

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL018016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/01/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE HICKORY NORTHEAST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2530 16TH STREET N E HICKORY, NC 28601</b>
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 12-1-2016.</p> <p>Records indicate that this facility was first licensed on 5-13-1994 with an addition submitted on 6-12-1997, for the current licensed capacity of 88 residents. Based on this information, the facility is required to meet the 1993 Rules for the Licensing of Domiciliary Homes (Homes for the Aged), the applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and the 1991 NC State Building Code(s) for a Group I-Institutional Unrestrained Occupancy.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows: (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;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the Delayed Egress</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 101	Continued From page 1  door near room 34 failed to comply with the NC State Building Code. The Code requires Delayed Egress doors to open when a force of not more than 15 pounds is applied. The door near room 34 took approximately 40 pounds to initiate the process to open. 2. Based on observation, the smoke barrier doors near bedroom 18 failed to comply with Section 409.1.2.4 of the NC State Building Code. Section 409.1.2.4 requires vision panels of wire reinforced or fire rated glass in each door. The smoke barrier doors near bedroom 18 had no vision panels provided. 3. Based on observation, the exit door from the Dining room failed to comply with the NC State Building Code. The Code requires a sign on each Delayed Egress door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS."	C 101		
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: Based on a review of documents, the most recent Fire Marshal building safety inspection report, dated 1-27-2016, showed several outstanding deficiencies. There was no subsequent documentation to indicate the deficiencies had been corrected.	C 111		

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C 166	Continued From page 2	C 166		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on observation, there was no documentation of monthly inspections provided on the range hood fire suppression system inspection tag. Range hood fire suppression systems must be inspected monthly and the inspections must be documented on the tag provided at the system pull.</li> <li>2. Based on observation, there was no documentation of monthly inspections since June of 2016 provided for the fire extinguisher in the laundry. Fire extinguishers must be inspected monthly and the inspections must be documented on the tag provided at the extinguisher.</li> <li>3. Based on observation, the ceiling radiation dampers in the exhaust ducts in the bathrooms were very dirty. Radiation dampers that are not periodically inspected and cleaned may not close properly in the event of a fire.</li> <li>4. Based on observation, the facility failed to be maintained free of hazards because of the exit sign in the corridor near the living room directing exiting in the wrong directions. Exit signs that lead in the wrong direction could delay an evacuation in an emergency.</li> </ol>	C 166		

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C 166	Continued From page 3  5. Based on observation, the facility failed to be maintained free of hazards because of combustible storage in the space behind the commercial dryer.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (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. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on a review of documents, the only records available onsite included little to no description of what the rehearsal involved.	C 185		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing	C 189		

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C 189	<p>Continued From page 4</p> <p>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> <ol style="list-style-type: none"> <li>1. Based on observation, the facility was not maintained in a safe condition because a sprinkler head was missing in bedroom 28. A sprinkler system not maintained in proper working condition could endanger all residents and staff.</li> <li>2. Based on observation, the battery powered emergency light in the physical therapy room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</li> <li>3. 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. Findings include:               <ol style="list-style-type: none"> <li>a. Part of ceiling missing in mop closet off kitchen.</li> <li>b. Hole in ceiling of laundry on Oak Lane,</li> <li>c. Hole in ceiling of basement,</li> <li>d. Improperly sealed hole in ceiling of basement,</li> <li>e. Sprinkler escutcheons were missing or not tightly fitted to the ceiling in the Bistro (2) and the closet in room 7.</li> </ol> </li> <li>4. Based on observation, many corridor doors are prevented from closing quickly and 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</li> </ol>	C 189		

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C 189	<p>Continued From page 5</p> <p>one space can quickly spread to the corridor and the remainder of the facility.</p> <p>Findings include;</p> <ul style="list-style-type: none"> <li>a. The double doors to the living room released when activated by the fire alarm system but failed to close completely.</li> <li>b. Holes through the door to the laundry on Oak Lane prevent it from resisting the passage of smoke.</li> <li>c. Door to bedroom 11 will not latch when closed.</li> <li>d. Door to bedroom 32 will not latch when closed.</li> <li>e. Door to copier room will not latch when closed.</li> <li>f. Door to bedroom 15 wedged open.</li> <li>g. Snack cart blocking door to Bistro from closing.</li> <li>h. Wheel chair blocking door to Living room from closing.</li> <li>i. Door to Beauty Salon propped open.</li> </ul> <p>5. Based on observation, the facility failed to be maintained safe because the exit sign in the corridor near the living room would not work on battery back-up. Exit signs that do not work properl could delay an evacuation in an emergency.</p> <p>6. Based on observation, the facility failed to be maintained safe because of broken tiles in the Spa on Elm Lane. The broken tiles presented sharp edges that could cause a laceration hazard.</p> <p>7. Based on observation, the facility failed to be maintained safe because of a broken switch plate in the oxygen room. The broken plate exposed energized parts and wires.</p> <p>8. Based on observation, the facility failed to be maintained safe because the top of the outside</p>	C 189		

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C 189	Continued From page 6  light was missing at the Dining room. The missing portion of the light can allow rain water to enter the fixture.	C 189		