

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/23/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FOREST CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>493 PINEY RIDGE ROAD FOREST CITY, NC 28043</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 Construction Section Biennial Survey by Dennis Harrell on 8-23-2017.</p> <p>Records indicate this facility was first licensed on 5-27-1997, as a HA for 76 Beds including a 22 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1996 (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.</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: Based on observation, some of the Delayed</p>	C 101		

Division of Health Service Regulation

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

*Linda Sharp*

TITLE

*Executive Director*

(X6) DATE

*10/6/2017*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/23/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FOREST CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>493 PINEY RIDGE ROAD FOREST CITY, NC 28043</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  Egress exit doors failed to comply with Section 1012.6.2 of the 1996 NC State Building Code. Section 1012.6.2 requires a sign shall be provided on each locked door adjacent to the release device that reads "PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND." Findings include: a. There was no sign provided on the Delayed Egress service entrance exit. b. The signs provided at the front exit door, dining room exit door and some other exits was posted on the wall above the door.	C 101	Required sign placed on door of service entrance, front exit door and dining room exit door.	9/30/17
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 facilities.  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: a. Several (11) portable medical oxygen cylinders were stored in an unapproved cardboard box or in no container in room 103. b. One portable medical oxygen cylinder was stored in no container in room 101.	C 166	Ongoing daily, weekly, monthly observation to ensure working properly -  Now and going forward with ANY/ALL new orders for O <sub>2</sub> the Health & Wellness Director will contact DME Provider for proper storage purchase tank holder for O <sub>2</sub> cylinders in Room 103 Anchor portable cylinder contain to wall Room 101	9/30/17



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/23/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FOREST CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>493 PINEY RIDGE ROAD FOREST CITY, NC 28043</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	Continued From page 2  2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding includes; Linens had been stacked all the way to the ceiling in closet off the Clarebridge laundry. Note; This deficiency was corrected during the survey.	C 166	<i>Ongoing training/observation to ensure ALL storage meets required standard 9/3/17</i>	
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: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	<i>Ongoing fire drills documentation will include date, time, shift, staff members names, Add a description of what was involved in the rehearsal. Executive will follow up and review all documentation with each fire drill -</i>	9/30/17
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/23/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FOREST CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>493 PINEY RIDGE ROAD FOREST CITY, NC 28043</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 3</p> <p><b>REQUIREMENTS</b></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 observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings include:</p> <p>a. The exit sign in the therapy room was not illuminated.</p> <p>b. The combination emergency light/exit sign near the maintenance office did not work on battery when tested.</p> <p>2. Based on observation, the battery powered emergency light in the corridor near room 306 would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>3. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include:</p> <p>a. The 3/4 hour fire barrier doors in Special Care are damaged and not closing completely when</p>	C 189	<p>Ongoing daily, monthly observation / check to ensure working properly</p> <p>— All exit signs will be repaired / replaced to proper / safe working condition as required C 189</p> <p>— Emergency light in the corridor near 306 will be repaired / replaced to a proper / safe working condition</p> <p>— Fire door will be repaired to proper closing when activated</p>	<p>9/30/17</p> <p>9/30/17</p> <p>9/30/17</p>



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/23/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FOREST CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>493 PINEY RIDGE ROAD FOREST CITY, NC 28043</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 4</p> <p>activated by the fire alarm system.</p> <p>b. Both sets of double doors to the dining room do not latch when closed.</p> <p>c. The door to room 407 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>d. The door to room 408 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <p>a. Holes in the ceiling of the outside mechanical room,</p> <p>b. Hole in the ceiling of the storage room on #1 Hall,</p> <p>c. Hole in the wall in room 202,</p> <p>d. Excessive build-up of lint on the ceiling radiation damper in the exhaust vent in the resident laundry on #3 Hall could prevent the damper from closing properly in the event of a fire.</p>	C 189	<p>Automatic door latch to be Applied to both double doors.</p> <p>Weather stripping Applied to both 407 + 408 AS, recommended by building inspector - C 189</p> <p>Holes in ceiling of outside mechanical room, storage room on #1 hall, and hole in Room 202 will be repaired with the proper approved materials.</p> <p>Excessive lint build up removed in laundry room on #3 Hall and will continue with scheduled preventative maintenance C 189</p>	<p>9/30/17</p> <p>9/30/17</p> <p>9/30/17</p> <p>9/30/17</p>