

PRINTED: 01/04/2017  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL018011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FALLING CREEK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 29TH AVENUE NE HICKORY, NC 28601</b>		
(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  Report of a Construction Section Biennial Survey by Ed Miller conducted on November 29, 2016.  Records indicate this facility was first licensed as a Home for the Aged on June 11, 1997. The facility is currently licensed for a total of sixty beds. Therefore, we are requiring the facility to meet the 1998 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Institutional Occupancy Group-I.  Deficiencies were cited that require a Plan of Correction.	C 000		
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: 1. Based on record review, and interview with Executive Director and Facility Manager, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on November 29, 2016: a. The last Annual Sprinkler System Inspection	C 111	See attached "Facility Plan of Correction" - Pg. 1 - Section C.111 for corrective action	

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Shirleyne Dupon*

Executive Director

1/18/2017

STATE FORM

1000

QCTT21

If continuation sheet 1 of 6

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL018011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FALLING CREEK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 29TH AVENUE NE HICKORY, NC 28801</b>		
(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 111	Continued From page 1  and Testing Report in accordance with NFPA 25, performed on January 27, 2016 listed the accelerator needed to be replaced which you are doing in association with a fire watch.	C 111	See attached "Facility Plan of Correction" - Pg. 1 - Section C111 for corrective action	
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by slowing or obstructing egress during an emergency. Findings on November 29, 2016: a. 600 Corridor - boxed Christmas decorations are restricting width of the corridor to much less than seventy-two inches.	C 150	See attached "Facility Plan of Correction" - Pg. 1 - Section C150 for corrective action	
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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.  This Rule is not met as evidenced by: 1. Based on observation, the Building plumbing	C 166	See attached "Facility Plan of Correction" - Pg. 1 - Section C166 for corrective action	

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL018011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FALLING CREEK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 29TH AVENUE NE HICKORY, NC 28601</b>		
(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 186	Continued From page 2  equipment was not maintained in a safe manner by not have working properly or missing parts. This could affect all users of the toilet room by not protecting them from falls or injury due to broken or missing parts. Findings on November 29, 2016: a. Staff Toilet Room on Service Corridor near Kitchen - the connection of the commode to the floor was loose.	C 186	See attached "Facility Plan of Correction" - Pg. 1 - Section C 186b for corrective action	
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: 1. Based on Record review and interview with Executive Director and Maintenance Director the facility failed to document details of fire plan. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on November 29, 2016: a. The fire plan rehearsal records included date, time, shift, and staff members present and little to no description of what the rehearsal involved.	C 185	See attached "Facility Plan of Correction" - Pg. 2 - Section C 185 for corrective action	

PRINTED: 01/04/2017  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL018011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FALLING CREEK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 29TH AVENUE NE HICKORY, NC 28801</b>		
(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 3	C 189	<i>See attached "Facility Plan of Correction" - Pages 2-3 - Section C189 for corrective action</i>	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on November 29, 2016:</p> <p>a. Corridor near Bedroom 105 - the self-contained emergency light did not illuminate on backup power when tested.</p> <p>b. Exterior porch at end of 800 Corridor - the self-contained emergency light did not illuminate on backup power when tested.</p> <p>c. Exterior porch at end of 600 Corridor - the self-contained emergency light did not illuminate on backup power when tested.</p> <p>d. Exterior porch at end of 300 Corridor - the self-contained emergency light did not illuminate on backup power when tested.</p> <p>e. Exterior porch at end of 200 Corridor - the self-contained emergency light did not illuminate on backup power when tested.</p> <p>f. Exterior porch at end of 000 Corridor - the self-contained emergency light did not illuminate on backup power when tested.</p>	C 189		

PRINTED: 01/04/2017  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL018011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FALLING CREEK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 29TH AVENUE NE HICKORY, NC 28601</b>		
(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 4 g. Exterior Porte-cochère - the self-contained emergency light did not illuminate on backup power when tested.  2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on November 29, 2016: a. Business Office Coordinator Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Executive Director Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.  3. Based on observation, the electrical system was not being maintained safe. Findings on November 29, 2016: a. Kitchen near Serving Window - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was burned on its upper part.  4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 29, 2016: a. Kitchen -since the semi-annual maintenance of the commercial kitchen hood's fire suppression system in March 2016, there has been no documentation of the monthly inspections.	C 189	See attached "Facility Plan of Correction" - Pages 2-3 - Section C189 for corrective action	

PRINTED: 01/04/2017  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL018011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>11/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FALLING CREEK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 29TH AVENUE NE HICKORY, NC 28601</b>		
(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 5  5. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on November 29, 2016: a. Bedroom 205 - the corridor door did not latch into its frame when closed.	C 189	See attached "Facility Plan of Correction" - Pages 2-3 - Section C189 for corrective action	
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 (a) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on November 29, 2016: a. Staff Toilet Room on Service Corridor near Kitchen - the exhaust ventilation system did not work, allowing a build-up of odors.	C 199	See attached "Facility Plan of Correction" - Pg. 3 - Section C199 for corrective action	

### Facility Plan of Correction:

The following is the Plan of Correction for Brookdale Falling Creek regarding the Statement of Deficiencies dated 11/29/16 . This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a 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 or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

#### **C111 Must have current san. & Fire & Safety Reports**

Section .0300 – Physical Plan 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.

Plan of Correction: The Annual Sprinkler System Inspection was completed by Simplex on 1/30/17.

#### **C150 Corridors – Free of Equipment and Obstructions**

Section .0300 – Physical plant 10A NCAC 13F .0305 Physical Environment

- (g) The requirements for corridors are:  
(4) Corridors shall be free of all equipment and other obstructions.

Plan of Correction: The Holiday decoration boxes which were restricting the 600 hall were removed on 12/27/16 by the Maintenance Tech. Executive Directory to verify in daily community walkthrough that hallway remains free of obstructions.

#### **C166 Housekeeping – Maintained Free of Hazards**

Section .0300 – Physical Plant 10A NCAC 13F .0306 Housekeeping and furnishings

- (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

Plan of Correction: The Maintenance Tech tightened and ensured the connections of the commode to the floor were secure on 1/11/17.

**C185 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.

Plan of Correction: A detailed fire plan including date, time, shift, detail of the type of rehearsal and staff members included was recorded beginning with the drill on 1/1/17 by the Maintenance Tech. A detailed rehearsal will be recorded for all fire plan rehearsals going forward, and records will be maintained in order in an orderly manner in the Executive Director's Office.

**C189 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 operation condition.
- (k) The rule shall apply to new and existing facilities with the exception of paragraph (3) which shall not apply to existing facilities.

Plan of Correction:

- 1 (a) The emergency light battery was replaced by the Maintenance Tech on 1/12/17. Maintenance Tech to test all emergency lights weekly to ensure they are in proper working order.
- 2 (b) The emergency light battery was replaced by the Maintenance Tech on 1/12/17. Maintenance Tech to test all emergency lights weekly to ensure they are in proper working order.
- 3 (c) The emergency light battery was replaced by the Maintenance Tech on 1/12/17. Maintenance Tech to test all emergency lights weekly to ensure they are in proper working order.
- 4 (d) The emergency light battery was replaced by the Maintenance Tech on 1/12/17. Maintenance Tech to test all emergency lights weekly to ensure they are in proper working order.
- 5 (e) The emergency light battery was replaced by the Maintenance Tech on 1/12/17. Maintenance Tech to test all emergency lights weekly to ensure they are in proper working order.



- 6 (f) The emergency light battery was replaced by the Maintenance Tech on 1/12/17. Maintenance Tech to test all emergency lights weekly to ensure they are in proper working order.
- 7 (g) The emergency light battery was replaced by the Maintenance Tech on 1/12/17. Maintenance Tech to test all emergency lights weekly to ensure they are in proper working order.
- 2 (a) The gap around the cable in the Business Office Coordinator office was firestopped on 1/10/17 by the Maintenance Tech  
(b) The gap around the cable in the Executive Director Office was firestopped on 1/10/17 by the Maintenance Tech
- 3 (a) The GFCI outlet in the kitchen near the serving window was replaced by the Maintenance Tech on 1/11/17.
- 4 (a) The commercial kitchen hood's fire suppression system inspection was completed on 1/14/17.
- 5 (a) The latch to the corridor for unit 205 was repaired by the Maintenance Tech on 1/13/17.

### **C199 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
- (5) Laundry areas

- (k) This rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

- 1 (a) The staff toilet room on the service corridor exhaust ventilation system was repaired by the maintenance tech on 1/16/17.