

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/16/2017
NAME OF PROVIDER OR SUPPLIER  BROOKDALE FALLING CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 910 29TH AVENUE NE 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
(C 000)	Initial Comments  Report of Follow-up Survey by Dennis Harrell on 2-16-2017.  Some deficiencies were not corrected. Further action is required.	(C 000)		
(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 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. Findings on November 29, 2016 and 2-16-2017: b. Exterior porch at end of 800 Corridor - the self-contained emergency light did not illuminate on backup power when tested. c. Exterior porch at end of 600 Corridor - the self-contained emergency light did not illuminate on backup power when tested. d. Exterior porch at end of 300 Corridor - the self-contained emergency light did not illuminate on backup power when tested. e. Exterior porch at end of 200 Corridor - the self-contained emergency light did not illuminate	(C 189)	See attached Plan of Correction Summary Section: 10A NCAC 13F .0311 for corrective action	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE*Margaret Dupon*

TITLE

Executive Director 3/23/17

(X6) DATE

PRINTED: 03/03/2017  
FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER  BROOKDALE FALLING CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 910 29TH AVENUE NE HICKORY, NC 28601		
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(C 189)	Continued From page 1 on backup power when tested. f. Exterior porch at end of 000 Corridor - the self-contained emergency light did not illuminate on backup power when tested. 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.  New finding on 2-18-2017: Based on observation, several pieces of vinyl siding were missing or improperly attached.	(C 189)	Continued from page 1	