

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 R 02/10/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE MACARTHUR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513		
(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 1 operable manner. Doors were permitted to be blocked open or held open by unapproved devices or methods. All the occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin. Finding on 02/10/2016: a. There are 2 pairs of opposite swinging fire resistant rated doors separating the kitchen from the main dining room. Both doors were found wedged open. 3. Based on observation, many corridor doors are not closing and/or fitting well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 02/10/2016: a. The door to room 101 had a large at the top of the door frame when closed. b. The door to room 108 would not close. c. The door to room 129 would not latch when closed. d. The door to room 132 would not latch when closed.	{C 189}	<i>installed Magnetic holdbacks on both doors leading separating kitchen & main dining door. One door completed on 3/22. Other door will be installed on 3/22/16.</i>	8/22/16
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed	{C 199}	<i>All doors repaired closing/ pro latching properly. Gap at the top of 101 repaired.</i>	2/12/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2016
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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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(C 189)	<p>Continued From page 2</p> <p>before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage;</p> <p>(2) soil utility room;</p> <p>(3) bathrooms and toilet rooms;</p> <p>(4) housekeeping closets; and</p> <p>(5) laundry area.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria.</p> <p>Finding on 02/10/2016:</p> <p>a. The central exhaust system was not working for all of the 2nd floor.</p> <p>New Finding on 02/10/2016:</p> <p>a. The central exhaust system was not working for all of the 1st floor.</p>	(C 189)	<p>Drive belts replaced on both exhaust systems. Will be checked monthly going forward.</p>	2/12/2016