

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2017
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NAME OF PROVIDER OR SUPPLIER BROOKDALE UNION PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 PATTERSON AVENUE MONROE, NC 28112
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay and Dennis Harrell conducted on October 11, 2017.</p> <p>Records indicate this facility was first licensed on August 16, 1996. The facility is currently licensed for 87 Beds. Therefore the facility was surveyed for conformance with the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1991 (with revisions) Edition of the North Carolina Building Code, Institutional Occupancy.</p> <p>Deficiencies were cited which require a plan of corrections.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire safety inspection reports at the time of survey.</p> <p>Findings on October 11, 2017: a. A current copy of the fire official's annual inspection report was not available for review.</p>	C 111	<p>A current copy of the fire official's annual inspection report dated 11/14/17 available for review.</p>	11/14/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

STATE FORM 6899 HPZJ21 If continuation sheet 1 of 8
Cemi James, COAL, ED 11/14/17

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C 164	Continued From page 1	C 164		
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:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the walls of the facility were not kept clean and in good repair.</p> <p>Findings on October 11, 2017:</p> <p>a. Mechanical room off of dining - there is a large patch of mold at the base of the back wall.</p> <p>b. Med Room closet - a 4" section of the wall was removed at the base of the left wall.</p>	C 164	<p>Mold cleaned off with bleach water solution of the back wall</p> <p>Replaced the dry wall at the base of the wall.</p>	<p>11/1/17</p> <p>11/9/17</p>
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility was not maintained free of hazards. Oxygen bottles that are improperly stored may present a danger to</p>	C 166		

Division of Health Service Regulation

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C 166	Continued From page 2 the occupants of the facility. Findings on October 11, 2017: a. Oxygen Storage - there was one unsecured oxygen bottle. Eight bottles were improperly stored in a plastic beverage container and six bottles were stored in a cardboard carrying case. 2. Observations revealed that the facility was not maintained free of hazards. Findings on October 11, 2017: a. Exit door by Room 51 - the metal strip at the base of the door was bent and pulling away from the door. This could cause injury to the residents, staff or visitors. b. Spa East Hall - the toilet paper dispenser is broken leaving a hard metal edge that could cause injury to the residents.	C 166	<i>Oxygen company informed to provide proper storage container for oxygen tanks. Containers replaced and now secure.</i> <i>resecured metal strip at the base of the door by room 51</i> <i>replace toilet paper dispenser in Spa East Hall.</i>	<i>11/1/17</i> <i>10/25/17</i> <i>11/1/17</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:	C 185		

Division of Health Service Regulation

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C 185	Continued From page 3 1. Review of records revealed that the facility did not conduct fire rehearsals on each shift per quarter and they facility failed to maintain copies of the records for review. Findings on October 11, 2017: a. The facility could only locate fire rehearsal documents for five of the last twelve months. b. All of the fire rehearsal drills found were conducted on the first shift only.	C 185	Fire rehearsals will be conducted on each shift per quarter and will maintain copies of the record for review.	11/8/17
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 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. Findings on October 11, 2017: a. Kitchen - the door separating the kitchen and dining would not close due to a rubber floor mat at the doorway. The mat was relocated during the survey. b. Sales Manager's Office - has a kickdown	C 189	Fire rehearsal conducted on 2nd shift 10/27/17 and fire rehearsal conducted on 3rd shift 11/8/17 records maintained at facility. Mat was removed during survey Kickdown removed from door face.	10/11/17 11/13/17

Division of Health Service Regulation

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C 189	<p>Continued From page 4</p> <p>attached to the door face.</p> <p>c. Room 7 - the door was propped open using a trash can.</p> <p>2. 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 exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on October 11, 2017:</p> <p>a. Library - the right corridor door does not latch.</p> <p>b. Room 33 - the hinge on the corridor door is loose making it difficult to close.</p> <p>c. PT Room - the exterior door is dragging on the threshold and is difficult to open.</p> <p>d. PT Room - the corridor door, left leaf, does not latch.</p> <p>3. 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 October 11, 2017:</p> <p>a. Kitchen pantry - the sprinkler head escutcheon plate at the back wall has dropped leaving a gap in the ceiling.</p> <p>b. Mechanical Room by 18 (Hall 2 East) - two water pipe penetrations were not sealed.</p> <p>c. Med Room closet - the sprinkler head escutcheon plate has dropped leaving a gap in the ceiling.</p> <p>d. Laundry Room - the main dryer duct has dropped and the fire caulk has separated from the ceiling.</p>	C 189	<p>replaced hinges on door room 7.</p> <p>A. adjusted door to latch in Library 11/1/17</p> <p>B. adjusted and tighten hinge on door rm 33 11/1/17</p> <p>C. tighten screw in kick plate at PT room 11/1/17</p> <p>D. PT room door adjusted to latch. 11/1/17</p> <p>A. Escutcheon re-installed properly to ceiling and fire caulked 11/8/17</p> <p>B. Two water pipe penetrations fire caulked 11/8/17</p> <p>C. Escutcheon re-installed properly to ceiling and fire caulked. 11/8/17</p> <p>D. Dryer duct fire caulked to ceiling. 11/8/17</p>	

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C 189	<p>Continued From page 5</p> <p>e. Mechanical off of Medical Room 1 - there is a small hole at the sprinkler escutcheon plate.</p> <p>f. Mechanical off of Medical Room 1 - the ceiling over Unit #5 has water damage. The finish is separating and there are mildew stains.</p> <p>4. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection.</p> <p>Findings on October 11, 2107:</p> <p>a. Kitchen ansul system - the staff were not conducting and recording the monthly checks of the fire ansul system.</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 exit signs indicating the location of exit paths could not be seen in the event of an emergency evacuation.</p> <p>Findings on October 11, 2017:</p> <p>a. The exit light/sign at Room 2 did not light on battery test.</p>	C 189	<p>E. Escutcheon re-installed properly to ceiling and fire checked. 11/8/17</p> <p>F. Water damage repaired to ceiling over unit 5 11/8/17</p> <p>A. Hood to be inspected and cleaned on 11/21/17 and maintenance will complete monthly safety checks. 11/14/17</p> <p>A. Replaced battery at room 2 exit light/sign 10/31/17</p>	
C 191	<p>Unvented & Portable Elec. Heaters Prohibited</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking</p>	C 191		

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C 191	<p>Continued From page 6</p> <p>appliances.</p> <p>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.</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. Observations revealed that the facility had one unvented portable electric heater.</p> <p>Findings on October 11, 2017:</p> <p>a. Med Room closet - one unvented portable electric heater was on the floor of the closet. Interview with Staff revealed that the heater had been removed from a resident's room and they were waiting on the family to pick it up.</p>	C 191	<p>A. Electric heater removed by resident family member.</p>	10/31/17
C 195	<p>Hot Water System</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).</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 hot water temperature was not maintained between 100</p>	C 195		

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C 195	<p>Continued From page 7 and 116 at all fixtures used by residents.</p> <p>Findings on October 11, 2017:</p> <ul style="list-style-type: none"> a. Dining Room toilet - the water temperature was 121 degrees Fahrenheit. b. Spa East Hall - the water temperature was 128 degrees Fahrenheit. c. Room 46 - the water temperature was 126 degrees Fahrenheit. 	C 195	<p><i>Plumbing company in process of repairing mixing valve to maintain water temp infidelity</i></p>	<p><i>11/14/17</i></p>