Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ HAL014014 03/22/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **56 N HIGHLAND AVENUE BROCKFORD INN GRANITE FALLS, NC 28630** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Construction Section Biennial Survey report by Frank Strickland on 03/22/2017: This facility was on licensed on 10/01/1977. A NFPA 13 Sprinkler system was installed and put in service on September 7, 2010. Based on this information, we are requiring the facility to meet the 1967 NC State Building Code, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required. C 160 C 160 Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain all exterior stair and handrail construction. Findings on 03/22/2017: The concrete steps at the front parking lot adjacent to the Special Care Unit have settled and are not level. Also, there is water standing at the base of the steps and the steel handrails are not secure.

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

TITLE (X6) DATE

Division	<u>of Health Service Re</u>	gulation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL014014	B. WING		03/2	2/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADI		DRESS, CITY, S	STATE, ZIP CODE				
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BROCKFORD INN GRANITE FALLS, NC 28630							
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C 189	Continued From page 1		C 189				
C 189	Building Equipment Maintained Safe, Operating		C 189				
	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 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, this facility has failed to maintain and service the emergency light units.						
	Findings on 03/22/2017: The emergency light unit #7 did not illuminate when tested in the emergency mode.						
	maintain the access emergency release interrupting power t	ations, this facility has failed to sibility for the on/off switch that is capable of o all electromagnetically lock al Locking System in the					
	electromageneticall	2017: acy release switch for all ly lock doors is not accessible ts are in front of the switch in					
		ation, this facility has failed to on in all penetrations of the g assemblies.					

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BROCKFORD INN 56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630												
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C 189	Findings on 02/22/2 A patch adjacent to penetrates the one- sealed with an non- removed located in	2017: the HVAC ductwork that -hour roof/ceiling assembly is -fire rated foam and needs to the Mechanical se openings shall be filled with	C 189									

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