

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>hal041062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LAWDALE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4400 LAWDALE DRIVE GREENSBORO, NC 27455</b>
---	---

(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>Report of a Construction Section Biennial Survey by Suzanna Fay and Billy Bryant conducted on September 14, 2017.</p> <p>Records indicate this facility was first licensed on June 2, 1997. The facility is currently licensed for 118 Beds including a 25 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, the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1996 Edition of the North Carolina Building Code, Institutional Occupancy.</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 \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>hal041062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LAWDALE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4400 LAWDALE DRIVE GREENSBORO, NC 27455</b>
---	---

(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 101	Continued From page 1  1. Based on observations, the facility does not meet the North Carolina State Building Code at the time of construction or renovation.  Findings on September 14, 2017: a. The front entry doors operate on a delayed egress from 8:00 pm to 8:00 am. The doors were not Equipped with the Building Code required sign reading: Push until alarm sounds. door can be opened in 15 seconds. b. The facility has a button at the nurse station labeled 'Door Locks kill switch'. The override button did not release the magnet locking devices when activated. A manual override switch is not required for delayed egress doors and should either be removed if not in working order or, if the facility determines that the override switch should remain, then the switch must be maintained operational.	C 101		
C 107	Initial Licensure-Meet NCSBC  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as an adult care home shall meet the requirements of the North Carolina State Building Code for new construction. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for I-2 Institutional Occupancy if the facility houses 13 or more residents or the North Carolina State Building Code requirements for Large Residential Care Facilities if the facility houses seven to twelve residents. The North Carolina State Building Code, all applicable volumes, which is incorporated by reference, including all subsequent amendments may be	C 107		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>hal041062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LAWDALE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4400 LAWDALE DRIVE GREENSBORO, NC 27455</b>
---	---

(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 107	<p>Continued From page 2</p> <p>purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). The facility shall also meet all of the rules of this Section.</p> <p>(b) Each facility shall be planned, constructed, equipped and maintained to provide the services offered in the facility.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observations, the facility did not equip and maintain the building per the North Carolina State Building Code at the time of construction.</p> <p>Findings on September 14, 2017:</p> <p>a. The front entry doors operate on a delayed egress from 8:00 pm to 8:00 am. The doors were not labeled to indicate this operation. Interview with Staff indicated that they had been waived this requirement by the local official.</p> <p>b. The facility has a master manual override button for the exit doors. The override button did not release the magnet locking devices when activated. A manual override switch is not required for delayed egress doors and should be removed if not in working order. If the facility determines that the override switch should remain, then the switch must be maintained operational.</p>	C 107		
C 143	<p>Janitor's Closets-Locked</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(f) The requirements for storage rooms and closets are:</p>	C 143		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>hal041062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LAWDALE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4400 LAWDALE DRIVE GREENSBORO, NC 27455</b>
---	---

(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 143	<p>Continued From page 3</p> <p>(B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, two utility closets containing cleaning agents were not kept locked.</p> <p>Findings on September 14, 2017: a. Neither of the utility closets across from Room 49 were locked at the time of this survey. No Staff were present in the vicinity around the closets.</p>	C 143		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the doors were not kept in good repair in one location.</p> <p>Findings on September 14, 2017: a. Claire Bridge - Room 4 - the door hardware was very loose at the closet door.</p>	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>hal041062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LAWDALE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4400 LAWDALE DRIVE GREENSBORO, NC 27455</b>
---	---

(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 166	<p>Continued From page 4</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of all hazards.</p> <p>Findings on September 14, 2017: a. Room 23 - one unsecured oxygen tank was sitting on the floor by the oxygen rack. The rack was full.</p>	C 166		
C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS</p> <p>All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: 1. The facility did not maintain the ground fault interrupters at all wet locations.</p> <p>Findings on September 14, 2017: a. Beauty Salon - the GFCI did not trip when tested. b. Claire Bridge Shower room - the GFCI outlet by the door was faulty. It tripped each time the tester was inserted into the socket without manually tripping the outlet.</p>	C 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>hal041062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LAWDALE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4400 LAWDALE DRIVE GREENSBORO, NC 27455</b>
---	---

(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 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 fire safety equipment was not maintained in a safe and operating condition.</p> <p>Findings on September 14, 2017:</p> <p>a. Room 56 bath - the radiation damper had activated at the exhaust fan, closing off the fan so that it no longer vented.</p> <p>2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on September 14, 2017:</p> <p>a. Mechanical Room/Maintenance Office - the ceiling around the duct penetration at Unit 6 has deteriorated. The sheetrock finish and tape is peeling away around the flange.</p> <p>b. Laundry Room - the sheetrock around the dryer vent opening is damaged and separating, creating gaps between the joints.</p> <p>c. There was a pattern of nail pops penetrating the ceiling finish throughout the facility.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>hal041062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LAWDALE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4400 LAWDALE DRIVE GREENSBORO, NC 27455</b>
---	---

(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 189	<p>Continued From page 6</p> <p>d. Mechanical Room by Room 39 - the cable sleeves were not fire caulked. This item was corrected during the survey.</p> <p>e. Corridor outside of Room 36 - the ceiling was damaged around the sprinkler head leaving an opening in the fire rated ceiling assembly. This item was corrected during the survey.</p> <p>f. Claire Bridge - Mechanical Room by Beauty Shop - there is a gap in the ceiling around the sprinkler head.</p> <p>3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. 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 from the area of origin.</p> <p>Findings on September 14, 2017:</p> <p>a. Discovery Room - the right leaf of the corridor doors hits the left leaf and did not close and latch.</p> <p>4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not operate properly to provide the required protection.</p> <p>Findings on September 14, 2017:</p> <p>a. Office Supply Closet - items were stored within 18 inches of the sprinkler head. The items were removed at the time of survey.</p> <p>5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. To be able to resist the passage of smoke resident room doors must not have gaps between the door and the door frame</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>hal041062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LAWDALE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4400 LAWDALE DRIVE GREENSBORO, NC 27455</b>
---	---

(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 189	Continued From page 7  stops.  Findings on September 14, 2017: a. Claire Bridge - Laundry room - there is a gap at the top of the corridor door.	C 189		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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 (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.  This Rule is not met as evidenced by: 1. Observations revealed that the exhaust ventilation was not maintained operable at the rate of two cubic feet per minute per square foot.  Findings on September 14, 2017: a. Claire Bridge - Spa - the exhaust fan was not working.	C 199		