PRINTED: 12/11/2017 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ HAL092027 11/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE **BROOKDALE MACARTHUR PARK** CARY, NC 27513 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Biennial Follow Up Construction Survey by Billy S. Bryant and Suzanna Fay conducted on 11/09/2017... There are deficiencies from the Biennial Construction Survey that remain to be corrected. {C 136} Bathrooms-Must Be Mechanically Ventilated {C 136} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1. 1984, with natural ventilation; This Rule is not met as evidenced by: 1. Based on observation the facility failed to provide exhaust ventilation. This could effect occupants of the facility if odors were to permeate the facility's occupied areas beyond these rooms. Findings on 11/09/2017: The mechanical exhaust fans are working in the following locations: a. Housekeeping Closet/First Floor b. Spa/Second Floor c. Rest Room adjacent to Activity Room/Second Floor d. Unisex Bathroom/Second Floor (C 189) Building Equipment Maintained Safe, Operating {C 189} SECTION .0300 - PHYSICAL PLANT

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

TITLE (X6) DATE

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		D. WING		R		
HAL092027		B. WING		11/09/2017		
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE MACARTHUR PARK  111 MACARTHUR DRIVE						
CARY, NC 27513						
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{C 189}	Continued From page 1		{C 189}			
	mechanical, and plucare home shall be operating condition. (k) This Rule shall facilities with the exwhich shall not appoint the pull station is not finding on 11/09/20 a. The emergency part of the pull station is not finding on 11/09/20 a. The emergency part of the pull station is not finding on 11/09/20 a. The emergency part of the pull station is not finding on 11/09/20 a.	and all fire safety, electrical, cumbing equipment in an adult maintained in a safe and apply to new and existing apply to new and existing apply to existing facilities.  Let as evidenced by: ration, in the event of an g activation of the pull station of easily accessible.  217:  Dull stationat the front door is behind furnishings which				
	maintained in a safe Doors that do not la closed may not pre- smoke from the roo	ration, this facility is not e and operating condition. atch to remain shut when went the spread of fire and/or om of origin. This could affect aff located in the smoke e event of a fire.				
	Findings on 11/09/2 The following doors not latch: a. Private Dining Ro	are out of adjustment and do				
	Second Floors are	rooms on the First and out of square in the door provide a tight fit to resist the fire.				

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