

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018018 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/01/2016 |
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE HICKORY NORTHEAST 2530 16TH STREET N E
HICKORY, NC 28601

| (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 |
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| C 000 | Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 12-1-2016. 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. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS 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; This Rule is not met as evidenced by: 1. Based on observation, the Delayed Egress | C 101 | The following is a summary of the Plan of Correction for Brookdale Hickory North East. This Plan of Correction is in regards to the Construction Section Biennial survey conducted on December 1, 2016 This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the State of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation, nor have we identified mitigating factors. Prefix Tag: C 101 It is the intent of this community to 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 requirement for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired | 12/23/2016 |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Kenn N. Harris

Executive Director

12/23/2016

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018016 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/01/2016 |
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| NAME OF PROVIDER OR SUPPLIER BROOKDALE HICKORY NORTHEAST | | STREET ADDRESS, CITY, STATE, ZIP CODE 2530 16TH STREET N E HICKORY, NC 28601 | | |
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| C 101 | Continuad 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 | Standards and Regulations" for "Homes for the Aged and Infirm". 1) <u>Corrective action to be accomplished for the alleged deficient practice.</u> a. Delayed Egress doors at the end of hall near room 34 have been adjusted so as to allow not more than 15lbs of force to open. 2) <u>Corrective action to be accomplished for areas having potential to be affected by the same alleged deficient practice:</u> a. All Delayed Egress doors have been assessed to ensure they are in compliance. This was completed on December 20, 2016. b. Smoke barrier doors near bedroom 18 is currently being assessed for either replacing entire | |
| 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 | | 12/03/2016 |

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| C 166 | Continued From page 2 | C 166 | | |
| C 166 | <p>Houskeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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"> 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. 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. 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. 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. | C 166 | <p>doors or installing wire reinforced or fire rated glass in each door. This will be completed within 45 days of this plan of correction or by February 1, 2017.</p> <p>c. The sign "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS" was added to outside door on December 5, 2016.</p> <p>3) <u>Measures to be put into place or systemic changes made to ensure that the alleged deficient practice will not occur.</u></p> <p>a. TELS system is in place with the Maintenance Technician as part of his monthly compliance rounds to ensure continued compliance.</p> | <p>1/2/2017</p> <p>12/23/2016</p> |

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| C 188 | 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 188 | Prefix Tag: C 111 It is the intent of this community to have current sanitation and fire and building safety inspection reports maintained in the home and available for review. | |
| 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 | 1) <u>Corrective action to be accomplished for the alleged deficient practice.</u> a. <u>A copy of the Fire Marshall building safety inspection report was received on December 20, 2016 and is located in a binder in the Executive Director's office and available for review. All corrective actions were completed as outlined on the re-inspection dated February 12, 2016.</u> | 12/23/2016 |
| 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 | 2) <u>Measures to be put into place or systemic changes made to ensure that the alleged deficient practice will not occur.</u> | |

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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"> 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. 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. 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"> Part of ceiling missing in mop closet off kitchen. Hole in ceiling of laundry on Oak Lane, Hole in ceiling of basement, Improperly sealed hole in ceiling of basement, Sprinkler escutcheons were missing or not tightly fitted to the ceiling in the Bistro (2) and the closet in room 7. 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 | C 189 | <ol style="list-style-type: none"> Maintenance Technician and Executive Director will ensure follow up documentation is kept in a binder in the ED office for review at all times. <p>Prefix Tag: C 188 It is the intent of this community to be uncluttered, clean and orderly, free of all obstructions and hazards.</p> <ol style="list-style-type: none"> <u>Corrective action for the alleged deficient practice.</u> <ol style="list-style-type: none"> Range hood inspection tag has been initialed after inspection. All exhaust ducts in bathrooms have been cleaned. Exit sign near living room now has arrows pointing to the exit direction. Closet behind commercial dryer has been cleaned out and a sign posted stating NO STORAGE. | <p style="text-align: right; transform: rotate(90deg);">12/23/2016</p> |
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NAME OF PROVIDER OR SUPPLIER
BROOKDALE HICKORY NORTHEAST

STREET ADDRESS, CITY, STATE, ZIP CODE
**2530 16TH STREET N E
HICKORY, NC 28601**

| (64) 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) | (X4) COMPLETE DATE |
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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. Findings include:</p> <p>a. The double doors to the living room released when activated by the fire alarm system but failed to close completely.</p> <p>b. Holes through the door to the laundry on Oak Lane prevent it from resisting the passage of smoke.</p> <p>c. Door to bedroom 11 will not latch when closed.</p> <p>d. Door to bedroom 32 will not latch when closed.</p> <p>e. Door to copier room will not latch when closed.</p> <p>f. Door to bedroom 15 wedged open.</p> <p>g. Snack cart blocking door to Bistro from closing.</p> <p>h. Wheel chair blocking door to Living room from closing.</p> <p>i. Door to Beauty Salon propped open.</p> <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 properly 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 | <p>2) <u>Measures to be put into place or systemic changes made to ensure that the alleged deficient practice will not occur.</u></p> <p>a. As part of the TELS monthly inspection system the Maintenance Tech will initial all inspection tags, check all storage areas to ensure they are free of clutter, and ensure non storage areas have no items,</p> <p>Prefix Tag: C 185 It is the intent of this community to keep records of rehearsal which include date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>3) <u>Corrective action for the alleged deficient practice.</u></p> <p>a. A fire drill was conducted on 12/22/2016 and documentation was completed with a description of what</p> | <p>AP/23/2016</p> |

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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 | <p>the rehearsal involved.</p> <p>4) <u>Measures to be put into place or systemic changes made to ensure that the alleged deficient practice will not occur.</u></p> <p>a. Moving forward all drills will have complete documentation as required and include a description of the actual drill.</p> <p>Prefix Tag: C189 It is the intent of this community to maintain all fire safety, electrical, mechanical and plumbing equipment in a safe and operating condition.</p> <p>5) <u>Corrective action to be accomplished for the alleged deficient practice:</u></p> <p>a. Sprinkler head is scheduled to be fixed on Tuesday, 12/27/2016 by FLSA.</p> <p>b. Batteries were replaced in the</p> | 12/27/2016 |
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Brookdale Hickory NE
HAL018016

emergency light in
the physical
therapy room on
12/18/2016

c. Holes and
penetrations were
all sealed and
completed on
12/20/2016.

d. The ceiling in the
mop closet off the
kitchen will be
completed by
1/1/2017.

e. All escutcheons
have been
adjusted to fit
tightly against
ceiling.

f. Living Room doors
have been fixed so
they close
completely. Holes
in door to laundry
room have been
sealed with sex
bolts.

g. All doors have
been checked and
adjusted so they
latch when closed.
No doors are being
propped open. All
items have been
removed from

1/1/2017

12/20/2016

Brookdale Albany NE
HAL 018 016

corridors and doorways and no longer being parked.

h. Battery was replaced on Exit sign in the corridor near the living room On 12/16/2016.

i. Broken tiles have been replaced in Spa on Elam Lane.

j. Broken switch plate on O2 room was replaced on 12/15/2016.

k. Outside light was replaced outside dining room on 12/22/2016.

2) Measures to be put into place or systemic changes made to ensure that the alleged deficient practice will not occur.

a. Maintenance Tech will continue to monitor community monthly to ensure continued compliance with all items identified in this Plan of Correction.

12/23/2016