

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/06/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE REYNOLDA ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2980 REYNOLDA ROAD WINSTON SALEM, NC 27106</b>
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Ed Miller on July 6, 2017.</p> <p>Records indicate that the Facility was first licensed on July 2, 1996 for Seventy-Two (72) Beds. Based on the above information, the facility is required to meet the 1996 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group</p> <p>Deficiencies were cited that require a Plan of Correction.</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

*Beverah Ramsey, Executive Director*

TITLE

(X6) DATE

*8-2-17*

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C 101	Continued From page 1  1. Based on observation, the Building does not meet code requirements for Delayed Egress Locking System, when last modified. Findings on July 6, 2017: a. Right Front Exit - a force greater than 15 pounds applied to the delayed egress door's releasing device, for more than three seconds, did not initiate an irreversible process to release the door. The door did unlock on fire alarm system activation.	C 101	Delayed egress doors will be repaired to assure proper operation.	7/10/17
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on record review, and interview with Maintenance Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on June 27, 2017: a. Records indicate that the last annual Fire Marshal Inspection Report was performed on May 18, 2016.	C 111	Will have annual fire inspection completed timely Inspection held on 7/12/17	7/12/17
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166	Designated exhaust fan radiation dampers will be cleaned of dust/lint . Completed 7/25/17 Oxygen tanks will be properly stored. Both were completed 7/13/17	7/25/17  7/13/17



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C 183	Continued From page 3  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on July 6, 2017: a. Basement - the last annual maintenance check of this portable fire extinguisher was last performed in March 2016.	C 183		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Manager, fire drill rehearsals are not being done regularly with at least one per shift each quarter. This deficiency affects all by not having trained staff and trained/cooperative	C 185	Fire drills will be conducted on every shift on a quarterly basis. There will be documentation of what was involved during the fire drill completed.	7/7/17

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C 185	<p>Continued From page 4</p> <p>residents when there is a need to evacuate the building.</p> <p>Findings on July 6, 2017:</p> <p>a. In the 2nd quarter of the 12 months, there was no rehearsal done during the 3rd shift</p> <p>b. In the 3rd quarter of the 12 months, there was no rehearsal done during the 2nd shift.</p> <p>2. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Manager the facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses.</p> <p>Findings on July 6, 2017:</p> <p>a. The fire plan rehearsal records included date, time, shift, and staff members present but little to no description of what the rehearsal involved.</p>	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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:</p> <p>1. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin.</p> <p>Findings on July 6, 2017:</p>	C 189		

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C 189	Continued From page 5  a. Electrical Room across from Bedroom 22 - the escutcheon plates on the makeup air ducts are missing, exposing a hole through the one-hour fire-resistance-rated ceiling assembly. b. Mech Room across from Laundry - there are three conduits with wiring bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. Some fire sealant has been used but new cables have been installed/remove altering the pervious sealant protection. c. Mech Room across from Laundry - there was an open-ended sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Med Room - there is a hold not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Kitchen Mech Room - there is a gap around a refrigerant line not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. Med Room - there is a gap around a gas pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.  2. Based on observation, the interior doors were not maintained in a safe and operating condition. This could affect all by not containing smoke and fire in the room of origin. Findings on July 6, 2017: a. Bedroom 38 - the corridor door did not latch into its frame when closed. b. Bedroom 38 - a door wedge was found behind the corridor door. A wedge can prevent the rapid release of the door with a light push or pull of the door, to close and latch.	C 189	Designated escutcheon plates will be replaced Designated cables/wiring/gaps/holes in walls will be repaired with appropriate fire stopping material. Indicated doors will be repaired assuring appropriate latching into frame.	7/25/17
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT	C 199		

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C 199	<p>Continued From page 6</p> <p><b>10A NCAC 13F .0311 OTHER REQUIREMENTS</b></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:</p> <p>(1) soiled linen storage;</p> <p>(2) soil utility room;</p> <p>(3) bathrooms and toilet rooms;</p> <p>(4) housekeeping closets; and</p> <p>(5) laundry area.</p> <p>(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:</p> <p>1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors.</p> <p>Findings on July 6, 2017:</p> <p>a. Bedrooms 16 through 28 Bathrooms - the central exhaust ventilation system did not work. On the last room checked, the system had begun to work. A recheck of pervious rooms revealed that the system was now working. Check system for reliability.</p>	C 199	<p>Designated hall exhaust ventilatio9n system will be repaired/replaced assuring proper working condition. completed 8/1/17</p> <p>The Executive Director/Maintenance Technician will do bimonthly building surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, then randomly thereafter.</p>	8/1/17