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 B. WING HAL032016 11/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2220 FARMINGTON DRIVE **BROOKDALE CHAPEL HILL AL (NC)** CHAPEL HILL, NC 27514 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 Construction Section Biennial Survey by Billy S. Bryant and Suzanna Fay conducted on 11/09/2017. This facility was first licensed on 01/10/1997. The facility is currently licensed for 70 Beds. 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 and applicable portions of the 1996 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. Deficiencies were cited which will require a plan of correction. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (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. This Rule is not met as evidenced by: 1. Based on observation the facility has not kept the ceilings in good repair. Finding on 11/09/2015: a. 1st Floor "A" Hall Laundry - The fire resistant rated ceiling is damaged and deteriorated due to

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ HAL032016 11/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2220 FARMINGTON DRIVE **BROOKDALE CHAPEL HILL AL (NC)** CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 164 Continued From page 1 C 164 moisture damage. b. "A" Hall Resident Laundry - The ceiling is moldy due to moisture damage. C 166 Housekeeping-Maintained Free of Hazards C 166 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 facility is not free from hazards. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on 11/09/2017: a. 2nd Floor Health & Wellness Director's Office -Oxygen bottles were stored sitting unrestrained & upright on the office floor. b. 2nd Floor Resident Room F-8 - Oxygen bottles were stored sitting unrestrained & upright on the office floor. 2. Based on observation the facility is not maintained free from hazards due to the code required clearance of 36" in front of electrical

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breaker panels is not maintained.

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AND DIAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL032016	B. WING		11/0	0/2047
NAME OF I					11/0	9/2017
	PROVIDER OR SUPPLIER	2220 FAR	MINGTON D	STATE, ZIP CODE RIVF		
BROOK	OALE CHAPEL HILL A	(I (NC)	HILL, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 2	C 166			
	mounted electrical stored in front of the b. 1st Floor Former	Corridor - Access to the in wall panels is obstructed by items e panels.  Med Tech Room - Access to electrical panels is obstructed				
C 189	•	: Maintained Safe, Operating	C 189			
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER  d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintain the buildin safe condition. Hole through fire resistar	et as evidenced by: ration there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow pread beyond the area of				
		Adjacent to Private Dining - mately 1"x3" hole in the fire				
	The fire sprinkler he	e Closet in Main Living Room - ead escutcheon is missing ne fire resistant rated cling				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL032016	B. WING		11/0	9/2017
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 1170	0/2017
		2220 FAR	MINGTON D			
BROOKL	DALE CHAPEL HILL A	CHAPEL I	HILL, NC 27	514		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From page 3		C 189			
	where it is penetrate	ed by the fire sprinkler pipe.				
	c. 1st Floor - Exit Access to Stair Tower Exit - There is a gap in the fire resistant rated ceiling at the escutcheon for the fire sprinkler head.					
		Spa - There is a ameter hole in the fire ng above the lay-in ceiling				
	has been removed	Spa - Where a light fixture there is a gap in the fire ng around the fixture electrical				
	an approximately 4	Resident Laundry - There is ' hole in the fire resistant rated t fixture and its electrical box				
	g. 1st Floor - "C" Haresistant rated cling	all - Laundry - The fire is damaged.				
	Room - Piping pene resistant rated ceiling	all - Laundry Small Mech etrations through the fire ng have been sealed with ope material that is not fire				
	rings for the lights in rated ceiling was in	ern of gaps around the trim nstalled in the fire resistant dicated by observing the first 6 as surveyed had several lights ne trim rings.				
	maintain the buildin safe condition. Hole	ation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated walls could allow fire				

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	T OF DEFICIENCIES		(VO) MI II TIDI	E CONOTRUCTION	(VO) DATE	OLIDVEY.
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND I EAN OF CONNECTION		A. BUILDING: <b>01</b>				
			D WING			
		HAL032016	B. WING		11/0	9/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PPOOK	ALE CHAREL HILL A	2220 FAR	MINGTON D	RIVE		
BROOKL	OALE CHAPEL HILL A	CHAPEL	HILL, NC 27	514		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAG			IAG	DEFICIENCY)		
C 189	Continued From pa	ge 4	C 189			
0 103	·		0 103			
	and smoke to sprea	ad beyond the area of origin.				
	Finding on 11/09/20	)17·				
		de 1st Floor Storage Closet -				
		There is a gap around the				
	HVAC duct where it	penetrates the fire resistant				
	rated wall.					
	2 Pacad on obcory	ation there is a failure to				
		's fire safety equipment in a				
		dition. Occupants in the smoke				
		be exposed to smoke or fire if				
		etely close and latch to help				
		smoke or fire to the area of				
	origin.					
	Findings at 44/00/0047					
	Findings on 11/09/2	The pantry door is being held				
		ag tied to a shelf and the door				
	hardware lever han					
		II Dining room - The door does				
	not latch to remain	shut when closed.				
	c. 2nd Floor Dining	Rooms - The doors that open				
	•	ised from their magnetic hold				
		the fire alarm was activated				
	•	form closing due to chairs				
		n of the door swing arc.				
	d Ond Floor "D" Un	II Doom D 1 and D C Th-				
		II, Room D-1 and D-6 - The heir hardware locksets.				
	uoors are missing t	ileli ilaluwale lucksets.				
	4. Based on observ	ation the facility did not				
		emergency/safety lighting in				
		dition. Occupants of the facility				
	could be effected if	the signs indicating exit paths				
		n the event of an emergency				
	evacuation.					

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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	OALE CHAPEL HILL A	AL (NC)	MINGTON D HILL, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 5	C 189			
	exit signs checked, battery power, 20 d	17: ors - Of the first 24 directional when tested to operate on lid not illuminate indicating a that require replacing.				
	not been maintaine Occupants of the fa	vation electrical equipment has ad in a safe manner. acility could be effected if the tside the emergency exit door during a night time				
		Area service Hall - The emergency exit is missing and				
	has not been maint is a potential shock	vation the electrical equipment tained in a safe manner. This hazard if receptacles near ot function to provide shock				
	Finding on 11/09/20 a. 2nd Floor "F" Ha damaged and is no	II - The GFCI in Room F-8 is				
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per requirement does r	ed in this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed with natural ventilation in				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 199	(1) soiled linen stor (2) soil utility rooms (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on observe maintain the exhau Finding on 11/09/20 a. 1st and 2nd Floo with central exhaus	rage; toilet rooms; closets; and apply to new and existing reption of Paragraph (e) ly to existing facilities. et as evidenced by: ration the facility failed to st ventilation equipment.	C 199			

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