

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/18/2017
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NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043
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(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}	Initial Comments Report of Biennial Follow Up Construction Survey by Dennis Harrell on 10-18-2017. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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, 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 on 8-23-2017 and 10-18-2017: a. The exit sign in the therapy room was not illuminated. b. The combination emergency light/exit sign near the maintenance office did not work on battery when tested.	{C 189}	Exit signs replaced and 11/1/17 in proper working order. Ongoing preventative maintenance to ensure continuous working order.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Linda Shoup</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>11/8/17</i>
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