Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL032016	B. WING		08/ 3	₹ 1/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRE				STATE, ZIP CODE			
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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
{C 000}	Initial Comments		{C 000}				
	Report of Follow-up August 31, 2016.	Survey by Ed Miller on					
	Some deficiencies were not corrected. Further action is required.						
{C 101}	Existing Licensed F	Fac- No less than '71 Rules	{C 101}				
	care home shall be (2) Except where of licensed facilities or facilities shall meet requirements in effection of addition or renovation, or alterative requirements for no addition or renovation than those requirements "Minimum and Desi Regulations" for "He	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					
	Maintenance Direct equipped with Spec egress on the exit of requirements as de Code, which permit Locking on exit doo protected throughout	et as evidenced by: vation, and interview with tor, the facility, which was cial Locking and delayed doors, failed to meet the efined by the NC State Building ts the installation of Special ors of buildings that are ut, by an approved supervised etection system or an					

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

automatic sprinkler system. In buildings that are

(X6) DATE TITLE

Division of Health Service Regulation

DIVISION OF FIGURE 1015			(VO) MI II TIDI	E CONCERNICATION	(V2) DATE CUDVEV		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·			(X3) DATE SURVEY COMPLETED	
	-		A. BUILDING: 01		JO 22125		
		HAL032016	B. WING		\ 08/3	₹ 8 1/2016	
NAME OF				STATE, ZIP CODE			
NAME OF I	PROVIDER OR SUPPLIER		, ,	•			
BROOK	DALE CHAPEL HILL A	J (NC)	MINGTON D HILL, NC 27				
040.15	CLIMMA DV CTA					0.5	
(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 APPROINT DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
{C 101}	Continued From page 1		{C 101}				
		ghout, there could be a detecting the start of a fire.					
	Findings on August 31, 2016:						
	throughout the build	e resident room bathrooms ding, ranging in size from 3' x equipped with a sprinkler of the closets.					
	throughout the build	in the Spa Bathrooms ling, are not equiopped with a ne inside of the closets.					
{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	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	ensure that the builthe fire resistance of deficiency directly a and visitors by allow	et as evidenced by: ations, the facility has failed to ding is safe by not maintaining of building components. This ffect all residents, personnel, wing the possible spread of compartment of origin.					
	Findings on August	31, 2016:					
	f- The double door	coordinator for the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
			A. BUILDING: 01			R	
		HAL032016	B. WING			1/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE				
BROOKDALF CHAPEL HILL AL (NC)				RMINGTON DRIVE 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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	OULD BE COMPLETE		
{C 189}	Continued From page 2		{C 189}				
	Living Room corridor door on C Hall is sprung.						
{C 199}	Exhaust Ventilation		{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 before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and moisture. Findings on August 31, 2016: b- The exhaust fans located in C wing are not moving air.						

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