

Division of Health Service Regulation

|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                                                          |                                                        |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL065019</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/19/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE WILMINGTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3501 CONVERSE DRIVE<br/>WILMINGTON, NC 28403</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                           | Initial Comments<br><br>Report of Biennial Construction Survey by Dennis Harrell on 10-19-2016.<br><br>Records indicate this facility was first licensed on 8-22-1997, as a HA. The facility is currently licensed as a 38 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.                                                                                                                                                                                                                                                             | C 000                                                                                        |                                                                                                                          |                                                        |
| C 101                                                           | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by: | C 101                                                                                        |                                                                                                                          |                                                        |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                          |                                                        |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL065019</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/19/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE WILMINGTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3501 CONVERSE DRIVE<br/>WILMINGTON, NC 28403</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 101                                                           | Continued From page 1<br><br>Based on observation, the front Delayed Egress exit door fails to comply with Section 1008.1.9.7.5 of the 2012 NC State Building Code. Section 1008.1.9.7.5 requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS."                                                                                                                                                                                                                                                | C 101                                                                                        |                                                                                                                          |                                                        |
| C 164                                                           | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>There was a strong sewage odor at the end of D Hall and especially in room D5. | C 164                                                                                        |                                                                                                                          |                                                        |
| C 166                                                           | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building was not maintained in an orderly manner free of                                                                          | C 166                                                                                        |                                                                                                                          |                                                        |

Division of Health Service Regulation

|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                                                          |                                                        |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL065019</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/19/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE WILMINGTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3501 CONVERSE DRIVE<br/>WILMINGTON, NC 28403</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 166                                                           | Continued From page 2<br><br>obstructions. This could affect all residents, staff and visitors by delaying or preventing an evacuation in an emergency.<br>Findings include:<br>A. Three mattresses were stored in the exit corridor from A Hall,<br>B. A dresser and a TV were stored in the exit corridor from B Hall.<br>C. Two mattresses, a chair and a wood bedframe were stored in the exit corridor from C Hall.<br><br>2. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.<br>Findings include:<br>Several portable medical oxygen cylinders were stored in an unapproved beverage crate in room C4.<br><br>3. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. | C 166                                                                                        |                                                                                                                          |                                                        |
| C 185                                                           | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR EVACUATION<br>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C 185                                                                                        |                                                                                                                          |                                                        |

Division of Health Service Regulation

|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                                          |                                                        |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL065019</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/19/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE WILMINGTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3501 CONVERSE DRIVE<br/>WILMINGTON, NC 28403</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 185                                                           | Continued From page 3<br><br>Enforcement Official.<br>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on a review of documents, the only records available onsite included no description of what the rehearsal involved.                                                                                                                                                                                                                                                                                                                                               | C 185                                                                                        |                                                                                                                          |                                                        |
| C 189                                                           | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.<br>Findings include:<br>a. Large hole in the ceiling of the maintenance | C 189                                                                                        |                                                                                                                          |                                                        |

Division of Health Service Regulation

|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                          |                                                        |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL065019</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/19/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE WILMINGTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3501 CONVERSE DRIVE<br/>WILMINGTON, NC 28403</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 189                                                           | Continued From page 4<br><br>office,<br>b. Holes (2) in the ceiling of the sprinkler riser<br>room,<br>c. Fire collar had fallen down from the ceiling in<br>the furnace room on A Hall,<br>d. Fire collar had fallen down from the ceiling in<br>the furnace room on D Hall,<br>e. The sprinkler escutcheon was missing or not<br>tightly fitted to the ceiling complete the one-hour<br>protection in the kitchen,<br>f. The sprinkler escutcheon was missing or not<br>tightly fitted to the ceiling complete the one-hour<br>protection in the main storage room. | C 189                                                                                        |                                                                                                                          |                                                        |