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	
		HAL096026	B. WING	B. WING		03/22/2017	
AME OF F	PROVIDER OR SUPPLIER		T ADDRESS, CITY, S	TATE, ZIP CODE		00/22/2011	
BROOKE	DALE COUNTRY DAY	ROAD	OUNTRY DAY RO SBORO, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
	Report of a Biennial Construction Survey by Billy S. Bryant and Ed Miller conducted on 03/22/2017.						
	01/07/1997. The fa 104. Therefore the conformance with t Adult Care Homes applicable portions Edition of the North Institutional Occupa Licensing of Adult (	his facility was first licensed cility is currently licensed for facility was surveyed for the 2005 Rules for Licensing of Seven or More Beds and of the 1996 (1997 Revision the Carolina Building Code(s), ancy, and the 1996 Rules fo Care Homes of Seven or Mo e time of initial licensure.	r g of ) )				
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of	06 HOUSEKEEPING AN					
	This Rule is not me 1. Based on observice illings clean. Finding on 03/22/20 a. Of the first six ce and/or return air grid	eiling mounted HVAC exhau- illes examined all six were nt that would hamper their					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL096026	B. WING		03/	22/2017	
NAME OF F	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, ST	TATE, ZIP CODE			
BROOKE	DALE COUNTRY DAY	ROAD	OUNTRY DAY RO SBORO, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 166	Continued From pa	ige 1	C 166				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166				
	orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on observ maintained free from	06 HOUSEKEEPING ANI es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: vation the facility is not m hazards. The building coo	de				
	equipment must no Obstructing access delay timely operati Finding on 03/22/20 a. Main Electrical ro	d clearance of 36" for electri t be encroached upon. to electrical equipment cou ion in an emergency situatio 017: bom - Access to the electric d by items stored in front of	ld n. al				
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adu maintained in a safe and					

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		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL096026	B. WING		03/	22/2017
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		
RUUKI	ALE COUNTRY DAY	ROAD	UNTRY DAY RO			
		GOLDS	BORO, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	age 2	C 189			
	1. Based on observed maintain the facility safe operating cond corridor doors are r and latch in the even the smoke compart doors do not compl	et as evidenced by: vation there is a failure to d's fire safety equipment in a dition. Smoke resisting cross required to close completely ent of a fire. The occupants in tment could be effected if letely close and latch to help smoke or fire to the area of				
	magnetic hold oper	or - When released from thei n devices the cross corridor other which prevents them	r			
	not operate correct corridor doors are r	or - The door hardware does ly so that when the cross released from their magnetic the doors shut but do not lato				
	not operate correct corridor doors are	oor - The door hardware doe ly so that when the cross released from their magnetic the doors shut but do not lato	;			
	hardware does not the door from the la	or Laundry - The door operate correctly so that whe aundry area to the corridor t latch to remain closed.	en			
	maintain the buildin a safe operating co device that is used impediment to quic	vation there is a failure to ngs's fire safety components i ondition. Any unapproved to keep a door open is an kly closing a door to aid in and/or fire. The occupants in	in			

STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		E SURVEY PLETED	
		HAL096026	B. WING		03/	03/22/2017	
NAME OF F	PROVIDER OR SUPPLIER		ET ADDRESS, CITY, S	TATE, ZIP CODE			
BROOKE	ALE COUNTRY DAY	ROAD	COUNTRY DAY RO				
		GOL	DSBORO, NC 275	530			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 189	Continued From page 3		C 189				
	the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.						
	observed were pro furniture that indica	017: ix of the first ten doors pped open with wedges or ates there is a pattern of do kept open by unapproved					
	maintain the facility manner due to pen resistant rated ceili holes in fire resista the occupants of th	vation there is a failure to v's fire safety systems in a sub- netrations or gaps in the fire- ngs. Penetrations, gaps or nt rated ceilings could effe- tie facility by allowing fire ar- eyond the area of origin.	e ct				
	Findings on 03/22/2017: a. 2nd Floor "B" Side - There is an open bottom end of a sleeve for data cables that penetrates the fire resistant rated ceiling into the attic.						
	fire resistant ceiling	de - Where it is mounted to g there is a gap around the al exit sign's mounting brac					
	maintain electrical equipment in safe effect occupants of	vation the facility did not emergency/safety lighting operating condition. This co f the facility if egress paths inated during a power outa	and				
	emergency light did	2017: Room - The wall mounted d not operate on battery po I electrical power indictor o					
	b. Beauty Shop - T ealth Service Regulation	he wall mounted emergend	су				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL096026	B. WING		03/	22/2017
	PROVIDER OR SUPPLIER DALE COUNTRY DAY	BOAD 380 COU	DDRESS, CITY, ST	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	BORO, NC 275	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	light did not operate normal electrical po- c. 1st Floor, "B" Sid light that illuminates and the mounting b 5. Based on observ has not been maint Failure to maintain manner could effect to the unsafe condi Findings on 03/22/2 a. Marketing Office Office - Two electric one into the other e extension cords. b. Room #147 - The multiplung adapter plugged into a dupl Note: Corrected wh 6. Based on observ maintained free from bottles that are stor restraint to prevent knocked over. Oxyg stored may present the facility. Finding on 03/22/20 a. There is an oxyg of a dresser withou	<ul> <li>e on battery power nor was the ower indicator on.</li> <li>le, Front Exit - The exterior is the exit way does not work was a safe exit way does not work was a six outlet electrical equipment is a safe to the safety of person exposed to a safe manner.</li> <li>2017: &amp; Dining Service Director's cal power strips were plugged essentially serving as an</li> <li>ere was a six outlet electical without overcurrent protection ex outlet.</li> <li>without overcurrent protection ex outlet.</li> <li>without any means of them from falling or being gen bottles that are improperly a danger to the occupants of them from falling or being</li> </ul>	1			

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