065	B. WING		05/0	9/2016
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC 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
mechanical, and plucare home shall be roperating condition. (k) This Rule shall a facilities with the exception which shall not apply. This Rule is not med 1. Based on observation maintained in a safe the fire-resistance rate followup Findings of a. A ceiling penetration has become damage integrity of the ceiling b) There are unprotous the Ansul hood supposition. c) There is an unprocable in the social wid) The wall in the hod damaged from a lead is compromised. 4. Based on observation were not maintained that did not close confollowup Findings of The following doors b) Service corridor did not conservation.	HYSICAL PLANT I1 OTHER d all fire safety, electrical, mbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) to existing facilities. It as evidenced by: ation, the building was not emanner by not maintaining ating of building components. In May 9, 2016 include: ion in the sprinkler riser room ed from a leak and the g is compromised. Exceted ceiling penetrations at pression system piping in the otected ceiling penetration by rorkers closet. Exper room has become it and the integrity of the wall eation, the facility components a operable by having doors impletely and latch. In May 9, 2016 include:	{C 189}			

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Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
					R			
		HAL032065	B. WING		05/0	9/2016		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
BROOKDALE DURHAM				N FRANKLIN BOULEVARD N. NC 27704				
(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 189}	Continued From page 2		{C 189}					
	Note: Ten ton unit in kitchen was drawing air from the corridor thus pulling these doors open.							
	3. Based on observation, the building electrical system was not maintained to keep the facility safe.							
		on May 9, 2016 include: scutcheon is falling out of the born 204,						

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