

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032065 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 04/13/2017 |
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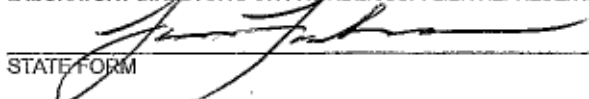
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| NAME OF PROVIDER OR SUPPLIER BROOKDALE DURHAM | STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704 |
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|--------------------|--|---------------|---|--------------------|
| C 000 | Initial Comments Report of a Biennial Construction Survey by Billy S. Bryant and Ed Miller conducted on 04/13/2017. Records indicate this facility was first licensed on 05/28/1997. The facility is currently licensed for 119 Beds including a 19 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS 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; This Rule is not met as evidenced by: 1. Based on observation the facility has not | C 101 | | |

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

TITLE

(X6) DATE



Executive Director 5/30/17

Division of Health Service Regulation

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| C 101 | Continued From page 1 complied with the code requirement for delayed egress exiting since the delayed egress sequence does not operate as required to be classified as delayed egress. Finding on 04/13/2017: a. 1st Floor Service Corridor - The exit door delayed egress operation is disabled and therefore does not operate as delayed egress. The magnetic lock is energized and the door only unlocks by using the keypad or upon activation of the fire alarm system. 2. Based on observation the facility has not complied with the code requirement for signage (PUSH THIS DOOR WILL OPEN IN 15 SECONDS) ALARM WILL SOUND) to be displayed on delayed egress exit doors. Finding on 04/13/2017: a. Install the required wording on all delayed egress exit doors. | C 101 | (1a) Install emergency bypass on rear service entrance door to disable magnetic door lock in place of delayed egress process until bypass is reset. Maintain the integrity of this system by daily and weekly tests of the bypass and entry systems tracked via TELS Computerized Maintenance Management System (CMMS). (2a) Install required signs (Push This Door Will Open in 15 Seconds Alarm Will Sound) sign on: - Special Care Unit door exiting to foyer - Door entering Special Care Unit from Primary Dining Room Continually monitor egress signs to ensure compliance standards are being met tracked via the TELS CMMS. | 5/26/17 5/26/17 |
| C 164 | Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the walls, and floors are not being kept clean and in good repair as | C 164 | | |

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| C 164 | Continued From page 2 evidenced by the findings. Findings on 04/13/2017: a. 1st Floor - Room 100 Bathroom - There is an active leak in the bathroom/ceiling wall causing the gypsum board and paint to deteriorate. b. 1st Floor, Dining Room - There is a small area of mold in the ceiling at a HVAC diffuser. c. 1st Floor Special Care Unit, Laundry - The floor covering at the floor drain is torn and presents a tripping hazard. d. Exterior, The exhaust for the laundry dryer is clogged with lint and there is a large accumulation of lint on the side of the building and on the ground in the courtyard. 2. Based on observation the facility does not meet the requirement to have no chronic unpleasant odors. Finding on 04/13/2017: a. 3rd Floor, Room 322 & 325 - There is a strong odor coming from the rooms that can be detected in the corridor area at the rooms that are adjacent to the cited rooms. | C 164 | (1a) Repair the active leak, Room 100 Bathroom ceiling gypsum board and paint. Ensure items such as this are being entered and monitored so they can be entered and completed in the TELS work order system (1b) Remove the 1 st Floor dining room ceiling mold area, repair and paint. (1c) Repair 1 st Floor Special Care Unit Laundry Floor to eliminate trip hazard. (1d) Clean the dryer exterior exhaust by removing lint from wall, ground and exhaust and line. Implement a semi-annual duct cleaning through private cleaning service to ensure ducts are being cleaned to eliminate this issue. (2a) Eliminate strong odor in the corridor between rooms 322 & 325 by cleaning a deodorizing both rooms carpets and monitor cleanliness to prevent odors penetrating into the corridor. Put this area on regular TELS CMMS schedule to be cleaned as to eliminate this and other odor issues in the corridors. | 6/2/17 5/9/17 6/2/17 6/2/17 6/2/17 |
| 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 | C 166 | | |

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| C 166 | <p>Continued From page 3 facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation there is a failure to maintain the facility free from hazards. Emergency means of egress/pathways must be kept clear of obstructions and encroachments and not used for storage. In the event of an emergency requiring evacuation from the facility, obstructing or encroaching on the means of egress/pathways could effect occupants of the facility by delaying evacuation.</p> <p>Finding on 04/13/2017: a. 3rd Floor, S.E. Stairwell - The large landing area is being used for storage.</p> <p>2. Based on observation the facility is not maintained free from hazards. The building code designated required clearance of 36" for electrical equipment must not be encroached upon. Obstructing access to electrical equipment could delay timely operation in an emergency situation.</p> <p>Finding on 04/13/2017: a. Resident Programs Coordinator Office - Access to the electrical panels is obstructed by items stored in front of the electrical panels.</p> <p>3. Based on observation the facility was not maintained free from hazards due to oxygen bottles that are stored without any means of restraint to prevent them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility.</p> <p>Finding on 04/13/2017: a. 3rd floor storage Room, 2nd Floor Wellness Room and Room 106 - Oxygen cylinders were</p> | C 166 | <p>(1a) Clear 3rd Floor SE Stairwell large landing area and maintain clear of obstructions. Maintain all corridors stay clear by doing daily and weekly sweeps of these areas to clear all obstructions.</p> <p>(2a) In Resident Program Coordinator Office clear area in front of Electrical Panels and maintain 36" clearance. Install demarcations on the floor and signs on electrical panels and do staff training to eliminate this issue in all areas of this nature.</p> <p>(3a) Restrain and/or remove Oxygen cylinders in Room 106, 3rd Floor Storage Room and 2nd Floor Wellness Room to prevent from falling over. Implement oxygen provider escort program to ensure all suppliers are being monitored to supply and store bottles as per requirement.</p> | <p>4/17/17</p> <p>4/17/17</p> <p>4/13/17</p> |

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| C 166 | Continued From page 4 stored standing upright and without any means of restraint to prevent them from falling over. | C 166 | | |
| 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 facility's fire safety exiting equipment (special Locking) is not maintained in operating condition. Failure to maintain fire safety exiting equipment in operating condition could effect occupants of the facility if the equipment did not operate properly to allow occupants of the facility to exit the facility in the case of an emergency requiring evacuation. Finding on 04/13/2017: a. 1st Floor - NW Stair Tower - When the panic hardware for the exit door leading into the stairwell was pushed to open the door the delayed egress sequence to de-energize the magnetic lock and release the door did not initiate. Note: the door did release by use of the keypad and when the fire alarm system wa activated. 2. Based on observation there is a failure to maintain the facility's fire safety systems in a safe | C 189 | (1a) Repair the 1 st Floor NW Stair Tower Magnetic Door Lock so the delayed egress sequence Initiates and as per requirement during normal operation. Do daily and weekly tests of all egress locking systems and document through the TELS CMMS system. | 4/18/17 |

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| C 189 | Continued From page 5 manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Findings on 04/03/2017: a. 1st Floor, Dining Room - The fire sprinkler head is missing its sprinkler escutcheon creating a hole where the sprinkler pipe penetrates the fire resistant rated ceiling. b. 1st Floor, Room 106 - There is an approximately a 1"x 4" hole in the closet. c. Boiler Room - there is an approximately 16"x 16" opening hole in the fire resistant rated ceiling made to access piping needing repair. d. Special Care Unit, Electrical Room Adjacent to Room 125 - There is an approximately 4"x 6" opening in fire resistant rated ceiling and there is a data cabling open ended sleeve through the ceiling. e. 2nd Floor Electrical Room Adjacent to Room 228 - There is a gap in the fire resistant rated ceiling were it is penetrated by CATV cabling. f. 2nd Floor - There is an approximately 10"x 18" hole in the ceiling of the Nurses' storage room. g. 2nd Floor - Electrical Room Adjacent to N.W. Stairwell - There are two holes, one approximately 2" in diameter, and one approximately 4"x 6" in the fire resistant rated ceiling. h. 2nd Floor, Storage Room by S.E. Stairwell - The fire resistant rated ceiling taped joint has split | C 189 | (2a) Replace the 1 st Floor Dining Room sprinkler escutcheon to restore the fire resistance rating. (2b) Restore the fire resistance rating in Room 106 by repairing the 1"x4" hole in the A-side bedroom closet. (2c) Repair the pipe leak in the ceiling of the Boiler Room and repair the 16"x16" opening in the ceiling to restore the fire resistance rating. (2d) Repair the 4"x6" ceiling opening in the Special Care Unit Electrical Room adjacent to Room 125 to restore the fire resistance rating. (2e) Repair the 2 nd Floor Electrical Room adjacent to Room 228 ceiling gap where the CATV cabling penetrates it to restore the fire resistance rating. (2f) Repair the 10"x18" hole in the 2 nd Floor Nurse's Storage to restore the fire resistance rating. (2g) Repair the 2" diameter and 4"x6" holes in the 2 nd Floor Electrical Room adjacent to the NW Stairwell to restore the fire resistance rating. (2h) Repair the ceiling tape joint in the 2 nd Floor Storage Room adjacent to the SE Stairwell to restore the fire resistance rating. | 4/28/17 6/2/17 6/2/17 6/2/17 6/2/17 5/26/17 5/26/17 5/26/17 |

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| C 189 | <p>Continued From page 6</p> <p>creating a separation crack in the ceiling.</p> <p>i. 3rd Floor Room 302 - The ceiling mounted exhaust fan has detached creating a gap around its perimeter in the fire resistant rated ceiling.</p> <p>j. 3rd Floor Common Restroom - The fire sprinkler head is missing its sprinkler escutcheon creating a hole where the sprinkler pipe penetrates the fire resistant rated ceiling.</p> <p>k. Room 316, Resident Bathroom - The fire sprinkler head escutcheon has dropped down creating a hole where the sprinkler pipe penetrates the fire resistant rated ceiling.</p> <p>3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device that is used to keep a door open is an impediment to quickly closing a door to aid in containing smoke and/or fire. The occupants in 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.</p> <p>Finding on 04/13/2017: a. There was a pattern of doors propped open with door wedges.</p> <p>4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Doors that open to corridors are required to close completely and latch in the event of a fire. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Finding on 04/13/2017:</p> | C 189 | <p>(2i) Repair gap around the perimeter of the exhaust fan cover in Room 302 bathroom to maintain fire resistance rating.</p> <p>(2j) Replace the sprinkler escutcheon in the 3rd Floor Common Bathroom to restore the fire resistance rating.</p> <p>(2k) Repair the Room 316 Bathroom sprinkler head escutcheon to restore the fire resistance rating.</p> <p>Do weekly and monthly facility walk through by maintenance staff to monitor and maintain any fire resistance rating issues. If issues exist enter into the TELS CMIMS to ensure work is completed.</p> <p>(3a) Eliminate doors being held open with door wedges. Do daily walkthroughs to eliminate door wedges and install magnetic door hold backs as needed to eliminate the need of door wedges.</p> | <p>5/26/17</p> <p>5/26/17</p> <p>5/26/17</p> <p>5/11/17</p> |

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| C 189 | <p>Continued From page 7</p> <p>a. 2nd Floor - Wellness Center - Doors do not completely close and latch to remain shut.</p> <p>5. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Finding on 04/13/2017: a. Occupational Therapy Room - The wall mounted emergency light did not operate when tested on battery power.</p> <p>6. Based on observation the electrical equipment has not been maintained in a safe manner. Failure to maintain electrical equipment in a safe manner could effect the safety of person exposed to the unsafe condition.</p> <p>Finding on 04/13/2017: a. Room 105 - The wall mounted GFCI electrical outlet did not trip when tested.</p> | C 189 | <p>(4a) Repair 2nd Floor Wellness Center door so that it completely closes and remains latched. Monitor all doors continually to ensure proper function and closure status.</p> <p>(5a) Repair the Occupational Therapy Room wall mounted emergency light to operate on battery backup during power interruptions. Utilize TELS CMMS to schedule monthly tests of this and all other emergency exit systems to ensure they are in proper working order.</p> <p>(6a) Replace Room 105 GFCI electrical outlet so that it trips when tested. Do routine tests of room GFCI outlets in the monthly room checks by managers and staff. Utilize the TELS CMMS to create work orders to ensure problems such as this are repaired.</p> | <p>6/2/17</p> <p>6/2/17</p> <p>6/2/17</p> |
| C 199 | <p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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</p> | C 199 | | |

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| C 199 | <p>Continued From page 8</p> <p>(5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation the facility failed to provide the required exhaust ventilation equipment in spaces required to be mechanically exhausted by rule.</p> <p>Findings on 04/13/2017: a. The following areas/rooms were not mechanically exhausted. 1st, 2nd, and 3rd Floor - The central exhaust system is not working.</p> <p>1st Floor - Special Care Unit - The central exhaust system is not working.</p> <p>1st Floor - Special Care Unit Laundry - The room's exhaust system is not working.</p> <p>1st Floor - Service Corridor, Utility Room - The room's exhaust fan is not working.</p> <p>2nd Floor, Bio Hazard Room - The room's exhaust fan is not working.</p> <p>3rd Floor Laundry - The room's Exhaust fan is not operating.</p> <p>3rd Floor, Storage Room - The room's Exhaust fan is not operating.</p> | C 199 | <p>(1a) Repair required mechanical exhaust ventilation in the following areas:</p> <ul style="list-style-type: none"> - 1st, 2nd, 3rd and 1st Floor Special Care Unit Central Exhaust - 1st Floor Special Care Unit Laundry Exhaust - 1st Floor Utility Room Exhaust - 2nd Floor Bio-hazard Room Exhaust - 3rd Floor Laundry Room Exhaust - 3rd Floor Storage Room Exhaust <p>Do weekly and monthly checks on the mechanical air extraction systems to ensure they are functioning properly. Utilize the TELS CMMS to create work orders to ensure problems such as this are repaired.</p> | 5/17/17 |