

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/22/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE PEACHTREE MC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2814 PEACHTREE ROAD STATESVILLE, NC 28625</b>
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(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	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland on 03/22/2017:</p> <p>This facility was licensed on 03/17/1998 for Forty (40) Beds. Based on this information, we are requiring the facility to meet the 1996 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.</p> <p>Deficiencies have been cited and a Plan of Correction required.</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:</p>	C 101		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 101	Continued From page 1  1-Based on observations, this facility has failed to comply with the North Carolina State Building Code by not providing an on/off emergency release switch that must be cable of interrupting power to the electromagnetically locked doors that have special locking arrangements.  Findings on 03/22/2017: The front door is part of a special locking system that has an emergency release switch that operates momentarily.	C 101		
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 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 the corridor wall construction to prevent the passage of smoke.  Findings on 03/22/2017: There openings on each side of the emergency light base plate that is corridor wall construction in the Mechanical Room.  2-Based on observations, this facility has failed to maintain and service the emergency light units.	C 189		

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C 189	Continued From page 2  Findings on 03/22/2017: The emergency light unit in the Mechanical Room was removed for service but never replaced.	C 189		