STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	` '	(X3) DATE SURVEY COMPLETED	
		HAL092027	B. WING		08/1	17/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE MACARTHUR P	ARK 111 MAC. CARY, N	ARTHUR DRI C 27513	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Frank Strickland and This facility was first 80 beds. Based on required to meet the of Adult Care Home the 2005 Rules for More Beds, and the Building Code Sect	een cited and a Plan of				
C 136	C 136 Bathrooms-Must Be Mechanically Ventilated		C 136			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation;					
	provide an environr Rule by not providir generated. This cou	et as evidenced by: ation, this facility failed to nent in accordance with this ng ventilation where odors are uld affect residents and staff to house-keeping odors.				
	Findings on 08/17/2017: The mechanical exhaust fans are not exhausting interior air in the following locations: (a) Housekeeping Closet/First Floor (b) Spa/Second Floor					

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

(X6) DATE TITLE

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	
HAL092027		B. WING		08/17/2017		
				STATE, ZIP CODE	1 00	•
BROOK	DALE MACARTHUR P	ARK 111 MACA CARY, NO	ARTHUR DRI 27513	VE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CO		(X5) COMPLETE DATE
C 136	Continued From pa	ge 1	C 136			
	(c) Rest Room adja Floor (d) Unisex Bathroom	ncent to Activity Room/Second				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	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, this facility has failed to maintain and service the lay-in ceilings in all spaces.					
	Finds on 08/17/2017: The lay-in ceiling tile and grid is damaged located in the right-hand side in the First Floor Laundry.					
C 166	Housekeeping-Main	ntained Free of Hazards	C 166			
	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 facilities.  This Rule is not met as evidenced by:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
HAL092027		B. WING		08/17/2017		
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	,	•
			ARTHUR DR C 27513	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 166	Continued From pa	ige 2	C 166			
	1-Based on observation, this facility has failed to maintain, clean and service it's Kitchen equipment.					
	Findings on 02/21/2017: The Kitchen range and exhaust hood have the following health/safety issues: (a) There is grease running down the sidewalls of the range and dripping on the floor. (b) The range exhaust hood has grease build-up on all the surfaces over the cooking surfaces. (c) The stove top grates have excessive grease build-up.					
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.					
	have emergency pu	et as evidenced by: ation, this facility does not ulls that are easily accessible mergency for fire alarm				
	Findings on 08/17/2017: The emergency pull station is further than 5 feet from the front door and is located in the corner behind furniture which makes accessibility questionable.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
		D. WING				
		HAL092027	B. WING		08/1	7/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE MACARTHUR P	ARK	ARTHUR DRI	VE		
		CARY, NO	27513			1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	maintained in a safe because the noted preventing the cont from the room of or residents and staff  Findings on 08/17/2 The following doors not latch:  (a) Smoke doors or (b) Kitchen door on (c) Private Dining R (d) Library Door/First (e) Room 205  (f) Cross Corridor Dearber/Beauty Shop (g) Bathroom adjact Coordinator/First FI (h) Med Room/First 3-Based on observations and the fire alarm Finds on 08/17/201 There is a card play on the Second Floorare adjacent to the coridoor doors. One of the door swing pland latch.  4-Based on observations and latch.	are out of adjustment and do  a Magnolia Side Magnolia Sid				

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The Unisex Bathrooms on the First and Second

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Division of Fleatin Service (Negulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
		HAL092027	B. WING	<u> </u>	08/1	7/2017
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DDOOK	DALE MAGARITHER R	111 MACA	RTHUR DRI	VE		
BROOKI	DALE MACARTHUR P	CARY, NO	27513			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
		uare in the door frames and ht fit to resist the passage of				
	5-Based on observation, this facility has failed to provide fire protection for all electrical conduit floor, ceiling and coridor wall penetrations that are fire rated roof/ceiling assemblies.					
	Findings on 08/17/2017: There are electrical conduit wiring penetrations that have incomplete fire-protection at the following locations:  (a) Data Closets on the First and Second Floors (b) Fire Alarm Control Panel conduits penetration the ceiling in the Main Mechanical Room.					
	6-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.					
	rod installations and	2017: ock has voids from threaded d damage due to water st Floor Mechanical Room.				
	ensure that working	ation, this facility has failed to g clearances are maintained in de of electrical service panels.				
		electrical is restriced by the the Residential Wash Room				
8-Based on observation, this facility has failed to						

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Division	Division of Health Service Regulation								
AND DI AN OF CORRECTION . IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED					
HAL092027		B. WING		08/17/2017					
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
BROOK	DALE MACARTHUR P	PARK 111 MAC. CARY, N	ARTHUR DRI C 27513	VE					
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C 189	Continued From pa	ige 5	C 189						
	ensure that all room combustible stored	ns and spaces are free of materials.							
		7: combustible material stored or cated in the First Floor							
		ation, this facility has failed to trical junction and control ecured.							
		box that does not have cover rst Floor Mechanical Room at							
	10-Based on observation, this facility has failed to maintain sprinkler head installation at all required areas.								
	in place or out of polocations:	s have ecutcheons that are not osition at the following Tower/Second Floor							
	maintained in a safe of oxygen cylinders	vation, this facility has not e manner by improper storage . This could affect all by potentially exposing them of tured cylinder.							
	Finndings on 08/17/2017: There are oxygen bottles in Room 208 that are not secured to the structure or stored in approved racks.								

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